DENTAL BOARD OF CALIFORNIA

FULL BOARD MEETING
Thursday, May 14, 2015

Crowne Plaza San Francisco Airport
1177 Airport Blvd.
Burlingame, CA 94010

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING 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

BOARD MEETING AGENDA
Thursday, May 14, 2015

Crowne Plaza San Francisco Airport
1177 Airport Blvd., Burlingame, CA 94010
650-342-9200 (Hotel) or 916-263-2300 (Board Office)

Members of the Board

Fran Burton, MSW, Public Member, President
Bruce Whitcher, DDS, Vice President
Judith Forsythe, RDA, Secretary

Steven Afriat, Public Member
Stephen Casagrande, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Luis Dominicis, DDS
Kathleen King, Public Member
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Steven Morrow, DDS, MS
Thomas Stewart, DDS
Debra Woo, DDS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should items not be completed, it is possible that it could be carried over and be heard beginning at 9:00 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

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

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

Thursday, May 14, 2015

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

1. Call to Order/Roll Call/Establishment of Quorum

CLOSED SESSION – FULL BOARD
Deliberate and Take Action on Disciplinary Matters
The Board will meet in closed session as authorized by Government Code §11126(c)(3).

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE
Issuance of New License(s) to Replace Cancelled License(s)
The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

RETURN TO OPEN SESSION – FULL BOARD

2. Licensing, Certification and Permits Committee Report on Closed Session
   The Board may take action on recommendations regarding applications for issuance of new license(s) to replace cancelled license(s).

3. Approval of the February 26-27, 2015 Board Meeting Minutes and the March 26, 2015 Teleconference Meeting Minutes

4. President's Report

5. Executive Officer's Report

6. Update from the Dental Hygiene Committee of California (DHCC)

7. Discussion and Possible Action Regarding the Dental Hygiene Committee of California (DHCC) Proposed Dental Hygiene Regulations Relative to Definitions (CCR, Title 16, Division 11, §1101)

8. Update Regarding Attorney General Opinion Regarding the Implementation of Uniform Standards for Substance Abusing Licensees, Dated April 8, 2015

COMMITTEE/COUNCIL MEETINGS – SEE ATTACHED AGENDAS

- LEGISLATIVE AND REGULATORY COMMITTEE
  See attached agenda

- JOINT EXAMINATION COMMITTEE AND DENTAL ASSISTING COUNCIL MEETING
  See attached agenda

- DENTAL ASSISTING COUNCIL MEETING
  See attached agenda

- EXAMINATION COMMITTEE MEETING
  See attached agenda

RETURN TO OPEN SESSION – FULL BOARD

9. Public Comment of Items Not on the Agenda
   The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

10. Recess

CLOSED SESSION

STATE OF CALIFORNIA
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NOTICE OF SPECIAL BOARD MEETING
May 14, 2015

Crowne Plaza San Francisco Airport
1177 Airport Blvd., Burlingame, CA 94010
650-342-9200 (Hotel) or 916-263-2300 (Board Office)

Members of the Board

Fran Burton, MSW, Public Member, President
Bruce Whitcher, DDS, Vice President
Judith Forsythe, RDA, Secretary

Steven Afriat, Public Member
Stephen Casagrande, DDS
Yvette Chappell-Ingram, Public Member
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9:00 A.M. OPEN SESSION – FULL BOARD

1. Call to Order/Roll Call/Establishment of Quorum

2. Determination of Need for Special Meeting

CLOSED SESSION

3. Pursuant to Government Code Section 11126(e)(1) the Board will meet in closed session to confer with Legal Counsel regarding pending litigation:

   Mark Medinnus v. Dental Board of California, San Francisco County Sup. Ct., Case No. CPF-14-513845

OPEN SESSION

4. Adjournment

LCP CLOSED SESSION

The proposed candidate for a license to replace a cancelled license failed to provide the requested documentation and therefore will not be considered at this time.

RETURN TO OPEN SESSION

AGENDA ITEM 2

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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DENTAL BOARD OF CALIFORNIA
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MEMORANDUM

DATE	May 4, 2015
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	**Agenda Item 2:** Report from the Licensing, Certification and Permits Committee Regarding Closed Session

The proposed candidate for a license to replace a cancelled license failed to provide the requested documentation and therefore will not be considered at this time.

AGENDA ITEM 3

DENTAL BOARD MEETING MINUTES
February 26-27, 2015
Doubletree by Hilton
1646 Front Street, San Diego, CA 92101
DRAFT

Members Present
Fran Burton, MSW, Public Member, President
Bruce Whitcher, DDS, Vice President
Judith Forsythe, RDA, Secretary
Steven Afriat, Public Member
Stephen Casagrande, DDS
Yvette Chappell-Ingram, Public Member
Katie Dawson, RDH
Luis Dominicis, DDS
Kathleen King, Public Member
Ross Lai, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Steven Morrow, DDS, MS
Thomas Stewart, DDS
Debra Woo, DDS, MA

Members Absent

Staff Present
Karen Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Teri Lane, Enforcement Chief
Michael Placencia, Legislative and Regulatory Analyst
Jana Adams, Staff Services Analyst
Linda Byers, Executive Assistant
Spencer Walker, Senior Legal Counsel

Thursday, February 26, 2015

9:00 A.M. FULL BOARD MEETING – OPEN SESSION

1. Call to Order/Roll Call/Establishment of Quorum
President Fran Burton called the meeting to order at 9:03 a.m. Judith Forsythe, Secretary, called the roll and a quorum was established. The Board immediately went into Closed Session.

CLOSED SESSION – FULL BOARD

RETURN TO OPEN SESSION – FULL BOARD

2. Approval of the November 6-7, 2014 Board Meeting Minutes

Motioned/Seconded/Carried (M/S/C) (Afriat/Morrow) to approve the November 6-7, 2014 Board meeting minutes.

Support: Unanimous – Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo.
Oppose: 0 **Abstain:** 0

The motion carried unanimously. There was no public comment.

3. President's Report

President Fran Burton gave an overview of her activities since the last Board meeting.

4. Update from the Dental Hygiene Committee of California (DHCC)

The new President of the Dental Hygiene Committee of California (DHCC), Nicolette (Nikki) Moultrie provided information about the activities of the DHCC.

5. Discussion and Possible Action Regarding the Dental Hygiene Committee of California (DHCC) Proposed Dental Hygiene Regulations Relative to Definitions (CCR, Title 16, Division 11, §1101)

Sarah Wallace, Assistant Executive Officer, reviewed the information provided including the subcommittee's recommendations. M/S/C (Morrow/King) to approve the subcommittee's recommendations:

(1) Subdivision (c) of the DHCC's proposed language defines "assessment" as the systematic collection, analysis, and documentation of the oral and general health status and patient needs through a variety of methods, including choice of radiographs, diagnostic tools, and instruments. The subcommittee recommended the definition be amended to include: "…utilized within the scope of dental hygiene practice and pursuant to Business and Professions Code Section 1910.5." There are limitations on the use of diagnostic tools and instruments by a registered dental hygienist; therefore the subcommittee's proposed amendment would address concerns that the definition could be interpreted to be outside the scope of a registered dental hygienist and provide clarification to the reader.

(2) Subdivision (h) of the DHCC's proposed language defines "dental hygiene care plan" as an organized presentation or list of interventions to promote health or prevent disease of the patient's oral condition; plan is designed by the dental hygienist based on assessment data, dental hygiene diagnosis, and consists of services within the scope of dental hygiene practice.

The subcommittee did not find any issues related to scope of practice but did recommend the DHCC consider adding a definition for "dental hygiene diagnosis" since it is not currently defined in the Code or in regulation and would provide clarification and consistency.

(3) Subdivision (j) of the DHCC's proposed language defines "dental hygiene therapeutic interventions" as the specific procedure or set of procedures designed to intervene in the disease process to produce a therapeutic benefit.

The subcommittee recommended amending the definition as follows: ""Dental hygiene therapeutic interventions" as the specific procedure or set of procedures, provided within the scope of dental hygiene practice, designed to intervene in the disease process to produce a therapeutic benefit." The subcommittee found that other definitions included qualifying statements to indicate that procedures are limited to the dental hygiene scope of practice and determined that this recommended amendment would provide clarity and consistency.

(4) Subdivision (r) of the DHCC's proposed language defines "Refer" to mean through assessment, diagnosis, or treatment, it is determined that services are needed beyond the practitioner's competence or area of expertise.

The subcommittee recommended amending the definition as follows: ""Refer" means through dental hygiene assessment, diagnosis, or treatment, it is determined that services are needed beyond the practitioner's competence or area of expertise." The subcommittee made this recommendation as it would address concerns that the definition could be interpreted to be outside the scope of a registered dental hygienist and provide clarification to the reader.

And direct staff to notify the DHCC of the Board's recommendations in response to the DHCC's letter no later than March 11, 2015.

Support: Unanimous – Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo.
Oppose: 0 **Abstain:** 0

The motion passed unanimously. Gayle Mathe, California Dental Association (CDA), commented that CDA also submitted a letter to the DHCC and has continued concerns. Lisa Okamoto, California Dental Hygienists Association (CDHA), commented that in light of Public Comment today, CDHA wants to reiterate we are concerned that there is confusion over the word jurisdiction and the definition of scope issues within the current Dental Practice Act. One of the things CDHA had sought to clarify within the RDHAP bill was the matter of jurisdiction and scope. Donna Kantner, DHCC, commented that they are in the midst of their 90 day comment period after which all comments will be considered. Ms. Mathe further commented that it is CDA's position and interpretation that 1905(a)(8) and 1905.2 indicate that the Dental Board has the authority to ultimately make the decision regarding recommendations by the DHCC regarding scope of practice.

6. Discussion and Possible Action Regarding Appointments to the Dental Assisting Council

Judith Forsythe, RDA reviewed the information provided and the recommendations of the subcommittee. M/S/C (Whitcher/Dawson) to reappoint the two incumbents, Pamela Davis-Washington, RDA and Emma Ramos, RDA to the Dental Assisting Council.

Support: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** Dawson.

Dr. Lori Gagliardi, CADAT, commented that they feel that the incumbent does not meet the criteria of employment for the past 5 years as she had a gap in her employment. Dr. Morrow stated that the intent is that the candidates have a minimum of 5 years of experience. The motion passed.

7. Discussion and Possible Action Regarding Proposed Occupational Analysis for Registered Dental Assistants (RDA), Registered Dental Assistants in Extended Functions (RDAEF), Orthodontic Assistants (OA), and Dental Sedation Assistants (DSA)

Ms. Wallace gave an overview of the information provided and staff's recommendation. M/S/C (Le/Dominicis) to move forward with staff's recommendation to conduct an occupational analysis for the RDA and RDAEF professions.

There was discussion regarding the parameters of the occupational analysis. Dr. Lori Gagliardi, CADAT commented that they are concerned about the type of analysis and what will be included. Zannia Delling, J and Z Dental, commented that she is concerned about the current testing while waiting for the results of the occupational analysis. Should the RDA practical examination be put on hold. Ms. Forsythe commented that statute requires the test continue.

Support: Unanimous – Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo. **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

COMMITTEE/COUNCIL MEETINGS

RETURN TO OPEN SESSION – FULL BOARD

8. Public Comment of Items Not on the Agenda

There was no further public comment.

9. Recess

Ms. Burton recessed the meeting until 8:00am, Friday February 27, 2015.

Friday, February 27, 2015

8:00 A.M. OPEN SESSION - FULL BOARD

10. Call to Order/Roll Call/Establishment of Quorum

Fran Burton, President, called the meeting to order at 8:07am. Roll was called and a quorum established.

11. Executive Officer's Report

Karen Fischer, Executive Officer, provided an update on personnel changes and the activities at the Dental Board since the last meeting including full approval of Western Health Sciences University – Dental School, the new dean of University De La Salle, Bajio, the new Dental Hygiene Committee President, sending Portfolio documentation binder and DVD's to the six California dental schools and the various meetings she attended since the last Board meeting in November 2014.

12. Update Regarding 2015 Legislative Overview Hearings (Sunset Review)

Ms. Fischer gave an overview of the information provided.

13. Discussion and Possible Action Regarding the Dental School Application from the Republic of Moldova and Appointments to a Technical Advisory Group (TAG) and Site Evaluation Team

Ms. Fischer gave an overview of the information provided. There was discussion regarding the location of the school and safety in that area. There was discussion about the timing of appointing a TAG team and who the members should be. M/S/C (Burton/Forsythe) to appoint Dr.'s Le, Martinez, Alarcon and Morrow to the TAG Team. There was no public comment.

Approve: Burton, Forsythe, Dawson, McKenzie, **Oppose:** Whitcher, Afriat, Casagrande, Chappell-Ingram, King, Lai, Morrow, Stewart, Woo **Abstain:** Dominicis, Le

Approve: 4 **Oppose:** 9 **Abstain:** 2 - The motion failed.

M/S/C (Burton/Forsythe) to appoint Dr.'s Le, Martinez, Alarcon and Whitcher to the TAG Team. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Chappell-Ingram, King, Dawson, McKenzie, Morrow **Oppose:** Afriat, Casagrande, Lai, Stewart, Woo **Abstain:** Dominicis, Le

Approve: 8 **Oppose:** 5 **Abstain:** 2 - The motion passed.

14. Budget Report

Ms. Fischer gave an overview of the information provided. There was discussion regarding the BreEZe project. Mr. Dan Edds gave a presentation relating to the fee audit he conducted. Ms. Burton appointed Kathleen King and Dr. Whitcher as a subcommittee to work with staff to consider increasing appropriate fees. There was discussion regarding raising licensing fees as opposed to raising application fees.

15. Discussion and Possible Action Regarding the Institute of Advanced Laser Dentistry's Request for the Dental Board of California's Endorsement of February Gum Disease Awareness Month

Representatives from the Institute of Advanced Laser Dentistry (IALD) gave a presentation and asked for the Dental Board's endorsement of February as Gum Disease Awareness month. Dr. Paul Reggiardo, Public Policy Advocate for California Society of Pediatric Dentistry, commented that February has been National Children's Dental Health month since 1941. It would be a shame to dilute that message. Ms. Chappell-Ingram pointed out that the IALD is not on the non-

profit registry. Ms. Burton stated that the Board was not prepared to give an endorsement at this time.

16. Discussion and Possible Action to Appoint a Subcommittee to Work with Staff to Determine if Changes to Licensure By Credential (LBC) Application Requirements are Best Achieved Through Statute or Regulations

Ms. Burton appointed a Licensure by Credential subcommittee of Dr.'s Whitcher and Woo to work with staff on this item.

17. Dental Assisting Council Report

Ms. Forsythe, Chair, gave a report on the Dental Assisting Council meeting. It was noted that Ms. LaDonna Drury-Kleins' name was misspelled in the minutes. The committee recommended including a provision in the Dental Assisting comprehensive rulemaking package, for credit toward work experience, on a week for week basis, for applicants with training and internship work obtained from a postsecondary institution approved by the Department of Education or a board approved educational program. M/S/C (Afriat/King) to accept the report including the recommendation made by the Council. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

18. Examination Committee Report

Dr. Casagrande, Chair, gave a report on the Examination Committee meeting. The committee recommended that the Board approve the Portfolio Audit Handbook. M/S/C (Casagrande/King) to accept the report including the recommendation to approve the Portfolio Audit Handbook. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

19. Prescription Drug Abuse Committee Report

Dr. Stewart, Chair, gave a report on the Prescription Drug Abuse Committee meeting. M/S/C (Afriat/King) to accept the report. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

20. Access to Care Committee Report

Dr. Le, Chair, gave a report on the Access to Care Committee meeting. She reported that Ms. Jennifer Pilapil and Dr. Beth Mertz, from the Center for Oral

Health gave a presentation on the analysis of the workforce statistics information. M/S/C (Afriat/Woo) to accept the report. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

21. Licensing, Certification and Permits Committee Report and Closed Session Report

Dr. Whitcher, Chair, gave a report on the Licensing, Certification and Permits Committee meeting including a recommendation that the Board accept the staff recommendation to conduct random audits on the Continuing Education Registered Providers as defined in CCR 1016 (e)(3). M/S/C (Morrow/Dominicis) to approve the report and accept the committee recommendation. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

Closed Session Report

Dr. Whitcher reported that there were two applicants for reissuance of a license to replace a cancelled license. Candidate #1 – RDA – D.C. - The committee recommended reissuance upon proof of passing a Law and Ethics examination. M/S/C (Afriat/Dominicis) to accept the committee recommendation. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

Candidate #2 – RDAEF – N.R. – The committee recommended reissuance upon successful completion of the RDAEF written exam as well as providing a certificate of completion of a pit and fissure sealants course. M/S/C (Afriat/King) to accept the committee recommendation. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

22. Enforcement Committee Report

Mr. Afriat, Chair, gave a report on the Enforcement Committee meeting. M/S/C (Afriat/Dominicis) to accept the committee report. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

23. Legislative and Regulatory Committee Report

Fran Burton, Chair, gave a report on the Legislative and Regulatory Committee meeting including the recommendation that the Board take a watch position on AB 179 (Bonilla) Dentistry – Sunset Review. M/S/C (Burton/Morrow) to accept the committee's recommendation. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

The committee also recommended taking a watch position on SB 52 (Walters) Regulatory Boards: Healing Arts. M/S/C (Burton/Afriat) to accept the committee report and the recommendation. There was no public comment.

Approve: Burton, Whitcher, Forsythe, Afriat, Casagrande, Chappell-Ingram, Dawson, Dominicis, King, Lai, Le, McKenzie, Morrow, Stewart, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

24. Public Comment of Items Not on the Agenda

Brad Eli, DMD, MS, Diplomate of the American Board of Orofacial Pain, commented that he is a sleep apnea advocate. Todd Morgan, DDS, commented that he is an educator, researcher and mentor in the field of sleep apnea. He advocates a formal training process including the issuance of a permit from the Dental Board and continuing education requirements prior to treating patients for sleep apnea. Gayle Mathe, California Dental Association, commented that CDA Cares will be held in Sacramento on March 27-28, 2015. She also commented that CDA along with Children's Partnership is in support of AB 648 (Low) Community-based services: Virtual Dental Home. Marty Lipskey, DDS, MS, commented that he is also a sleep apnea advocate. He brought forth a request to file a complaint.

25. Board Member Comments for Items Not on the Agenda

Dr. Stewart commented on the sleep devices being sold over the internet. Katie Dawson commented on the Supreme Court decision regarding restriction of non-dental personnel from bleaching teeth.

26. Adjournment

The meeting was adjourned at 2:33 p.m.

AGENDA ITEM 4

STATE OF CALIFORNIA
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MEMORANDUM

DATE	April 2, 2015
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	**Agenda Item 4:** Presidents Report

The President of the Dental Board of California, Fran Burton, MSW, will provide a verbal report.

AGENDA ITEM 5

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	April 2, 2015
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	**Agenda Item 5:** Executive Officer Report

Karen M. Fischer, MPA, Executive Officer of the Dental Board of California will provide a verbal report.

AGENDA ITEM 6

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	April 2, 2015
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	**Agenda Item 6:** Update from the Dental Hygiene Committee of California (DHCC)

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

AGENDA ITEM 7

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	May 7, 2015
TO	Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**Agenda Item 7:** Discussion and Possible Action Regarding the Dental Hygiene Committee of California (DHCC) Proposed Dental Hygiene Regulations Relative to Definitions (CCR, Title 16, Division 11, §1101)

Background:

At its December 2014 meeting, the Dental Hygiene Committee of California (Committee) voted to initiate a rulemaking relative to definitions of specific dental hygiene terms. Lori Hubble, Committee Executive Officer, delivered a letter to Karen Fischer, the Board's Executive Officer, on December 11, 2014 requesting the Dental Board of California's (Board) review and comment regarding the proposed regulatory package in compliance with Business and Professions Code (Code) Section 1905.2. A copy of the letter was provided to Board members at the February 27, 2015 meeting and the Board discussed responses to the Committee's proposed regulatory language. The Board directed staff to notify the Committee of the Board's recommendations in response to their letter no later than March 11, 2015 and staff provided the Board's response (please see attached letter) on March 5, 2015.

The Committee held the public comment period open for ninety (90) days which concluded on April 30, 2015 and received comments from several dental hygiene educational program directors, the Board, and the California Dental Association (CDA). The Committee met on May 2, 2015 to consider and respond to comments received during the public comment period.

The following includes a summary of the comments the Committee received from the Board and the CDA and the action the Committee took in response to those comments pursuant to Board staff notes. The modifications to the regulatory proposal are anticipated to be published in the near future for 15-day public comment.

Summary Committee's Reponses to Board and CDA Comments:

Comments Regarding Section 1100(c) Defining "Assessment":
Subdivision (c) of the Committee's proposed language defines "assessment" as the systematic collection, analysis, and documentation of the oral and general health status and patient needs through a variety of methods, including choice of radiographs, diagnostic tools, and instruments.

The Board recommended the definition be amended to include: "…utilized within the scope of dental hygiene practice and pursuant to Business and Professions Code Section 1910.5" because there are limitations on the use of diagnostic tools and instruments by a registered dental hygienist; therefore the Board commented that its proposed amendment would address concerns that the definition could be interpreted to be outside the scope of a registered dental hygienist and provide clarification to the reader.

The CDA commented that when defining the term "assessment," the term does not appear in the code, however "dental hygiene assessment" does, adding that the two are not synonymous. CDA stated that the proposed definition "broadly describes the record collection activities conducted on behalf of the dentist to be used by that dentist for diagnosis and treatment planning," and that those activities may also be performed by dental assistants.

The Committee accepted both the Board's and the CDA's comments and voted to modify the text of Section 1100(c) as follows:

> (c) "Dental Hygiene Assessment" means the systematic collection, analysis, and documentation of the oral and general health status and patient needs through a variety of methods, including choice of radiographs, diagnostic tools, and instruments utilized within the scope of dental hygiene practice.

Comments Regarding Section 1100(h) Defining "Dental Hygiene Care Plan":
Subdivision (h) of the Committee's proposed language defines "dental hygiene care plan" as an organized presentation or list of interventions to promote health or prevent disease of the patient's oral condition; plan is designed by the dental hygienist based on assessment data, dental hygiene diagnosis, and consists of services within the scope of dental hygiene practice.

The Board did not find any issues related to scope of practice but recommended the Committee consider adding a definition for "dental hygiene diagnosis" since it is not currently defined in the Code or in regulation and would provide clarification and consistency.

The CDA was concerned with the use of the term "dental hygiene diagnosis." CDA stated that it conflicts with Business and Professions Code section 1908(b)(1) prohibiting dental hygienists from "Diagnosis and comprehensive treatment planning."

The Committee's legal counsel advised the Committee to take extreme caution using the term "diagnosis" further adding that statute does not currently differentiate between dental and hygiene diagnosis. Shortly after receiving advice from legal counsel, the committee voted to accept the Board's recommendation.

> *Please note on February 24, 2015 the DHCC submitted to the Office of Administrative Law (OAL) its proposed regulatory action to establish educational program requirements for dental hygienists. On April 16, 2015 the Committee was notified that the rulemaking file was disapproved by OAL (disapproval decision attached). The OAL's Decision of Disapproval outlines each standard and provides reasons why the rulemaking was disapproved. It is important to note the OAL's concern that the term "diagnosis" was being utilized by the Committee in the rulemaking package relative to educational program requirements for dental hygienists.*

After a lengthy discussion the Committee ultimately decided not to proceed with a definition for "dental hygiene diagnosis".

Comments Regarding Section 1100(i) Defining "Dental Hygiene Preventative Services":
The Board did not have a comment on this section of the proposed text.

The CDA commented that defining the term 'dental hygiene preventive services,' was too broad and vague to be suitable regulatory language, and proposed the following alternative language:

> "Dental hygiene preventative services" are the specific procedures provided within the scope of dental hygiene practice, as specified in Business and Professions Code Section 1910(a) & (b), whose primary benefit is to prevent oral disease.

The Committee voted to reject this comment proposed by the CDA further stating that the suggestion would be "unnecessarily restrictive" and not reflective of actual dental hygiene practice. Dental hygienists not only clean teeth, but routinely provide nutrition counseling and promote cessation of smoking and other forms of tobacco use that are harmful to patients oral and overall health.

Comments Regarding Section 1100(j) Defining "Dental Hygiene Therapeutic Interventions":
Subdivision (j) of the Committee's proposed language defines "dental hygiene therapeutic interventions" as the specific procedure or set of procedures designed to intervene in the disease process to produce a therapeutic benefit.

The Board recommended amending the definition as follows: ""Dental hygiene therapeutic interventions" means specific procedure or set of procedures, provided within the scope of dental hygiene practice, designed to intervene in the disease process to produce a therapeutic benefit." The Board found that other definitions included qualifying statements to indicate that procedures are limited to the dental

hygiene scope of practice and determined that this recommended amendment would provide clarity and consistency.

The CDA did not have a comment on this section of the proposed text.

The Committee voted to accept the Board's comments and voted to modify the text accordingly.

Comments Regarding Section 1100(r) Defining "Refer":
Subdivision (r) of the Committee's proposed language defines "Refer" to mean through assessment, diagnosis, or treatment, it is determined that services are needed beyond the practitioner's competence or area of expertise.

The Board recommended amending the definition as follows: ""Refer" means through dental hygiene assessment, diagnosis, or treatment, it is determined that services are needed beyond the practitioner's competence or area of expertise." The Board determined this recommendation would address concerns that the definition could be interpreted to be outside the scope of a registered dental hygienist and provide clarification to the reader.

The CDA questioned the appropriateness of the definition, and felt it was limited to listing some of the circumstances of referral rather than defining the action itself, suggesting modified text.

The Committee rejected the comments made by the Board based on the fact that the CDA had presented a similar suggestion. CDA's suggestions were accepted and the definition was modified as follows:

> (r) "Refer" means the action taken after determining that services are needed beyond the dental hygienist's scope of practice.

Board Action Requested:
Pursuant to the Administrative Procedures Act, if the text has been modified or amended, then that particular agency must prepare a modified text and send it out for at least a 15 day public comment period. This notification of modified text is to be made available to those who have commented on the original regulation language. The Board may have an additional opportunity to comment again if it chooses to do so, once it receives notification of the availability of the modified text.

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DEPARTMENT OF CONSUMER AFFAIRS

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March 5, 2015

Lori Hubble, Executive Officer
Dental Hygiene Committee of California
2005 Evergreen Street, Suite 2050
Sacramento, CA 95815

Subject: Proposed Addition of California Code of Regulations, Title 16, Section 1100, Relating to Dental Hygiene Definitions

Dear Ms. ~~Hubble~~ Lori:

The Dental Board of California (Board) is in receipt of your letter dated December 11, 2014 requesting the Board's comments on the Dental Hygiene Committee of California's (Committee) proposed addition of California Code of Regulations, Title 16, Section 1100 relative to definitions.

Pursuant to Business and Professions Code (Code) Section 1905.2, the Board is required to approve, modify, or reject recommendations regarding scope of practice to the Committee within 90 days of submission of the recommendation to the Board. This letter serves as the Board's response to your letter. The Board respectfully requests this letter also be included as part of the rulemaking file and considered as written comments received during the public comment period.

The Board met on February 27, 2015 to discuss the Committee's proposal. Of the twenty-two proposed definitions, the Board offers the following comments on four:

1. Subdivision (c) of the Committee's proposed language defines "assessment" as the systematic collection, analysis, and documentation of the oral and general health status and patient needs through a variety of methods, including choice of radiographs, diagnostic tools, and instruments.

   The Board recommends the definition be amended to include: "...utilized within the scope of dental hygiene practice and pursuant to Business and Professions Code Section 1910.5." There are limitations on the use of diagnostic tools and instruments by a registered dental hygienist; therefore the Board's proposed amendment would address concerns that the definition could be interpreted to be outside the scope of a registered dental hygienist and provide clarification to the reader.

2. Subdivision (h) of the Committee's proposed language defines "dental hygiene care plan" as an organized presentation or list of interventions to promote health or prevent disease of the patient's oral condition; plan is designed by the dental hygienist based on assessment data, dental hygiene diagnosis, and consists of services within the scope of dental hygiene practice.

   The Board did not find any issues related to scope of practice but recommends the Committee consider adding a definition for "dental hygiene diagnosis" since it is not currently defined in the Code or in regulation and would provide clarification and consistency.

3. Subdivision (j) of the Committee's proposed language defines "dental hygiene therapeutic interventions" as the specific procedure or set of procedures designed to intervene in the disease process to produce a therapeutic benefit.

   The Board recommends amending the definition as follows: ""Dental hygiene therapeutic interventions" means specific procedure or set of procedures, provided within the scope of dental hygiene practice, designed to intervene in the disease process to produce a therapeutic benefit." The Board found that other definitions included qualifying statements to indicate that procedures are limited to the dental hygiene scope of practice and determined that this recommended amendment would provide clarity and consistency.

4. Subdivision (r) of the Committee's proposed language defines "Refer" to mean through assessment, diagnosis, or treatment, it is determined that services are needed beyond the practitioner's competence or area of expertise.

   The Board recommends amending the definition as follows: ""Refer" means through dental hygiene assessment, diagnosis, or treatment, it is determined that services are needed beyond the practitioner's competence or area of expertise." The Board determined this recommendation would address concerns that the definition could be interpreted to be outside the scope of a registered dental hygienist and provide clarification to the reader.

If you have any questions, please do not hesitate to contact me at (916) 263-2188 or Karen.Fischer@dca.ca.gov.

Sincerely,

Karen

Karen M. Fischer, MPA,
Executive Officer

cc: Fran Burton, MSW, President, Dental Board of California

April 22, 2015

Ms. Guadalupe Castillo
2005 Evergreen Street, Suite 2050
Sacramento, CA 95815

RE: Proposed language for Title 16, Division 11, California Code of Regulation, Section, 1100

Dear Ms. Castillo:

The California Dental Association (CDA) appreciates the opportunity to provide comments and express concerns related to the dental hygiene practice definitions proposed for California Code of Regulations, Section 1100. CDA has expressed significant concerns in the past that definitions in this package are intended to clarify dental hygiene practice, and as they relate to scope of practice per Business & Professions Code Sections 1905 (a) (8) and 1905.2 are required to be submitted by the Dental Hygiene Committee of California (Committee) as recommendations to the Dental Board (Board). We appreciate the Committee's decision to do so at its December 2014 meeting. CDA has continued to voice concern with this process; however, advising that the Committee does not have statutory authority to promulgate regulations related to scope, but rather, that action must be taken by the Board should it agree with the Committee's recommendation that regulations to define dental hygiene practice are needed. CDA's primary objective related to these process concerns is to ensure that the Committee and the Board meet their statutory responsibilities as described in code and there is clarity regarding the process for addressing scope of practice issues moving forward.

Having expressed CDA's position on the proper statutory process at several hearings and in letters to the Board, Committee, and Department of Consumer Affairs, we would like to take the opportunity during this public comment period to communicate our concerns with the definitions themselves.

CDA's overarching concern with the proposed definitions described below is their potential to introduce ambiguity into regulations. Both statute and regulation require rigorous precision and specificity, both of which are missing in these proposed definitions. In some instances, the definitions stretch current law, in others, they use broad descriptive phrases that add confusion, not clarity, and still in others, they do not accomplish the stated need or purpose. Further, as described below, they do not meet Office of Administrative Law requirements in the areas of authority, clarity, non-duplication, and/or necessity.

It is our experience that regulations that are not precise, specific and consistent with statute allow for multiple interpretations and become problematic in the future. Based on these regulatory requirements, we detail our concerns below:

Subsection 1100 (c) "Assessment:" The Committee has proposed a definition for "assessment," however, this term does not appear in the B & P code. The term that does appear is "dental hygiene assessment," and the two are not synonymous. The proposed definition broadly describes the record collection activities conducted on behalf of the dentist to be used by that dentist for diagnosis and treatment planning. While these record collection ("assessment") activities are performed by dental hygienists, they are *also* performed by dental assistants.

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The term "dental hygiene assessment" however, as it appears in B & P Code Section 1908 (a), describes a dental hygienist-specific function performed to assist in determining appropriate dental hygiene care. This is clearly demonstrated in the phrasing and punctuation of 1908 (a), which states, "The practice of dental hygiene includes dental hygiene assessment and development, planning and implementation of the dental hygiene care plan."

B & P Code Section 1915 reinforces the intent that this term describe a dental hygiene specific function by restricting this duty to hygienists, stating, "no person other than a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions or a licensed dentist may . . . perform dental hygiene procedures on patients including . . . *dental hygiene assessment* (italics added) . . ."

Should the definition for "assessment" be approved as submitted, it creates confusion and potential for misinterpretation in the future with regard to these same duties when performed by a dental assistant.

Further, the initial statement of reasons' (ISOR) explanation for the necessity of the proposed definition - that it is necessary to differentiate between "assessment" and "diagnosis," as diagnosis can only be performed by a dentist - does not hold up to scrutiny. The words "assessment" and "diagnosis" are common and well-understood terms. No further explanation of the meaning of these words is necessary.

For these reasons, the proposed definition fails to meet the threshold for regulatory clarity and necessity as defined by the Office of Administrative Law and should be rejected. Should the Board conclude that a definition is necessary, that definition should be for a "dental hygiene assessment," which <u>is</u> the term used in B & P code sections 1908 and 1915.

Subsection 1100 (h) "Dental Hygiene care plan:" CDA's concern with the proposed definition is that it uses a term, "dental hygiene diagnosis," that conflicts with statute - a concern that was first raised during the Board's deliberation on a 2014 Committee education regulatory proposal (Title 16, Division 11, Article 3, Sections 1103 – 1106). At that time, the Board's legal counsel expressed concern with the Committee's use of the term "dental hygiene diagnosis," stating that the term does not appear in statute, and further, that B & P Code Section 1908 (b) (1) specifies that "diagnosis" is not in the dental hygiene scope of practice. Testimony in that hearing noted that educational programs use the term and since the proposed regulations were limited to educational programs, the definition offered by American Dental Educators Association (ADEA) could be provided specifically for use by, and limited to, educational programs.

However, the current proposal uses the term for dental hygiene practice and is no longer limited to education. Per Board counsel's 2014 caution, as statute defining dental hygiene practice does not contain the term "dental hygiene diagnosis," and explicitly excludes "diagnosis" from a hygienist's scope, its use in this definition creates conflict between statute and regulations. To address this concern, CDA suggests the following:

> "Dental hygiene care plan" means an organized presentation or list of interventions to promote health or prevent disease of the patient's oral condition; plan is designed by the dental hygienist based on <u>evaluation of dental hygiene</u> assessment data, ~~dental hygiene diagnosis,~~ and consists of services within the scope of dental hygiene practice.

Subsection 1100 (i) "Dental Hygiene preventive services:" The definition proposed contains the phrase, "promote oral health and improve the patient's quality of life," which encompasses many

procedures in both the dentist's and hygienist's scope of practice and is too broad and vague to be suitable regulatory language.

In particular, the ISOR references the need to clarify B & P Code Section 1911 (c), which specifies the services a dental hygienist may provide without supervision in a government created or run public health program, as follows: "dental hygiene preventive services in addition to oral screenings, including, but not limited to the application of fluorides and pit and fissure sealants." As statute already states the preventive services a hygienist may provide unsupervised in Section 1911 (c), and moreover lists specific preventive procedures in Section 1910 (a) & (b), any accepted "dental hygiene preventive services" definition must explicitly comport with statute. The definition as proposed fails OAL's threshold for authority (enlarges statute), non-duplication (rephrases statute), and clarity (can reasonably be interpreted to have more than one meaning).

To address these concerns, CDA proposes the following:

> "Dental Hygiene preventive services" are the specific procedures provided within the scope of dental hygiene practice, as specified in Business and Professions Code Sections 1910 (a) & (b), whose primary benefit is to prevent oral disease.

Subsection 1100 (r) "Refer:" CDA questions the appropriateness of this definition, noting it lacks a key element the law requires of all healthcare providers with regard to referral – that it must occur when there is care required that is outside of a healthcare provider's scope of practice to provide. Further, the definition is limited to listing some of the circumstances for referral, rather than defining the "referral" action itself.

With these concerns, and those expressed above regarding introducing the term "dental hygiene diagnosis" into practice definitions, CDA offers the following alternative definition for the term "refer:"

> "Refer" means the action a dental hygienist must take after determining that services are needed beyond the hygienist's competence and/or scope of practice to provide, to ensure that the patient is directed to a healthcare provider who can provide that care.

CDA respects the Committee's responsibilities to promulgate regulations to meet its obligations and appreciates the Committee's commitment to licensees and the public. Notwithstanding this responsibility, as CDA has previously stated, the Business and Professions Code grants authority to the Dental Board of California on issues related to dental hygiene scope of practice and CDA recognizes the Board's jurisdiction in this matter. Further, we believe that the Committee's and Board's obligation to serve and protect the public is best met when the Board and the Committee approach the regulation of the dental professions in a manner that supports dental team members working together to provide integrated and comprehensive patient care. We appreciate the thoughtful consideration of the issues raised and our recommendations to address them. Further, in keeping with B & P Code Section 1905.2 acknowledge that the Board must approve them.

Please do not hesitate to contact us with questions or concerns.

Sincerely,

Carrie Gordon

Carrie Gordon
VP, Government Affairs

State of California
Office of Administrative Law

In re: **Dental Hygiene Committee of California** **Regulatory Action:** **Title 16, California Code of Regulations** **Adopt sections:** 1103, 1105, 1105.1, 1105.2, 1105.3, 1105.4, 1106 **Amend sections:** **Repeal sections:**	**DECISION OF DISAPPROVAL OF REGULATORY ACTION** **Government Code Section 11349.3** **OAL File No. 2015-0224-02S**

SUMMARY OF REGULATORY ACTION

On February 24, 2015, the Dental Hygiene Committee of California (Committee) submitted to the Office of Administrative Law (OAL) its proposed regulatory action to adopt various sections in title 16, division 11 of the California Code of Regulations (CCR). The proposed adoptions would establish educational program requirements for dental hygienists. The regulation also describes the appeals process to contest the Committee's denial or withdrawal of its approval of a program and the process for changes to an existing approved program.

On April 8, 2015, OAL notified the Committee that OAL disapproved the proposed regulations. This Decision of Disapproval of Regulatory Action explains the reasons for OAL's action.

DECISION

OAL disapproved the above-referenced regulatory action for the following reasons:

1. The proposed regulations failed to comply with the consistency standard of Government Code section 11349.1, subdivision (a)(4); and
2. The proposed regulations failed to comply with the clarity standard of Government Code section 11349.1, subdivision (a)(3).

All APA issues must be resolved prior to OAL's approval of any resubmission.

DISCUSSION

The above proposed regulatory adoptions by the Committee must satisfy requirements established by the part of the California Administrative Procedure Act that governs rulemaking by a state agency. Any regulation adopted, amended, or repealed by a state agency to implement, interpret, or make

specific the law enforced or administered by it, or to govern its procedure, is subject to the APA unless a statute expressly exempts the regulation from APA coverage. (Gov. Code, sec. 11346.)

Before any regulation subject to the APA may become effective, the regulation is reviewed by OAL for compliance with the procedural requirements of the APA and for compliance with the standards for administrative regulations in Government Code section 11349.1. Generally, to satisfy the standards a regulation must be legally valid, supported by an adequate record, and easy to understand. In this review OAL is limited to the rulemaking record and may not substitute its judgment for that of the rulemaking agency with regard to the substantive content of the regulation. This review is an independent check on the exercise of rulemaking powers by executive branch agencies intended to improve the quality of regulations that implement, interpret, and make specific statutory law, and to ensure that the public is provided with a meaningful opportunity to comment on regulations before they become effective.

1. Consistency

Government Code section 11349, subdivision (d), defines "consistency" to mean "being in harmony with, and not in conflict with or contradictory to, existing statutes, court decisions, or other provisions of law." As discussed below, aspects of the proposed regulations are inconsistent with the Business and Professions Code statute being implemented.

In its originally proposed text, the Committee proposed to adopt regulation section 1103, subdivision (j), to define the term "dental hygiene process of care" with the following definition:

> The application of scientific, evidence-based knowledge in the identification and treatment of actual or potential patient health problems. The dental hygiene process of care ***includes*** assessment, dental hygiene ***diagnosis***, planning and outcome identification, implementation, evaluation and documentation, and will serve as the accepted professional standard for decision making.
> [Bold and italics added.]

During the 45-day comment period, the Dental Board of California (Board) submitted a comment to the Committee, expressing its concern that the above definition expands the dental hygiene practice. The Board states in its comment:

> Pursuant to [Business and Professions] Code Section 1908, the practice of dental hygiene includes dental hygiene assessment and development, planning, and implementation of a dental hygiene care plan. It also includes oral health education, counseling, and health screenings. The practice of dental hygiene <u>does not include diagnosis</u> and comprehensive treatment planning.
>
> Since Code Section 1908 specifically states that diagnosis and comprehensive treatment planning are not included procedures in the practice of dental hygiene, the Board recommends that the Committee amend the language to delete

> references to "diagnosis" and replace with a term such as "assessment" or "evaluation" so as not to exceed the authority vested in Code Section 1908.
>
> Additionally, the phrase: "identification and treatment of actual or potential patient health problems" seem vague and could potentially be perceived to expand the dental hygiene scope of practice. The Board recommends that the Committee amend the language to maintain consistency with Code Sections 1907, 1908, and 1914.

As pointed out by the Board, Business and Professions Code section 1908, subdivision (b)(1), states that "[t]he practice of dental hygiene does not include… [d]iagnosis and comprehensive treatment planning."

In its Final Statement of Reasons, the Committee responded to the Board's comment by stating that "since 1986, dental hygiene diagnosis has been part of instruction in the dental hygiene process of care and included in textbooks, education, and is required for the dental hygiene national written exam." However, Business and Professions Code section 1908, which specifically limits the dental hygiene scope of practice, was adopted in 2008. This statute provides that diagnosis is specifically excluded from the dental hygiene scope of practice despite the fact that dental hygiene diagnosis has been part of instruction in the dental hygiene process of care.

Also during the 45-day comment period, the California Dental Association (CDA) submitted a commented stating that "[i]n recognition that [the definition of dental hygiene process of care] is intended to be used for educational purposes and is not intended to define practice, CDA believes further clarification may be found in the definition provided by the American Dental Educators Association guidelines for dental hygiene education."

The Committee accepted CDA's comment, which suggested to adopt the American Dental Educators Association's definition of dental hygiene process of care, as underlined below. The following modified text was made available for a 15-day comment period, which was subsequently submitted to OAL as the Committee's final proposed text:

> The application of scientific, evidence-based knowledge in the identification and treatment of actual or potential patient health problems as it relates to oral health. The dental hygiene process of care includes assessment, dental hygiene ***diagnosis***, planning and outcome identification, implementation, evaluation and documentation, and will serve as the accepted professional standard for decision making. The dental hygiene ***diagnosis*** is a component of the overall dental ***diagnosis***. It is the identification of an existing or potential oral health problem that a dental hygienist is educationally qualified and licensed to treat. The dental hygiene ***diagnosis*** utilizes critical decision making skills to reach conclusions about the patient's dental needs based on all available assessment data.
> [Bold and italics added.]

This proposed language is still inconsistent with Business and Professions Code section 1908 because it does not limit the definition of dental hygiene process of care in the context of education, but rather

continues to imply that dental hygiene diagnosis can be included in the dental hygiene scope of practice.

Thus, proposed regulation section 1103, subdivision (j), as written, is not consistent with Business and Professions Code section 1908, subdivision (b)(1). The Committee may modify its definition of "dental hygiene process of care" to be consistent with Business and Professions Code section 1908. These regulatory changes must be made available to the public for comment for at least 15 days pursuant to Government Code section 11346.8, subdivision (c), and section 44 of title 1 of the California Code of Regulations before adopting the regulations and resubmitting this regulatory action to OAL for review. Additionally, any comments made in relation to these additional explanations must be summarized and responded to in the final statement of reasons. (Gov. Code, sec. 11347.1, subd. (d).)

2. Clarity Standard

In adopting the APA, the Legislature found that the language of many regulations was unclear and confusing to persons who must comply with the regulations. (Gov. Code, sec. 11340, subd. (b).) Government Code section 11349.1, subdivision (a)(3), requires that OAL review all regulations for compliance with the clarity standard. Government Code section 11349, subdivision (c), defines "clarity" to mean "written or displayed so that the meaning of the regulations will be easily understood by those persons directly affected by them."

Title 1, section 16, subdivision (b)(1), of the CCR provides a definition for the term "directly affected." It states:

> (b) Persons shall be presumed to be "directly affected" if they:
> (1) are legally required to comply with the regulation; or
> (2) are legally required to enforce the regulation; or
> (3) derive from the enforcement of the regulation a benefit that is not common to the public in general; or
> (4) incur from the enforcement of the regulation a detriment that is not common to the public in general.

In this regulatory action, the Committee failed to comply with the clarity standard of the APA.

2.1. "Approved accreditation standards"

Numerous provisions throughout the regulations refer to "approved accreditation standards." For instance, proposed section 1103, subdivision (c), states that the "instructor to student ratio shall meet approved accreditation standards." The ratio can be one instructor to ten students or one instructor to one hundred students. Thus, because, these standards are undefined, the regulation is unclear.

Proposed section 1105, subdivision (b)(4) adds a bit more detail but still remains unclear. It states that the "instructor to student ratio shall meet approved Commission on Dental Accreditation standards."

The specific standards are still undefined. If the said "Commission on Dental Accreditation standards" is a separate document that contains all the requirements, the Committee would have to incorporate them by reference in the regulation or it would have to insert the language containing the requirements directly in the regulation itself.

In the event the Committee opts to incorporate a document by reference, it would have to comply with section 20, title 1, of the California Code of Regulations by having the regulation state that "the document is incorporated by reference and it identifies the document by title and date of publication or issuance." Also, the document would have to be made available to the public for a 15-day comment period.

Another example is found in proposed section 1105.1, subdivision (a), which defines the program director as "a registered dental hygienist or dentist who has the authority and responsibility to administer the educational program in accordance with accreditation standards." Here too, it is unclear what the accreditation standards are. Those directly affected would not know what requirements they must comply with to fulfil their responsibilities.

The various proposed regulations that contain the vague term "accreditation standards" must be modified to correct this clarity issue.

2.2. "Reasonable period of time"

Proposed regulation section 1103, subdivision (z), defines "quarter unit" to mean "at least ten (10) hours of college or university level instruction during a quarter plus a reasonable period of time outside of instruction which an institution requires a student to devote to preparation for planned learning experiences, such as preparation for instruction, study of course material, or completion of educational projects."

Similarly, proposed regulation section 1103, subdivision (ac), defines "semester unit" to mean "at least fifteen (15) hours of college or university level instruction during a quarter plus a reasonable period of time outside of instruction which an institution requires a student to devote to preparation for planned learning experiences, such as preparation for instruction, study of course material, or completion of educational projects."

The word "reasonable" is unquantified, which makes the required additional period of time outside of instruction unclear. Those directly affected would not know whether reasonable means five hours, thirty hours, or any other amount of hours, in order to comply with the regulation.

2.3. "Written plan as required by the Commission on Dental Accreditation"

Proposed regulation section 1105, subdivision (e) states that the "educational program shall have a written plan ***as required by the Commission on Dental Accreditation*** for evaluation of all aspects of the program...." (Bold and italics added.)

With this proposed language, it is unclear what written plan is required by the Commission on Dental Accreditation. Those directly affected may not know what the written plan must include. In the event the Committee simply intended to require those directly affected to use a written plan that is already required by the Commission on Dental Accreditation, the language should clearly state that in the regulation and the requirements of the Commission on Dental Accreditation must be incorporated by reference.

2.4. "Substantive or major change"

Proposed regulation section 1105.3, subdivision (a)(2)(B), requires an approved dental hygiene program to notify the Committee within ten days of any "[s]ubstantive or major change in the organizational structure, administrative responsibility, or accountability in the dental hygiene program, the institution of higher education in which the dental hygiene program is located or with which it is affiliated that will affect the dental hygiene program."

The regulation does not explain what constitutes a substantive or major change. Those directly affected would not know whether a change is substantive or major, and consequently, they would not know when they are required to notify the Committee. Thus the regulation is unclear.

For the reasons discussed above, the Committee failed to comply with the clarity standard of the APA. The Committee must make proposed modifications available to the public for comment for at least 15 days pursuant to Government Code section 11346.8, subdivision (c), and section 44 of title 1 of the California Code of Regulations before adopting the regulations and resubmitting this regulatory action to OAL for review. Additionally, any comments made in relation to these proposed modifications must be summarized and responded to in the final statement of reasons. (Gov. Code, sec. 11347.1, subd. (d).)

CONCLUSION

For the reasons stated above, OAL disapproved this regulatory action proposed by the Committee. If you have any questions, please contact me at (916) 323-6824.

Date: April 15, 2015

Thanh Huynh
Senior Attorney

for: Debra M. Cornez
Director

Original: Lori Hubble
Copy: Donna Kantner

AGENDA ITEM 8

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	May 6, 2015
TO	Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	**Agenda Item 8:** Update Regarding Attorney General Opinion Regarding the Implementation of Uniform Standards for Substance Abusing Licensees, Dated April 8, 2015

Spencer Walker, Senior Legal Counsel, will provide a verbal report.

KAMALA D. HARRIS
Attorney General

State of California
DEPARTMENT OF JUSTICE

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April 8, 2015

U. S. Mail and email:
virginia.herold@dca.ca.gov

Virginia Herold, Executive Officer
California State Board of Pharmacy
1625 N. Market Blvd. N219
Sacramento, CA 95834

RE: Opinion No. 13-202

Dear Ms. Herold:

Enclosed is our Opinion No. 13-202 issued in response to your request of January 10, 2013.

Sincerely,

Susan Duncan Lee /sg

SUSAN DUNCAN LEE
Supervising Deputy Attorney General

For KAMALA D. HARRIS
Attorney General

SDL:sg

Enclosure
cc: Bruce M. Slavin

TO BE PUBLISHED IN THE OFFICIAL REPORTS

OFFICE OF THE ATTORNEY GENERAL
State of California

KAMALA D. HARRIS
Attorney General

OPINION	:	No. 13-202
of	:	April 8, 2015
KAMALA D. HARRIS Attorney General	:	
BRUCE M. SLAVIN SUSAN DUNCAN LEE Deputy Attorneys General	:	

VIRGINIA HEROLD, EXECUTIVE OFFICER FOR THE CALIFORNIA BOARD OF PHARMACY, has requested an opinion on the following questions:

1. Is the law that prescribes the development and issuance of uniform standards for healing arts boards to use in dealing with their "substance-abusing licensees" invalid either (a) for vagueness or (b) as an improper delegation of legislative authority to the committee charged with formulating the standards?

2. To be effective, must the uniform standards be adopted as regulations under the Administrative Procedure Act, and, if so, by what entities?

3. May individual healing arts boards adopt regulations defining the term "substance-abusing licensees" for purposes of determining which of their licensees are subject to the uniform standards?

4. Must individual healing arts boards use the uniform standards as written in all cases in which they are found to apply, and, if so, do the boards nonetheless retain discretion in applying the uniform standards to particular circumstances and in deciding individual cases?

CONCLUSIONS

1. The law that prescribes the development and issuance of uniform standards for healing arts boards to use in dealing with their "substance-abusing licensees" is not invalid either (a) for vagueness or (b) as an improper delegation of legislative authority to the committee charged with formulating the standards.

2. The uniform standards need not be adopted as regulations under the Administrative Procedure Act in order to be effective. Individual healing arts boards may, but are not required to, adopt regulations incorporating the uniform standards for the purpose of administering their own programs.

3. Individual healing arts boards may adopt regulations defining the term "substance-abusing licensees" for purposes of determining which of their licensees are subject to the uniform standards, so long as such regulations are consistent with the legislation directing the formulation and issuance of the uniform standards and reasonably necessary to effectuate the purposes of that legislation.

4. To the extent practicable, individual healing arts boards must use the uniform standards as written in all cases in which they are found to apply, but the boards retain discretion in applying the uniform standards to particular circumstances and in deciding individual cases.

ANALYSIS

In 2008, the Legislature enacted Senate Bill 1441 to address the increasing problem of substance abuse in the health-care professions,[1] where "the impairment of a health care practitioner for even one moment can mean irreparable harm to a patient."[2] Finding that various health care licensing boards have inconsistent or nonexistent standards for dealing with substance-abusing professionals, the Legislature determined

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[1] Senate Bill 1441 added an article to the Business and Professions Code entitled Uniform Standards Regarding Substance-Abusing Healing Arts Licensees. (Stats. 2008, ch. 548 (Sen. Bill No. 1441), § 3.)

[2] *Id.* at § 1(a).

that patients would be better protected if regulatory boards would agree to follow consistent standards and best practices in this area.[3]

To that end, new Business and Professions Code section 315 (section 315) created an entity within the Department of Consumer Affairs called the Substance Abuse Coordination Committee (Committee).[4] The Committee is chaired by the Director of the

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[3] Stats. 2008, ch. 548 (Sen. Bill No. 1441), § 1(g), (h).

[4] Section 315 states:

> (a) For the purpose of determining uniform standards that will be used by healing arts boards in dealing with substance-abusing licensees, there is established in the Department of Consumer Affairs the Substance Abuse Coordination Committee. The committee shall be comprised of the executive officers of the department's healing arts boards established pursuant to Division 2 (commencing with Section 500), the State Board of Chiropractic Examiners, the Osteopathic Medical Board of California, and a designee of the State Department of Health Care Services. The Director of Consumer Affairs shall chair the committee and may invite individuals or stakeholders who have particular expertise in the area of substance abuse to advise the committee.
>
> (b) The committee shall be subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Division 3 of Title 2 of the Government Code).
>
> (c) By January 1, 2010, the committee shall formulate uniform and specific standards in each of the following areas that each healing arts board shall use in dealing with substance-abusing licensees, whether or not a board chooses to have a formal diversion program:
>
> (1) Specific requirements for a clinical diagnostic evaluation of the licensee, including, but not limited to, required qualifications for the providers evaluating the licensee.
>
> (2) Specific requirements for the temporary removal of the licensee from practice, in order to enable the licensee to undergo the clinical diagnostic evaluation described in paragraph (1) and any treatment recommended by the evaluator described in paragraph (1) and approved by the board, and specific criteria that the licensee must meet before being permitted to return to practice on a full-time or part-time basis.
>
> (3) Specific requirements that govern the ability of the licensing board to communicate with the licensee's employer about the licensee's

status and condition.

(4) Standards governing all aspects of required testing, including, but not limited to, frequency of testing, randomness, method of notice to the licensee, number of hours between the provision of notice and the test, standards for specimen collectors, procedures used by specimen collectors, the permissible locations of testing, whether the collection process must be observed by the collector, backup testing requirements when the licensee is on vacation or otherwise unavailable for local testing, requirements for the laboratory that analyzes the specimens, and the required maximum timeframe from the test to the receipt of the result of the test.

(5) Standards governing all aspects of group meeting attendance requirements, including, but not limited to, required qualifications for group meeting facilitators, frequency of required meeting attendance, and methods of documenting and reporting attendance or nonattendance by licensees.

(6) Standards used in determining whether inpatient, outpatient, or other type of treatment is necessary.

(7) Worksite monitoring requirements and standards, including, but not limited to, required qualifications of worksite monitors, required methods of monitoring by worksite monitors, and required reporting by worksite monitors.

(8) Procedures to be followed when a licensee tests positive for a banned substance.

(9) Procedures to be followed when a licensee is confirmed to have ingested a banned substance.

(10) Specific consequences for major violations and minor violations. In particular, the committee shall consider the use of a "deferred prosecution" stipulation similar to the stipulation described in Section 1000 of the Penal Code, in which the licensee admits to self-abuse of drugs or alcohol and surrenders his or her license. That agreement is deferred by the agency unless or until the licensee commits a major violation, in which case it is revived and the license is surrendered.

(11) Criteria that a licensee must meet in order to petition for return to practice on a full-time basis.

Department of Consumer Affairs and consists of the executive officers of the department's healing arts boards, the State Board of Chiropractic Examiners, and the Osteopathic Medical Board of California, as well as a designee of the State Department of Health Care Services.[5]

Section 315 required the Committee to formulate standards on sixteen specific subjects for the healing arts boards to use in dealing with substance-abusing licensees, "whether or not a board chooses to have a formal diversion program."[6] The subjects include clinical evaluation of licensees for substance abuse, suspension of licensees from practice, communications between the licensing board and the licensee's employer, and the use of private-sector diversion programs.[7] In December 2009, the Committee adopted uniform standards for each of the sixteen subjects. The standards were published

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(12) Criteria that a licensee must meet in order to petition for reinstatement of a full and unrestricted license.

(13) If a board uses a private-sector vendor that provides diversion services, standards for immediate reporting by the vendor to the board of any and all noncompliance with any term of the diversion contract or probation; standards for the vendor's approval process for providers or contractors that provide diversion services, including, but not limited to, specimen collectors, group meeting facilitators, and worksite monitors; standards requiring the vendor to disapprove and discontinue the use of providers or contractors that fail to provide effective or timely diversion services; and standards for a licensee's termination from the program and referral to enforcement.

(14) If a board uses a private-sector vendor that provides diversion services, the extent to which licensee participation in that program shall be kept confidential from the public.

(15) If a board uses a private-sector vendor that provides diversion services, a schedule for external independent audits of the vendor's performance in adhering to the standards adopted by the committee.

(16) Measurable criteria and standards to determine whether each board's method of dealing with substance-abusing licensees protects patients from harm and is effective in assisting its licensees in recovering from substance abuse in the long term.

[5] Bus. & Prof. Code, § 315, subd. (a).

[6] Bus. & Prof. Code, § 315, subd. (c).

[7] *See* Bus. & Prof. Code, § 315, subds. (c)(1)-(16).

in April 2010, and revised in April 2011.[8] In this opinion, we address several questions and concerns that have been raised regarding the uniform standards

Question 1

We begin with the threshold question whether section 315 is valid. It has been suggested that section 315 is too vague to be enforceable because it fails to define the phrase "substance-abusing licensees."[9] It has also been argued that the Legislature improperly delegated its authority by charging the Committee with developing standards instead of crafting them itself. We reject both of these propositions.

a. Vagueness

While "void-for-vagueness" challenges arise most often in the context of criminal statutes, the principle extends to other types of legislation as well.[10] In addressing a vagueness claim, we give the challenged statute "a reasonable and practical construction in accordance with the probable intent of the Legislature."[11] "Reasonable certainty" is all that is required; a statute will not be held void for vagueness if any reasonable, practical construction can be given to it, either on its own footing or by reference to other definable sources.[12]

Because section 315 itself does not define the term "substance-abusing licensees," (nor expressly require the Committee to do so), our task is to determine whether the term may be made reasonably certain by reference to other sources.[13] Where a statute or statutory scheme does not specify a definition for a given term or phrase, the general rule is to give the words "their usual, ordinary meaning, which in turn may be obtained by referring to a dictionary."[14]

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[8] The uniform standards may be accessed from the Department of Consumer Affairs' public website, at http://www.dca.ca.gov/about_dca/sacc/uniform_standards.pdf.

[9] Bus. & Prof. Code, § 315, subds. (a), (c).

[10] *Cranston v. City of Richmond* (1985) 40 Cal.3d 755, 763-764.

[11] *County of Nevada v. MacMillen* (1974) 11 Cal.3d 662, 672-673.

[12] See *id.* at p. 673.

[13] *Id.* at pp. 672-673.

[14] *Smith v. Selma Community Hospital* (2010) 188 Cal.App.4th 1, 30; see 95 Ops.Cal.Atty.Gen. 16, 19 (2012).

The term "substance-abusing" is hardly unique to section 315. Some form of the term has been used by the Legislature in many different statutes without express definition.[15] This is not surprising. The common definition of "substance abuse" is "excessive use of a drug (as alcohol, narcotics, or cocaine)" or "use of a drug without medical justification."[16] The concept of substance abuse is exceedingly familiar in society, and we see no reason why the commonly understood definition of this term may not be applied with reasonable certainty in the context of protecting patients by ensuring practitioner competency.[17]

Also, when the Legislature enacted section 315, there were already statutes pertaining to substance abuse by licensees of most healing arts boards. For example, existing law provides for diversionary programs as an alternative to traditional disciplinary action to address "unprofessional conduct relating to controlled substances or dangerous drugs" by licensed nurses,[18] and for recovery programs for pharmacists "whose competency may be impaired due to abuse of alcohol [or] drug use."[19] In addition, for most healing arts licensees, existing law provides that unprofessional conduct includes the use of a controlled or intoxicating substance in a manner impairing the licensee's ability to practice safely.

Indeed, in enacting section 315, the Legislature acknowledged the existing statutes addressing substance-abusing licensees, and made express findings that further legislation was necessary to address deficiencies in existing programs.[20] Despite the existence of

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[15] See e.g. Bus. & Prof. Code, § 8025.1 (certified shorthand reporter subject to suspension where "licensee is unable to perform the duties of a certified shorthand reporter due to the abuse of chemical substances or alcohol"); Ed. Code, § 44049 (school principal may report to parent or guardian any instance of "alcohol or controlled substance abuse" by student); Fam. Code, § 3200 (Judicial Council to develop standards for supervised visitation in cases of alleged "substance abuse"); Health & Saf. Code, § 11367.5 (immunity from prosecution for peace officer possessing controlled substance "while providing substance abuse training to law enforcement").

[16] Webster's 3d New Internat. Dict. (1993) p. 112.

[17] Cf. *In re Drake M.* (2012) 211 Cal.App.4th 754, 764-765 (interpreting "substance abuse" for purposes of removing child from custody of parent or guardian who puts child at risk through substance abuse).

[18] Bus. & Prof. Code, § 2762; see *id.* at § 2770.

[19] Bus. & Prof. Code, § 4360; see *id.* at § 4364 (Board of Pharmacy to establish criteria for program entry).

[20] See Stats. 2008, ch. 548 (Sen. Bill No. 1441), § 1(a), (b).

myriad healing-arts statutes that use this or similar terms,[21] the Legislature refrained from adopting any single definition. Given the prevalence of the problem, and the Legislature's intention to steer boards toward "best practices," we perceive not vagueness but flexibility in the use of the term "substance-abusing licensees."

Reading section 315 in the "context of the statutory framework as a whole in order to determine its scope and purpose," we conclude that it is not void for vagueness. Based on the ordinary meaning of the words "substance-abusing licensees" as those words are understood in common parlance and in other statutory contexts, we conclude that section 315 describes with reasonable certainty the class of individuals who are subject to the uniform standards prescribed by section 315.[22]

b. Delegation of Authority

We next consider whether, by requiring the Committee to develop uniform standards, instead of crafting them itself, the Legislature improperly delegated its authority to the Committee. We find no improper delegation.

In *Kugler v. Yocum*,[23] the California Supreme Court considered the validity of a city ordinance which decreed that the salaries of certain employees would be no less than the average of those of an adjoining city and county, and that future salaries would be set according to that formula. The Court held that the ordinance was not an unlawful

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[21] E.g., Bus. & Prof. Code, § 1681, subd. (b) (dentists); Bus. & Prof. Code, § 2239, subd. (a) (physicians); Bus. & Prof. Code, § 2533, subd. (c)(1) (speech language pathologists and audiologists); Bus. & Prof. Code, § 2570.29, subd. (b) (occupational therapists); Bus. & Prof. Code, § 2762, subd. (b) (nurses); Bus. & Prof. Code, § 2878.5, subd. (b) (vocational nurses); Bus. & Prof. Code, § 2960, subd. (b) (psychologists); Bus. & Prof. Code, § 3750.5, subd. (b) (respiratory therapists); Bus. & Prof. Code, § 4982, subd. (c) (marriage and family therapists); Bus. & Prof. Code, § 4989.54, subd. (c) (licensed educational psychologists); Bus. & Prof. Code, § 4992.3, subd. (c) (social workers).

[22] The agency requesting this opinion has raised a concern that a "given agency might, for example, define 'substance-abusing licensee' to be a licensee with *any* history of substance abuse, whereas another agency might require that a licensee exhibit signs of addiction . . . within the last 5 years, and a third agency might go so far as to require that the licensee have been in active use within the last 12 months." We do not believe that the possibility of such variations undercuts our conclusion that the term "substance-abusing licensee" is reasonably certain in this context.

[23] *Kugler v. Yocum* (1968) 69 Cal.2d 371.

delegation of the city's legislative authority.[24] The Court's reasoning started from the well established principle that "'[t]he power . . . to change a law of the state is necessarily legislative in character, and is vested exclusively in the legislature, and cannot be delegated by it . . . .'"[25] There are also, however, well established limits to that principle. For example, "legislative power may properly be delegated if channeled by a sufficient standard."[26]

The Court explained that the "essentials" of the legislative function are the determination and formulation of legislative policy.[27] "'Generally speaking, attainment of the ends, including how and by what means they are to be achieved, may constitutionally be left in the hands of others.'"[28] Once it declares a policy and establishes a primary standard, the legislature is free to delegate power to executive officers to "fill up the details" by making rules and regulations designed to carry the legislative purpose into effect.[29]

In enacting Senate Bill 1441, the Legislature made the fundamental policy determination that "[p]atients would be better protected from substance-abusing licensees if their regulatory boards agreed to and enforced consistent and uniform standards and best practices in dealing with substance-abusing licensees."[30] It then directed the Committee to address sixteen specific areas in formulating such standards. Generally, "standards for administrative application of a statute need not be expressly set forth; they may be implied by the statutory purpose."[31] Given the Legislature's clear statement of purpose and its articulation of specific areas in which the Committee was to formulate standards, we conclude that the Legislature's delegation of authority to the Committee was not an invalid delegation of the legislative function.[32]

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[24] *Id.* at p. 373.

[25] *Id.* at p. 375, quoting *Dougherty v. Austin* (1892) 94 Cal. 601, 606-607.

[26] *Id.* at pp. 375-376.

[27] *Id.* at p. 376.

[28] *Ibid.*, quoting *First Industrial Loan Co. v. Daugherty* (1945) 26 Cal.2d 545, 549.

[29] *Ibid.* By contrast, an unconstitutional delegation of powers was held to occur when the Legislature gave an administrative agency unfettered authority to make fundamental policy determinations. (*Clean Air Constituency v. Air Resources Bd.* (1974) 11 Cal.3d 801, 816-817.)

[30] Stats. 2008, ch. 548 (Sen. Bill No. 1441), § 1(h).

[31] *People v. Wright* (1982) 30 Cal.3d 705, 713.

[32] It is also important to note what powers the Legislature did *not* delegate to the

Question 2

Section 315 directs the Committee to formulate uniform standards for healing arts boards to use in dealing with substance-abusing licensees, and the Committee has done so. Question 2 here asks whether these standards must also be adopted as regulations under the Administrative Procedure Act (APA)[33] in order for them to become effective. We conclude that the standards need not be adopted as regulations under the APA, but that individual boards are free to adopt regulations incorporating or pertaining to those standards for the purpose of administering their own programs.

Under the APA, no state agency may issue, utilize or enforce a regulation unless the agency complies with the procedures established in the APA.[34] A "regulation" is "every rule, regulation, order, or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it, or to govern its procedure."[35] To be valid and effective, a regulation must be "consistent and not in conflict with" the legislation to which it pertains and "reasonably necessary to effectuate" its purpose.[36] The APA sets forth a formal process by which regulations must be adopted. The process has been neatly summarized as follows:

> The agency must give the public notice of its proposed regulatory action (Gov. Code, §§ 11346.4, 11346.5); issue a complete text of the proposed regulation with a statement of the reasons for it (Gov. Code, § 11346.2 (subds. (a), (b)); give interested parties an opportunity to comment on the

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Committee in this bill. The Committee was not charged with adopting regulations having the force of law; it was not charged with adjudicating cases involving individual licensees; and it was not charged with enforcing diversionary referrals or disciplinary actions involving individual licensees. Nor was the Committee established as an independent agency with any budget, staff, or ongoing programs to administer. Rather, it is a committee within the Department of Consumer Affairs, composed primarily of executive officers of healing arts boards, for the specific and limited purpose of "determining uniform standards that will be used by healing arts boards in dealing with substance-abusing licensees." (Bus. & Prof. Code, § 315, subd. (a).)

[33] Gov. Code, tit. 2, div. 3, pt. 1, chs. 3.5, 4, 4.5, 5 (§ 11340 et seq.).

[34] Gov. Code, § 11340.5; see *Morning Star Co. v. State Bd. of Equalization* (2006) 38 Cal.4th 324, 333.

[35] Gov. Code, § 11342.600.

[36] Gov. Code, 11342.2; see *Woods v. Super. Ct.* (1981) 28 Cal.3d 668, 679.

proposed regulation (Gov. Code, § 11346.8); respond in writing to public comments (Gov. Code, §§ 11346.8, subd. (a), 11346.9); and forward a file of all materials on which the agency relied in the regulatory process to the Office of Administrative Law (Gov. Code, § 11347.3, subd. (b)), which reviews the regulation for consistency with the law, clarity, and necessity (Gov. Code, §§ 11349.1, 11349.3).[37]

In our view, the Committee is not an "agency" within the meaning of the APA. For purposes of the APA, a regulation is a rule adopted "by any *state agency*" to implement the law enforced or administered by the agency.[38] Government Code section 11000, subdivision (a), defines "state agency" to include "every state office, officer, department, division, bureau, board and commission." But the Committee is not an agency or authority that has responsibility for the enforcement or administration of any state policies or programs.[39] Rather, it is a *committee*—a group of selected officials brought together to perform a specific task—whose responsibilities are consummated when its assigned task is completed. Nor, in our view, do the uniform standards as formulated by the Committee qualify as "regulations" under the APA. The Committee's sole function is to formulate standards, not to implement, interpret, enforce, or administer them.[40] Therefore, we conclude that the Committee was not required to follow the APA process in order to formulate, publish, or amend the standards.

That leaves open the question whether an individual healing arts board may or must adopt the standards as regulations in compliance with APA procedures in order to implement the uniform standards in dealing with substance-abusing licensees. We believe that the boards may, but are not required to, adopt regulations incorporating the uniform standards. Neither the Committee, nor the Department of Consumer Affairs within which it was created, regulates the healing arts boards or their licensees.[41] That task falls to the individual healing arts boards themselves,[42] which are state agencies.

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[37] *Tidewater Marine Western, Inc. v. Bradshaw* (1996) 14 Cal.4th 557, 568.

[38] Gov. Code, § 11342.600 (emphasis added); see also Gov. Code, § 11342.520 (defining "agency" as used in the APA to mean any "state agency").

[39] While the Department of Consumer Affairs—within which the Committee was formed—is unquestionably a "state agency," it is not the entity responsible for formulating the uniform standards.

[40] *Cf.* Gov. Code, § 11342.600; see also Gov. Code, § 11342.5.

[41] See Cal. Code. Regs. tit. 16, Div. 38.

[42] See Cal. Code Regs. tit. 16, Divs. 4, 11, 13, 13.1, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.8, 13.9, 14, 15, 16, 17, 18, 20, 25.

Thus, if an individual healing arts board wishes to enact regulations governing its own programs—including drug diversion programs—it is up to that board to do so.[43] In fact, several healing arts boards have already promulgated regulations that expressly incorporate by reference the uniform standards.[44] Of course, if an individual board sought to adopt the uniform standards as its own regulations, it would be required to comply with the APA to do so.[45]

We conclude that the Committee need not comply with the Administrative Procedure Act in order to make the uniform standards effective. Individual healing arts boards may, but are not required to, adopt regulations incorporating the uniform standards for the purpose of administering their own programs.

Question 3

In Question 3, we are asked whether a healing arts board may adopt a regulation that defines the term "substance-abusing licensees" for purposes of determining which of the board's licensees are subject to the uniform standards. As discussed in our response to Question 2, the healing arts boards are state agencies with the power and responsibility to regulate their respective licensees. As state agencies, they may adopt regulations to implement, interpret, or make specific the laws that they administer and enforce.[46] Thus, if a healing arts board finds it necessary or advisable to adopt a regulation defining the term "substance-abusing licensees," it may do so. Again, if it does, it must comply with APA procedures.[47] Further, it must ensure that any such implementing or interpretive regulations are consistent with section 315 and reasonably necessary to effectuate its purposes.[48]

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[43] Each of the healing arts boards "exists as a separate unit" with the power to set standards. (Bus. & Prof. Code, § 108.)

[44] See e.g. Cal. Code Regs. tit. 16, §§ 1018-1018.01 (Dental Bd.); Cal. Code Regs. tit. 16, § 1138 (Dental Hygiene Com.); Cal. Code Regs. tit. 16, § 1575 (Bd. of Optometry); Cal. Code Regs. tit. 16, §§ 2524 & 2579.10 (Bd. of Vocational Nursing and Psychiatric Technicians); Cal. Code Regs. tit. 16, § 4147 (Bd. of Occupational Therapy).

[45] Gov. Code, § 11340.5; *Morning Star Co. v. State Bd. of Equalization*, *supra*, 38 Cal.4th at p. 333.

[46] See Gov. Code, § 11342.600.

[47] Gov. Code, § 11340.5.

[48] Gov. Code, 11342.2; see *Woods v. Super. Ct.*, *supra*, 28 Cal.3d at p. 679.

Question 4

Section 315 directs that the uniform standards must be "used" by every healing arts board "in dealing with substance-abusing licensees."[49] We are asked whether the healing arts boards must use the uniform standards as written, and "in all cases in which they are found to apply."

At the heart of this question is what the Legislature meant when it required the healing arts boards to "use" the uniform standards. As always, the statute's language is the best starting point for determining the Legislature's intent. "Use" is a broad term with many meanings, the most apt of which here include "to put into action or service" and "to carry out a purpose or action by means of."[50] To "use," then, is something less than to "adopt" or "enact." On the other hand, the word "use" is set in the context of a statute expressing the Legislature's findings that some healing arts boards must improve their performance with respect to substance-abusing licensees, and that "uniform standards" and "best practices" are the Legislature's chosen means to that end, thereby making the standards much more than an academic exercise. Boards are not to ignore, discard, or disregard them; they are to "use" them. The uniform standards are to be "put into action;" boards are to carry out their drug-diversion programs "by means of" them. Thus we believe that, while the uniform standards are neither de jure nor de facto regulations in themselves, boards should not depart from them without some substantial reason for doing so. The Legislature's purpose was to raise the standard of practice across all boards, and in some cases that may require a board to change its procedures in order to conform to best practices.

Nevertheless, we believe that individual boards retain reasonable discretion over how to apply the uniform standards to individual cases. Although the Legislature has revised many statutes pertaining to the diversion programs administered by the healing arts boards,[51] every board still retains its independent authority over the discipline of its licensees.[52] An individual has a constitutionally protected fundamental right to practice a profession, and "a statute can constitutionally prohibit an individual from practicing a lawful profession only for reasons related to his or her fitness or competence to practice that profession."[53] Nothing in section 315 or the uniform standards undermines the

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[49] Bus. & Prof. Code, § 315, subd. (c).

[50] Webster's 3d New Internat. Dict. (1993) pp. 2523-2524.

[51] See Stats. 2008, ch. 548 (Sen. Bill No. 1441), §§ 4-26.

[52] E.g. Bus. & Prof. Code, § 108.

[53] *Hughes v. Bd. of Architectural Examiners* (1998) 17 Cal.4th 763, 788.

ability and responsibility of a healing-arts board to assess whether a licensee's substance abuse compromises his or her fitness or competence to practice the profession. Inherent in that authority, we believe, is the board's right to exercise reasonable discretion in applying the uniform standards to particular circumstances and in deciding individual cases.

We conclude that individual healing arts boards must use the uniform standards as written in all cases in which they are found to apply, to the extent that this is practicable, but that the boards retain discretion in applying the uniform standards to particular circumstances and in deciding individual cases.[54]

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[54] We have also been asked to provide a "detailed analysis of each standard," but we decline to do so. It is up to each board to determine questions such as the need to clarify or make more specific the uniform standards.

COMMITTEE MEETINGS

LEGISLATIVE AND REGULATORY COMMITTEE

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
DENTAL BOARD OF CALIFORNIA
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NOTICE OF LEGISLATIVE AND REGULATORY COMMITTEE MEETING

Thursday, May 14, 2015

Upon Conclusion of Agenda Item 8

Crowne Plaza San Francisco Airport
1177 Airport Blvd., San Francisco, CA 94010
650-342-9200 (Hotel) or 916-263-2300 (Board Office)

MEMBERS OF THE LEGISLATIVE & REGULATORY COMMITTEE

Chair – Fran Burton, MSW, Public Member
Vice Chair – Thomas Stewart, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Steven Morrow, DDS, MS

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 website 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 M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

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

1. Call to Order/Roll Call/Establishment of Quorum

2. Approval of the February 26, 2015 Legislative and Regulatory Committee Meeting Minutes

3. 2015 Tentative Legislative Calendar – Information Only

4. Discussion and Possible Action on the Following Legislation:
   - AB 85 (Wilk) Open meetings
   - AB 178 (Bonilla) Board of Vocational Nursing and Psychiatric Technicians of the State of California

- AB 179 (Bonilla) Healing Arts
- AB 502 (Chau) Dental Hygiene
- AB 507 (Olsen) Department of Consumer Affairs: BreEZe system: annual report
- AB 611 (Dahle) Controlled substances: prescriptions: reporting.
- AB 648 (Low) Community – Based services: Virtual Dental Home Program
- AB 880 (Ridley-Thomas) Dentistry: licensure: exempt
- SB 800 (Senate Committee on Business, Professions and Economic Development) Healing Arts

5. Update on 2015 Pending Regulatory Packages:
   - Abandonment of Applications (California Code of Regulations, Title 16, § 1004);
   - Delegation of Authority to the Executive Officer Regarding Stipulated Settlements to Revoke or Surrender a License;
   - Dental Assisting Educational Program and Course Requirements (California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2);
   - Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (New Regulation);
   - Licensure By Credential Application Requirements;
   - Mobile and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049); and
   - Update of Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017)

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

7. Public Comment of Items Not on the Agenda
   The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

8. Future Agenda Items
   Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.

9. Committee Member Comments for Items Not on the Agenda
   The Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

10. Adjournment

LEGISLATIVE AND REGULATORY COMMITTEE MEETING MINUTES

Friday, February 27, 2015
Doubletree by Hilton
1646 Front Street, San Diego, CA 92101
DRAFT

MEMBERS PRESENT
Chair – Fran Burton, MSW, Public Member
Vice Chair – Thomas Stewart, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Steven Morrow, DDS, MS

MEMBERS ABSENT

1. **Call to Order/Roll Call/Establishment of Quorum**
   Fran Burton, Chair, called the meeting to order at 8:11am. Roll was called and a quorum established.

2. **Approval of the August 25, 2014 Legislative and Regulatory Committee Meeting Minutes**
   Dr. Morrow commented that he made the request in Agenda item 6, not Dr. Whitcher. M/S/C (Morrow/McKenzie) to approve the August 25, 2014 Legislative and Regulatory Committee minutes as amended. There was no public comment.

   Support: Burton, Stewart, Le, McKenzie, Morrow **Oppose:** 0 **Abstain:** 0

   The motion passed unanimously.

3. **2015 Tentative Legislative Calendar – Information Only**
   Michael Placencia, Legislative and Regulatory Analyst, gave an overview of the information provided mentioning that today, February 27, 2015, is the last day for bills to be introduced. There was no public comment.

4. **Beginning of Two-Year Legislative Session 2015-2016:**
   Mr. Placencia gave an overview of the information provided. Mr. Placencia stated that the omnibus bill is yet to be named or numbered. Staff is reviewing the language in the Dental Hygiene Committee's bill AB 502.

   - **AB 179 (Bonilla) Dentistry [Board's Sunset Bill]**
     M/S/C (Le/Morrow) to recommend the Board take a position of "watch" on this bill. There was no public comment.

     Support: Burton, Stewart, Le, McKenzie, Morrow **Oppose:** 0 **Abstain:** 0

     The motion passed unanimously.

   - **SB 52 (Walters) Regulatory Boards: Healing Arts**

M/S/C (Morrow/Burton) to recommend the Board take a position of "watch" on this bill. There was no public comment.

Support: Burton, Stewart, Le, McKenzie, Morrow **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

5. **Update on 2015 Pending Regulatory Packages:**
   Mr. Placencia gave an overview of the information provided. There was no public comment.

6. **Discussion of Prospective Legislative Proposals:**
   There were no legislative proposals.

7. **Public Comment of Items Not on the Agenda**
   There were no public comments.

8. **Future Agenda Items**
   There were no requests for future agenda items.

9. **Committee Member Comments for Items Not on the Agenda**
   There were no committee member requests.

10. **Adjournment**
    Ms. Burton adjourned the meeting at 8:29am.

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MEMORANDUM

DATE	April 22, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Michael Placencia, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	**LEG 3:** 2015 Tentative Legislative Calendar – Information Only

The 2015 Tentative Legislative Calendar is enclosed for information purposes only.

Action Requested:
No action necessary

2015 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised 10-21-14

JANUARY							
	S	M	T	W	TH	F	S
					1	2	3
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Wk. 3	18	19	20	21	22	23	24
Wk. 4	25	26	27	28	29	30	31

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28

MARCH							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28
Spring Recess	29	30	31				

APRIL							
	S	M	T	W	TH	F	S
Spring Recess				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30		

MAY							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
Wk. 4	24	25	26	27	28	29	30
No hrgs.	31						

DEADLINES

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 5 Legislature reconvenes (J.R. 51(a)(1)).

Jan. 10 Budget Bill must be submitted by Governor (Art. IV, Sec. 12 (a)).

Jan. 19 Martin Luther King, Jr. Day observed.

Jan. 30 Last day to submit **bill requests** to the Office of Legislative Counsel.

Feb. 16 Presidents' Day observed.

Feb. 27 Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

Mar. 26 **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).

Mar. 30 Cesar Chavez Day observed.

Apr. 6 Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).

May 1 Last day for **policy committees** to hear and report **fiscal bills** for referral to fiscal committees (J.R. 61(a)(2)).

May 15 Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills (J.R. 61(a)(3)).

May 22 Last day for **policy committees** to meet prior to June 8 (J.R. 61(a)(4)).

May 25 Memorial Day observed.

May 29 Last day for **fiscal committees** to hear and report bills to the Floor (J.R. 61(a)(5)). Last day for **fiscal committees** to meet prior to June 8 (J.R. 61(a)(6)).

*Holiday schedule subject to final approval by Rules Committee.

2015 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK
Revised 10-21-14

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Wk. 2	14	15	16	17	18	19	20
Wk. 3	21	22	23	24	25	26	27
Wk. 4	28	29	30				

June 1-5 **Floor Session only**. No committee may meet for any purpose (J.R. 61(a)(7)).

June 5 **Last day to pass bills** out of house of origin (J.R. 61(a)(8)).

June 8 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Summer Recess	19	20	21	22	23	24	25
Summer Recess	26	27	28	29	30	31	

July 3 Independence Day observed.

July 17 Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)). **Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess							1
Summer Recess	2	3	4	5	6	7	8
Summer Recess	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29
No Hrgs.	30	31					

Aug. 17 Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

Aug. 28 Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(a)(11)).

Aug. 31 – Sept. 11 **Floor Session only**. No committee may meet for any purpose except for Rules Committee and Conference Committees (J.R. 61(a)(12)).

SEPTEMBER							
	S	M	T	W	TH	F	S
No Hrgs.			1	2	3	4	5
No Hrgs.	6	7	8	9	10	11	12
Interim Recess	13	14	15	16	17	18	19
Interim Recess	20	21	22	23	24	25	26
Interim Recess	27	28	29	30			

Sept. 4 Last day to **amend** on the Floor (J.R. 61(a)(13), A.R. 69(e)).

Sept. 7 Labor Day observed.

Sept. 11 Last day for any bill to be passed (J.R. 61(a)(14)). **Interim Study Recess** begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2015

Oct. 11 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 11 and in the Governor's possession after Sept. 11 (Art. IV, Sec.10(b)(1)).

2016

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 4 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.

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MEMORANDUM

DATE	May 7, 2015
TO	Legislative and Regulatory Committee, Dental Board of California
FROM	Michael Placencia, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	**LEG 4:** Discussion and Possible Action on Legislation

Background:

Board staff is currently tracking nine (9) bills, pertaining to health care coverage, regulations, Dental Board of California Sunset Review, controlled substances, healing arts, and enforcement. Currently, the only bills that will most likely impact the Dental Practice Act are as follows:

Staff will be presenting the following bills to the Committee for review and consideration:

AB 85	Wilk	Open Meetings
AB 178	Bonilla	Board of Vocational Nursing and Psychiatric Technicians of the State of California
AB 179	Bonilla	Healing Arts
AB 502	Chau	Dental Hygiene
AB 507	Olsen	DCA: BreEZe system
AB 611	Dahle	Controlled Substances: prescriptions: reporting
AB 648	Low	Community – Based services: virtual dental home program
AB 880	Ridley – Thomas	Dentistry: licensure: exemption
SB 800	Sen. BP&ED	Healing arts

Staff has provided a matrix of the tracked legislation disclosing information regarding each bill's status and location. Staff has also provided copies of each bill, in its most recent version, accompanied by staff analyses.

Action Requested:

The Legislative and Regulatory Committee may recommend the Board take one of the following actions regarding each bill:

Support
Support if Amended
Oppose
Watch
Neutral
No Action

AMENDED IN ASSEMBLY APRIL 15, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 85

Introduced by Assembly Member Wilk

January 6, 2015

An act to amend Section 11121 of the Government Code, relating to state government, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

AB 85, as amended, Wilk. Open meetings.

The Bagley-Keene Open Meeting Act requires that all meetings of a state body, as defined, be open and public and that all persons be permitted to attend and participate in a meeting of a state body, subject to certain conditions and exceptions.

This bill would specify that the definition of "state body" includes an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body that consists of 3 or more individuals, as prescribed, except a board, commission, committee, or similar multimember body on which a member of a body serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

~~This bill would make legislative findings and declarations, including, but not limited to, a statement of the Legislature's intent that this bill is declaratory of existing law.~~

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ⅔. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

~~SECTION 1. The Legislature finds and declares all of the following:~~

~~(a) The unpublished decision of the Third District Court of Appeals in Funeral Security Plans v. State Board of Funeral Directors (1994) 28 Cal. App.4th 1470 is an accurate reflection of legislative intent with respect to the applicability of the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) to a two-member standing advisory committee of a state body.~~

~~(b) A two-member committee of a state body, even if operating solely in an advisory capacity, already is a "state body," as defined in subdivision (d) of Section 11121 of the Government Code, if a member of the state body sits on the committee and the committee receives funds from the state body.~~

~~(c) It is the intent of the Legislature that this bill is declaratory of existing law.~~

~~SEC. 2.~~

SECTION 1. Section 11121 of the Government Code is amended to read:

11121. As used in this article, "state body" means each of the following:

(a) Every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings and every commission created by executive order.

(b) A board, commission, committee, or similar multimember body that exercises any authority of a state body delegated to it by that state body.

(c) An advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body of a state body, if created by formal action of the state body or of any member of the state body, and if the advisory

body so created consists of three or more persons, except as in subdivision (d).

(d) A board, commission, committee, or similar multimember body on which a member of a body that is a state body pursuant to this section serves in his or her official capacity as a representative of that state body and that is supported, in whole or in part, by funds provided by the state body, whether the multimember body is organized and operated by the state body or by a private corporation.

~~SEC. 3.~~

SEC. 2. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to avoid unnecessary litigation and ensure the people's right to access the meetings of public bodies pursuant to Section 3 of Article 1 of the California Constitution, it is necessary that *this* act take effect ~~immediately~~ *immediately.*

O

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

BILL NUMBER:	AB 85		
AUTHOR:	Wilk	**SPONSOR:**	
VERSION:	April 15, 2015 amended version	**INTRODUCED:**	02/06/2015
BILL STATUS:	Appropriations Suspense File 04/22/2015	**BILL LOCATION:**	Assembly
SUBJECT:	Open Meetings	**RELATED BILLS:**	AB 2058 (Wilk) 2013-2014 Legislative Session – Vetoed by Gov. Brown

SUMMARY

This bill clarifies that, under the Bagley-Keene Act, a two-member advisory committee of a state body is a "state body" if a member of that state body sits on the advisory committee and the committee receives funds from the state body.

Potentially significant General Fund costs, in excess of $750,000, to state agencies for complying with notice and open meeting requirements in instances currently not subject to those requirements.

ANALYSIS

According to the author, the current definition of "state body" in the Bagley-Keene Act contains an ambiguity with respect to whether standing committees composed of fewer than three members need to comply with the public notice and open meeting requirements of the Act. The author contends this ambiguity has been interpreted by certain state agencies to allow standing committees to hold closed-door meetings so long as those committees contain fewer than three members and do not vote on action items. AB 85 would clarify that all standing committees, including two-member advisory committees, are subject to the transparency of open meeting regulations.

The Government Code contains two parallel open meeting statutes, the Bagley-Keene Act for state government, and the Ralph M. Brown Act (the Brown Act) for local governments. The philosophy underpinning the two acts is that transparency and consensus should be favored over administrative efficiency in most cases. The acts explicitly mandate open meetings for state and local agencies, boards, and commissions, providing the public with the ability to monitor and participate in the decision-making process.

Prior to 1993, the Bagley-Keene Act and the Brown Act contained very similar definitions for "state body." Following an interpretation of that definition by a particular local government to exempt two-member standing committees from the open meeting

requirements of the Brown Act, the Legislature amended the definition of "state body" to clarify that advisory bodies with continuing subject matter jurisdiction or a regular meeting schedule fixed by formal action are legislative bodies (akin to state bodies). Last year, AB 2058 (Wilk) would have aligned the definitions and requirements for open meetings among standing committees between the Bagley-Keene Act and the Brown Act as amended in 1993. AB 2058 was vetoed by Governor Brown, who explained in his veto message:

> *"[a]n advisory committee…does not have authority to act on its own and must present any findings and recommendations to a larger body in a public setting for formal action,"*

Governor Brown argued that current law should be sufficient for transparency purposes.

The legislative findings in the original version of AB 85 cited an unpublished decision of the Third District Court of Appeals as an accurate reflection of the legislative intent behind the Bagley-Keene Act. In general, unpublished court decisions may be used as persuasive precedent, but do not bind future courts, and decisions of district courts of appeals do not necessarily have statewide application. Furthermore, this bill was amended to delete those findings, further clouding the issue of legislative intent behind the Act. As a result, current law is unsettled. Should this bill fail to pass or attract another veto from the Governor, the result could be used to argue the legislature's intent is that the Bagley- Keene Act be interpreted in the opposite manner as the author proposed here.

REGISTERED SUPPORT/OPPOSITION
California Board of Accountancy (CBA)

BOARD POSITION

- ☐ Support
- ☐ Support if Amended
- ☐ Oppose
- ☐ Watch
- ☐ Neutral
- ☐ No Action

STAFF RECOMMENDATION
Staff recommends that the Board take an opposition position to this bill because it would prevent it and its various committees from asking two members to review a document, draft a letter, provide expert analysis, or work on legal language without giving public notice. Opening such advisory activities to the public could greatly increase costs for staff to attend meetings and record minutes as well as contract for public meeting space.

AMENDED IN ASSEMBLY MAY 4, 2015

AMENDED IN ASSEMBLY APRIL 22, 2015

AMENDED IN ASSEMBLY MARCH 3, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 178

Introduced by Assembly Member Bonilla
(Coauthor: Senator Hill)

January 26, 2015

An act to amend Section 2847 of, ~~and~~ *to amend, repeal, and add Section 1752.1 of,* to add and repeal Sections 2847.5 and 2858.5 of, *and to repeal and add Section 1752.3 of,* the Business and Professions Code, relating to healing ~~arts.~~ *arts, and declaring the urgency thereof, to take effect immediately.*

LEGISLATIVE COUNSEL'S DIGEST

AB 178, as amended, Bonilla. Board of Vocational Nursing and Psychiatric Technicians of the State of California.

(1) The Dental Practice Act authorizes the Dental Board of California to license a person as a registered dental assistant if he or she meets certain requirements, including a written and practical examination.

This bill, until July 1, 2017, would remove that practical examination requirement. The bill would require the Dental Board of California, in consultation with the Office of Professional Examination Services, to determine on or before July 1, 2017, whether a practical examination is necessary to demonstrate the competency of registered dental assistants and to submit that determination to the appropriate policy committees of the Legislature by that date, as specified. The bill would make related conforming changes.

~~(1)~~

(2) Existing law, the Vocational Nursing Practice Act and the Psychiatric Technicians Law, provides for the licensure and regulation of vocational nurses and psychiatric technicians by the Board of Vocational Nursing and Psychiatric Technicians of the State of California and requires the board, among other things, to appoint an executive officer. Existing law requires the executive officer to be a licensed vocational nurse, registered nurse, or psychiatric technician.

This bill would remove the requirement that the executive officer be a licensed vocational nurse, registered nurse, or psychiatric technician.

~~(2)~~

(3) Existing law authorizes the Director of Consumer Affairs to investigate the work of the boards within the Department of Consumer Affairs, obtain a copy of the records of official matters in possession of the boards, and require reports from the boards as the director deems reasonably necessary. Existing law requires the director to provide certain reports to the Legislature, including, but not limited to, a copy of an independent review of the Bureau for Private Postsecondary Education's staffing resources needs and requirements. Existing law also makes a violation of the Vocational Nursing Practice Act or the Psychiatric Technicians Law a crime.

This bill would require the director to appoint an enforcement program monitor no later than October 1, 2015. The bill would require the *program* monitor to monitor and evaluate the vocational nursing and psychiatric technician system and procedures for a period of no more than 2 years, as specified, submit a report of his or her findings and conclusions to the Legislature, the department, and the board by April 1, 2016, subsequent reports by October 1, 2016, and February 1, 2017, and a final report by August 1, 2017. The bill would require the board and its staff to cooperate with the *program* monitor. The bill would also require the department's internal audit unit to review the board's staffing resources needs and requirements, and require the director to provide the Legislature with a copy of the review no later than October 1, 2016. The bill would repeal these provisions on January 1, 2018. By expanding the scope of a crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: ~~majority~~ *2/3*. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

SECTION 1. Section 1752.1 of the Business and Professions Code is amended to read:

1752.1. (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written ~~and practical~~ examination administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on a written ~~and practical~~ examination administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written ~~and practical~~ examination administered by the board.

(b) For purposes of this section, "satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The

board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program's curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure on or after July 1, 2002, shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on a written examination in law and ethics administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

(1) A board-approved course in the Dental Practice Act.

(2) A board-approved course in infection control.

(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(f) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(g) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedation assistant permit," as applicable. These terms shall

be used for reference purposes only and do not create additional categories of licensure.

(h) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

(i) The board shall, in consultation with the Office of Professional Examination Services, conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered. The board shall submit its review and determination to the appropriate policy committees of the Legislature on or before July 1, 2017.

(j) This section shall remain in effect only until July 1, 2017, and as of that date is repealed, unless a later enacted statute, that is enacted before July 1, 2017, deletes or extends that date.

SEC. 2. Section 1752.1 is added to the Business and Professions Code, to read:

1752.1. (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written and practical examination administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

(b) For purposes of this section, "satisfactory work experience" means performance of the duties specified in Section 1750.1 in a

competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the State Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program's curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure on or after July 1, 2002, shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on a written examination in law and ethics administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

(1) A board-approved course in the Dental Practice Act.

(2) A board-approved course in infection control.

(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(f) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(g) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(h) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

(i) This section shall become operative on July 1, 2017.

SEC. 3. Section 1752.3 of the Business and Professions Code is repealed.

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

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

~~(1) Place a base or liner.~~

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

~~(3) Fabricate and adjust an indirect provisional restoration.~~

~~(4) Cement an indirect provisional restoration.~~

SEC. 4. Section 1752.3 is added to the Business and Professions Code, to read:

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

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

(1) Place a base or liner.

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

(3) Fabricate and adjust an indirect provisional restoration.

(4) Cement an indirect provisional restoration.

(c) This section shall become operative on July 1, 2017.

~~SECTION 1.~~

SEC. 5. Section 2847 of the Business and Professions Code is amended to read:

2847. (a) The board shall select an executive officer who shall perform duties as are delegated by the board and who shall be responsible to it for the accomplishment of those duties. The executive officer shall not be a member of the board.

(b) With the approval of the Director of Finance, the board shall fix the salary of the executive officer.

(c) The executive officer shall be entitled to traveling and other necessary expenses in the performance of his or her duties. He or she shall make a statement, certified before a duly authorized person, that the expenses have been actually incurred.

(d) This section shall remain in effect only until January 1, 2016, and as of that date is repealed.

~~SEC. 2.~~

SEC. 6. Section 2847.5 is added to the Business and Professions Code, to read:

2847.5. (a) (1) The director shall appoint an enforcement program monitor no later than October 1, 2015. The director may

retain a person for this position by a personal services contract. In this connection, the Legislature finds, pursuant to Section 19130 of the Government Code, that this is a new state function.

(2) The director shall supervise the enforcement program monitor and may terminate or dismiss him or her from this position.

(b) (1) The enforcement program monitor shall monitor and evaluate the board's vocational nursing and psychiatric technician disciplinary system and procedures, with specific concentration on improving the overall efficiency and consistency of the enforcement program. The director shall specify further duties of the monitor.

(2) The monitoring duty shall be on a continuing basis for a period of no more than two years from the date of the enforcement program monitor's appointment and shall include, but not be limited to, all of the following areas: improving the quality and consistency of complaint processing and investigation, assuring consistency in the application of sanctions or discipline imposed on licensees, the accurate and consistent implementation of the laws and rules affecting discipline, including adhering to CPEI complaint priority guidelines as described in the memorandum dated August 31, 2009, by Brian J. Stinger titled "Complaint Prioritization Guidelines for Health Care Agencies," staff concerns regarding disciplinary matters or procedures, appropriate utilization of licensed professionals to investigate complaints, the board's cooperation with other governmental entities charged with enforcing related laws and regulations regarding vocational nurses and psychiatric technicians.

(3) The enforcement program monitor shall exercise no authority over the board's management or staff; however, the board and its staff shall cooperate with him or her, and shall provide data, information, and files as requested by the monitor to perform all of his or her duties.

(4) The director shall assist the enforcement program monitor in the performance of his or her duties, and the monitor shall have the same investigative authority as the director.

(c) (1) The enforcement program monitor shall submit to the department, the board, and the Legislature an initial written report of his or her findings and conclusions no later than April 1, 2016, and subsequent written reports no later than October 1, 2016, and February 1, 2017, and shall be available to make oral reports to

each if requested to do so. The monitor may also provide additional information to either the department or the Legislature at his or her discretion or at the request of either the department or the Legislature. The monitor shall make his or her reports available to the public or the media. The monitor shall make every effort to provide the board with an opportunity to reply to any facts, finding, issues, or conclusions in his or her reports with which the board may disagree.

(2) The enforcement program monitor shall issue a final report before August 1, 2017. The final report shall include final findings and conclusions on the topics addressed in the initial report submitted by the monitor pursuant to paragraph (1).

(d) The board shall pay for all of the costs associated with the employment of the enforcement program monitor.

(e) This section shall become inoperative on October 1, 2017, and as of January 1, 2018, is repealed.

~~SEC. 3.~~

SEC. 7. Section 2858.5 is added to the Business and Professions Code, to read:

2858.5. (a) The department's internal audit unit shall review the board's staffing resources needs and requirements, and the director shall provide to the Legislature a copy of the review, no later than October 1, 2016. The director shall include with this report an overview of how the director intends to ensure that the board's staff are sufficiently qualified for purposes of implementing the provisions of this chapter and Chapter 10 (commencing with Section 4500), and the estimated costs of meeting staffing and other requirements to implement this chapter and Chapter 10 (commencing with Section 4500) based on findings of the review. The director shall include a brief evaluation of whether the current fee structure is appropriate to satisfy those staffing and other requirements.

(b) This section shall remain in effect only until January 1, 2018, and as of that date is repealed.

~~SEC. 4.~~

SEC. 8. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty

for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

SEC. 9. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order for the Board of Vocational Nursing and Psychiatric Technicians of the State of California to meet urgent administrative needs, it is necessary that this act take effect immediately.

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

BILL NUMBER:	AB 178		
AUTHOR:	Bonilla	**SPONSOR:**	
VERSION:	Amended 05/04/2015	**INTRODUCED:**	01/26/2015
BILL STATUS:	05/05/2015 Re-referred to Committee on Appropriations	**BILL LOCATION:**	Assembly
SUBJECT:	Board of Vocational Nursing and Psychiatric Technicians of the State of California	**RELATED BILLS:**	

SUMMARY

This bill effectively removes the practical examination requirement for licensure as a registered dental assistant. It also removes the requirement that the Executive Director of the Board of Vocational Nursing and Psychiatric Technicians be a licensed vocational nurse, registered nurse, or psychiatric technician. Lastly, it requires the Director to appoint a program monitor to evaluate the system and procedures.

EXISTING LAW:

(1) The Dental Practice Act authorizes the Dental Board of California to license a person as a registered dental assistant if he or she meets certain requirements, including a written and practical examination.

THIS BILL: until July 1, 2017, would remove that practical examination requirement. The bill would require the Dental Board of California, in consultation with the Office of Professional Examination Services, to determine on or before July 1, 2017, whether a practical examination is necessary to demonstrate the competency of registered dental assistants and to submit that determination to the appropriate policy committees of the Legislature by that date, as specified. The bill would make related conforming changes.

Provides that if the DBC determines that the practical examination is necessary to demonstrate competency of registered dental assistants, the DBC's review and certification or determination shall be completed and submitted to the appropriate policy committees of the Legislature, and the board may administer, and require, a practical examination for licensure as a registered dental assistant, in accordance with Section 139.

PURPOSE: After the DBC recalibrated the practical examination for registered dental assistants last August, there was an alarming decline in passage rates. In addition to the human costs of placing undue hardship on examinees who are now unable to find work or have lost work due to failing the exam, and the impact on our healthcare workforce, the steep decline questions the validity of the examination and its ability to accurately measure a licensee's competency. This bill imposes a moratorium on RDA practical examinations until the Board can properly evaluate the examination. RDAs would continue to meet other requirements, such as completing an education program, obtaining on the job experience as certified by a supervising dentist, or a combination or both, in addition to passing the written examination, thereby ensuring that consumers will continue to be protected.

ARGUMENTS IN SUPPORT:
None on file.

ARGUMENTS IN OPPOSITION:
None on file.

REGISTERED SUPPORT:
None on file.

REGISTERED OPPOSITION:
None on file.

BOARD POSITION

- ☐ Support
- ☐ Support if Amended
- ☐ Oppose
- ☐ Watch
- ☐ Neutral
- ☐ No Action

STAFF RECOMMENDATION
Board staff recommends that the Legislative and Regulatory Committee take a support position on this bill on the sections that impact the Dental Practice Act.

AMENDED IN ASSEMBLY MAY 5, 2015

AMENDED IN ASSEMBLY APRIL 27, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 179

Introduced by Assembly Member Bonilla
(Coauthor: Senator Hill)

January 26, 2015

An act to amend Sections 205, 726, 1601.1, 1616.5, 1632, 1638, 1638.1, 1638.3, 1646.6, 1647.8, 1724, 1725, ~~1752.1,~~ 2841, 2847, 2894, 4501, 4503, and 4547 of, ~~to repeal Section 1752.3, of~~ and to add Section 1650.1 to, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 179, as amended, Bonilla. Healing arts.

(1) Under Existing law, the commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer is unprofessional conduct, except that it is not unprofessional conduct when sexual contact is between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship, as specified.

This bill would expand the exception by providing that it would not be unprofessional conduct when sexual contact is between a licensee and his or her spouse or person in an equivalent domestic relationship, as specified.

(2) Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California within the Department of Consumer Affairs, which consists of 8 practicing dentists, a registered dental hygienist, a registered dental assistant, and 5 public members, and authorizes the board to appoint

an executive officer to exercise powers and perform duties delegated by the board to him or her. These provisions are in effect only until January 1, 2016, and upon repeal of those provisions the board will be subject to review by the appropriate policy committees of the Legislature. The act proscribes various fees that are required to be paid by dentists and dental assistants for, among other things, an initial license and the renewal of that license. ~~The act also authorizes the board to license a person as a registered dental assistant if he or she meets certain requirements, including a written and practical examination.~~

This bill would extend the provisions relating to the Dental Board until January 1, 2020. The bill would also change various fees that would be required to be paid by a dentist, a dental assistant, or certain educational programs, as specified. The bill would, on and after January 1, 2016, require that an initial license for a dentist be no greater ~~then $1,200~~ *than $650* and would require the fee for the renewal of that license to be no greater than ~~$1,200.~~ *$650. The bill would, on and after January 1, 2018, require that an initial license be no greater than $800 and would require the fee for a renewal of that license to be no greater than $800.* The bill would also require, by July 1, 2016, every applicant and licensee under the act to report to the board his or her electronic mail address, and would require the board to annually send an electronic notice to each applicant and licensee that requests confirmation of the applicant's or licensee's electronic mail address. ~~The bill would require the board, in consultation with the Office of Professional Examination Services, to determine by January 1, 2017, whether a practical examination is necessary to demonstrate the competency of registered dental assistants and, if the board determines that a practical examination is necessary, to submit that determination to the appropriate policy committees of the Legislature and to administer the examination, as specified.~~

(3) Existing law provides for the licensure and regulation of vocational nurses under the Vocational Nursing Practice Act, and psychiatric technicians under the Psychiatric Technicians Law, by the Board of Vocational Nursing and Psychiatric Technicians of the State of California. Existing law repeals these provisions on January 1, 2016.

This bill would extend the repeal date of the provisions relating to the board to January 1, 2018.

(4) Existing law establishes the Vocational Nursing and Psychiatric Technicians Fund in the State Treasury, and establishes the Vocational Nurses Account and the Psychiatric Technicians Examiners Account

within the fund. Existing law authorizes the Board of Vocational Nursing and Psychiatric Technicians of the State of California to collect specified fees and fines related to the board's licensure and regulation of psychiatric technicians, and prohibits the board from charging expenses for these activities from any other source.

This bill would remove that prohibition, abolish the Vocational Nurses Account and the Psychiatric Technicians Examiners Account, and specify that all money in the Vocational Nursing and Psychiatric Technicians Fund shall be used to carry out the Vocational Nursing Practice Act and the Psychiatric Technicians Law.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 205 of the Business and Professions Code is amended to read:

205. (a) There is in the State Treasury the Professions and Vocations Fund. The fund shall consist of the following special funds:

(1) Accountancy Fund.
(2) California Architects Board Fund.
(3) Athletic Commission Fund.
(4) Barbering and Cosmetology Contingent Fund.
(5) Cemetery Fund.
(6) Contractors' License Fund.
(7) State Dentistry Fund.
(8) State Funeral Directors and Embalmers Fund.
(9) Guide Dogs for the Blind Fund.
(10) Home Furnishings and Thermal Insulation Fund.
(11) California Architects Board-Landscape Architects Fund.
(12) Contingent Fund of the Medical Board of California.
(13) Optometry Fund.
(14) Pharmacy Board Contingent Fund.
(15) Physical Therapy Fund.
(16) Private Investigator Fund.
(17) Professional Engineer's and Land Surveyor's Fund.
(18) Consumer Affairs Fund.
(19) Behavioral Sciences Fund.
(20) Licensed Midwifery Fund.

(21) Court Reporters' Fund.
(22) Veterinary Medical Board Contingent Fund.
(23) Vocational Nursing and Psychiatric Technicians Fund.
(24) Electronic and Appliance Repair Fund.
(25) Geology and Geophysics Account of the Professional Engineer's and Land Surveyor's Fund.
(26) Dispensing Opticians Fund.
(27) Acupuncture Fund.
(28) Physician Assistant Fund.
(29) Board of Podiatric Medicine Fund.
(30) Psychology Fund.
(31) Respiratory Care Fund.
(32) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.
(33) Board of Registered Nursing Fund.
(34) Animal Health Technician Examining Committee Fund.
(35) State Dental Hygiene Fund.
(36) State Dental Assistant Fund.
(37) Structural Pest Control Fund.
(38) Structural Pest Control Eradication and Enforcement Fund.
(39) Structural Pest Control Research Fund.

(b) For accounting and recordkeeping purposes, the Professions and Vocations Fund shall be deemed to be a single special fund, and each of the several special funds therein shall constitute and be deemed to be a separate account in the Professions and Vocations Fund. Each account or fund shall be available for expenditure only for the purposes as are now or may hereafter be provided by law.

SEC. 2. Section 726 of the Business and Professions Code is amended to read:

726. (a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division or under any initiative act referred to in this division.

(b) This section shall not apply to sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.

SEC. 3. Section 1601.1 of the Business and Professions Code is amended to read:

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

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

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

(d) This section shall remain in effect only until January 1, 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2020, deletes or extends that date. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 4. Section 1616.5 of the Business and Professions Code is amended to read:

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

(b) This section shall remain in effect only until January 1, 2020, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2020, deletes or extends that date.

SEC. 5. Section 1632 of the Business and Professions Code is amended to read:

1632. (a) The board shall require each applicant to successfully complete the Part I and Part II written examinations of the National

Board Dental Examination of the Joint Commission on National Dental Examinations.

(b) The board shall require each applicant to successfully complete an examination in California law and ethics developed and administered by the board. The board shall provide a separate application for this examination. The board shall ensure that the law and ethics examination reflects current law and regulations, and ensure that the examinations are randomized. Applicants shall submit this application and required fee to the board in order to take this examination. In addition to the aforementioned application, the only other requirement for taking this examination shall be certification from the dean of the qualifying dental school attended by the applicant that the applicant has graduated, or will graduate, or is expected to graduate. Applicants who submit completed applications and certification from the dean at least 15 days prior to a scheduled examination shall be scheduled to take the examination. Successful results of the examination shall, as established by board regulation, remain valid for two years from the date that the applicant is notified of having passed the examination.

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

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

(A) The portfolio examination shall not be conducted until the board adopts regulations to carry out this paragraph. The board

shall post notice on its Internet Web site when these regulations have been adopted.

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

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

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

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

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

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

SEC. 6. Section 1638 of the Business and Professions Code is amended to read:

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 required by the board and two classifiable sets of fingerprints on forms provided by the board.

SEC. 7. Section 1638.1 of the Business and Professions Code is amended to read:

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 required by the board for an initial permit. The fee to renew a permit shall not exceed the maximum amount prescribed in Section 1724.

(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 permitholder 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.

SEC. 8. Section 1638.3 of the Business and Professions Code is amended to read:

1638.3. (a) The fee to renew an oral and maxillofacial surgery permit shall be the amount prescribed in 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.

SEC. 9. Section 1646.6 of the Business and Professions Code is amended to read:

1646.6. (a) The application fee for a permit or renewal under this article shall not exceed the amount prescribed in Section 1724.

(b) The fee for an onsite inspection shall not exceed the amount prescribed in Section 1724.

(c) It is the intent of the Legislature that fees established pursuant to this section be equivalent to administration and enforcement costs incurred by the board in carrying out this article.

(d) At the discretion of the board, the fee for onsite inspection may be collected and retained by a contractor engaged pursuant to subdivision (b) of Section 1646.4.

SEC. 10. Section 1647.8 of the Business and Professions Code is amended to read:

1647.8. (a) The application fee for a permit or renewal under this article shall not exceed the amount prescribed in Section 1724.

(b) The fee for an onsite inspection shall not exceed the amount prescribed in Section 1724.

(c) It is the intent of the Legislature that the board hire sufficient staff to administer the program and that the fees established pursuant to this section be equivalent to administration and enforcement costs incurred by the board in carrying out this article.

SEC. 11. Section 1650.1 is added to the Business and Professions Code, to read:

1650.1. (a) Every applicant and licensee who has an electronic mail address shall report to the board that electronic mail address no later than July 1, 2016. The electronic mail address shall be considered confidential and not subject to public disclosure.

(b) The board shall annually send an electronic notice to each applicant and licensee that requests confirmation from the application or licensee that his or her electronic mail address is current.

SEC. 12. Section 1724 of the Business and Professions Code is amended to read:

1724. The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

(a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars ($1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars ($1,000).

(b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars ($1,000).

(c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars ($1,000).

(d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars ($525). On and after January 1, 2016, the fee for an initial license shall not exceed ~~one thousand two~~ *six* hundred *fifty* dollars ~~($1,200),~~ *($650),* and the fee for the renewal of a license shall not exceed ~~one thousand two~~ *six* hundred *fifty* dollars ~~($1,200).~~ *($650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars ($800), and the fee for the renewal of a license shall not exceed eight hundred dollars ($800).*

(e) The fee for an application for a special permit shall not exceed one thousand dollars ($1,000), and the renewal fee for a special permit shall not exceed six hundred dollars ($600).

(f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.

(g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars ($75).

(h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars ($750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars ($375).

(i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars ($125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars ($500) per year.

(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars ($25).

(*l*) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars ($25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars ($4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars ($800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars ($1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars ($600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or conscious sedation permit shall not exceed four thousand five hundred dollars ($4,500).

(q) The fee for an application for a conscious sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of a conscious sedation permit shall not exceed six hundred dollars ($600).

(r) The fee for an application for an oral conscious sedation permit shall not exceed one thousand dollars ($1,000), and the fee for the renewal of an oral conscious sedation permit shall not exceed six hundred dollars ($600).

(s) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars ($125).

(t) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars ($250).

The board shall report to the appropriate fiscal committees of each house of the Legislature whenever the board increases any fee pursuant to this section and shall specify the rationale and justification for that increase.

~~SEC. 13. Section 1752.1 of the Business and Professions Code is amended to read:~~

~~1752.1. (a) The board may license as a registered dental assistant a person who files an application and submits written evidence, satisfactory to the board, of one of the following eligibility requirements:~~

~~(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written examination administered by the board.~~

~~(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on a written examination administered by the board.~~

~~(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.~~

~~(b) For purposes of this section, "satisfactory work experience" means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.~~

~~(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of~~

~~nonboard-approved programs. Additionally, the board shall notify those programs only if the program's curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.~~

~~(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure on or after July 1, 2002, shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.~~

~~(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on a written examination in law and ethics administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:~~

~~(1) A board-approved course in the Dental Practice Act.~~

~~(2) A board-approved course in infection control.~~

~~(3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.~~

~~(f) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:~~

~~(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.~~

~~(2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.~~

~~(g) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDA with orthodontic assistant permit," or "RDA with dental sedation assistant permit," as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.~~

~~(h) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.~~

~~(i) On and after January 1, 2010, the written examination for registered dental assistant licensure shall comply with Section 139.~~

~~(j) The board shall, in consultation with the Office of Professional Examination Services, conduct a review to determine whether a practical examination is necessary to demonstrate the competency of registered dental assistants. The board's review and certification or determination shall be completed by January 1, 2017.~~

~~(k) If the board determines that the practical examination is necessary to demonstrate competency of registered dental assistants, the board's review and certification or determination shall be completed and submitted to the appropriate policy committees of the Legislature, and the board may administer, and require, a practical examination for licensure as a registered dental assistant, in accordance with Section 139.~~

~~SEC. 14. Section 1752.3 of the Business and Professions Code is repealed.~~

~~SEC. 15.~~

SEC. 13. Section 1725 of the Business and Professions Code is amended to read:

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

(a) The application fee for an original license shall not exceed two hundred dollars ($200).

(b) The fee for examination for licensure as a registered dental assistant shall not exceed the actual cost of the practical examination.

(c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed two hundred dollars ($200).

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

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

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

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

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

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

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

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

(*l*) The biennial renewal fee for a registered dental assistant license, registered dental assistant in extended functions license, dental sedation assistant permit, or orthodontic assistant permit shall not exceed two hundred dollars ($200).

(m) The delinquency fee shall be 50 percent of the renewal fee for the license or permit in effect on the date of the renewal of the license or permit.

(n) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed one hundred dollars ($100).

(o) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants that are not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed seven thousand five hundred dollars ($7,500).

(p) The fee for review of each approval application or reevaluation for a course that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges shall not exceed two thousand dollars ($2,000).

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

~~SEC. 16.~~

SEC. 14. Section 2841 of the Business and Professions Code is amended to read:

2841. (a) There is in the Department of Consumer Affairs a Board of Vocational Nursing and Psychiatric Technicians of the State of California, consisting of 11 members.

(b) Within the meaning of this chapter, "board," or "the board," refers to the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

(c) This section shall remain in effect only until January 1, 2018, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

~~SEC. 17.~~

SEC. 15. Section 2847 of the Business and Professions Code is amended to read:

2847. (a) The board shall select an executive officer who shall perform duties as are delegated by the board and who shall be responsible to it for the accomplishment of those duties.

(b) The person selected to be the executive officer of the board shall be a duly licensed vocational nurse under this chapter, a duly licensed professional nurse as defined in Section 2725, or a duly licensed psychiatric technician. The executive officer shall not be a member of the board.

(c) With the approval of the Director of Finance, the board shall fix the salary of the executive officer.

(d) The executive officer shall be entitled to traveling and other necessary expenses in the performance of his or her duties. He or she shall make a statement, certified before a duly authorized person, that the expenses have been actually incurred.

(e) This section shall remain in effect only until January 1, 2018, and as of that date is repealed.

~~SEC. 18.~~

SEC. 16. Section 2894 of the Business and Professions Code is amended to read:

2894. (a) All money in the Vocational Nursing and Psychiatric Technicians Fund shall be used to carry out this chapter, including the promotion of nursing education in this state, and Chapter 10

(commencing with Section 4500), and for the refund, in accordance with law, of license fees or other moneys paid into the Vocational Nursing and Psychiatric Technicians Fund under the provisions of this chapter and Chapter 10 (commencing with Section 4500).

(b) Claims against the Vocational Nursing and Psychiatric Technicians Fund shall be audited by the Controller, and shall be paid by the Treasurer upon warrants drawn by the Controller.

~~SEC. 19.~~

SEC. 17. Section 4501 of the Business and Professions Code is amended to read:

4501. (a) "Board," as used in this chapter, means the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

(b) This section shall remain in effect only until January 1, 2018, and as of that date is repealed.

~~SEC. 20.~~

SEC. 18. Section 4503 of the Business and Professions Code is amended to read:

4503. (a) The board shall administer and enforce this chapter.

(b) This section shall remain in effect only until January 1, 2018, and as of that date is repealed.

~~SEC. 21.~~

SEC. 19. Section 4547 of the Business and Professions Code is amended to read:

4547. All expenses incurred in the operation of this chapter or Chapter 6.5 (commencing with Section 2840) shall be paid out of the Vocational Nursing and Psychiatric Technicians Fund from the revenue received by the board under this chapter or Chapter 6.5 (commencing with Section 2840) and deposited in the Vocational Nursing and Psychiatric Technicians Fund.

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

BILL NUMBER:	AB 179		
AUTHOR:	Assembly Committee on Business and Professions	**SPONSOR:**	
VERSION:	Amended 04/27/2015	**INTRODUCED:**	01/26/2015
BILL STATUS:	04/27/2015 Assembly Committee on Appropriations	**BILL LOCATION:**	Committees on Business and Professions and
SUBJECT:	Healing Arts	**RELATED BILLS:**	

SUMMARY

Extends the operations of the Dental Board of California (Board) until January 1, 2020; increases statutory fee caps for all categories relating to dentists and dental assistants; eliminates the practical examination for registered dental assistants (RDAs), as specified. Extends the operation of the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) until January 1, 2018, and merges the Vocational Nursing fund and the Psychiatric Technician funds, as specified.

EXISTING LAW:

1) Establishes the Dental Practice Act (Act), administered by the Dental Board of California (DBC) within the Department of Consumer Affairs (DCA), to license and regulate the practice of dentistry, and sunsets the DBC on January 1, 2016. (Business and Professions Code (BPC) Section 1600,*et seq*.)

2) Establishes the Dental Assisting Council (DAC) of the DBC, which shall consider all matters relating to dental assistants in this state, on its own initiative or upon the request of the Board, and makes appropriate recommendations to the Board and the standing committees of the Board, as specified.

3) Requires the DBC to establish, as necessary, the amount of charges and fees for licensure for the purpose of carrying out its responsibilities under the Act, subject to statutory fee caps. (BPC Section 1724)

4) Requires the amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants to be established by regulation and subject to statutory fee caps. (BPC Section 1725)

5) Requires for licensure as a registered dental assistant satisfactory performance on a written and practical examination administered by the DBC. (BPC Section 1752.1)

6) Provides that a healing arts practitioner who engages in sexual relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action, except as specified. (BPC Section 726)

7) Establishes the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) within the DCA, to license and regulate vocational nurses under the Vocational Nursing Practice Act, and to license and regulate psychiatric technicians under the Psychiatric Technicians Law, and extends the operation of the BVNPT until January 1, 2016. (BPC Sections 2840 et seq., 4500 *et seq*.)

8) Establishes the Vocational Nursing and Psychiatric Technicians Fund. (BPC Section 2890)

9) Establishes the Vocational Nursing Account and the Psychiatric Technician Examiners Account of the Vocational Nursing and Psychiatric Technician Fund. (BPC Section 205)

THIS BILL:
1) Extends the operation of the DBC until January 1, 2020.

2) Authorizes the DBC to increase specified fees for dentists and RDAs, as specified.

3) Eliminates the practical examination for licensure as an RDA, and requires the DBC to, in consultation with the Office of Professional Examination Services, to conduct a review to determine whether a practical examination is necessary to demonstrate the competency of registered dental assistants. The board's review and certification or determination shall be completed by January 1, 2017.

4) Provides that if the DBC determines that the practical examination is necessary to demonstrate competency of registered dental assistants, the DBC's review and certification or determination shall be completed and submitted to the appropriate policy committees of the Legislature, and the board may administer, and require, a practical examination for licensure as a registered dental assistant, in accordance with Section 139.

5) Extends the operation of the BVNPT until January 1, 2018.

6) Merges the funds of the BVNPT, as specified.

7) Makes conforming changes.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

1) **Purpose:** This bill is author sponsored. According to the author, “This bill is necessary to ensure that consumers are protected by the continued operation of the

DBC. The Board's sunset bill raised numerous issues, including the adequacy of the Dentistry Fund condition and the practical examination for registered dental assistants. The DBC has been operating with a major structural deficit, and is faced with impending deficits. Prior to recent increases to its initial and renewal licensure fees, the DBC had not raised fees for nearly two decades. A recent audit of the DBC's finances shows that the cost for licensure and permitting categories do not sufficiently cover the cost for that license or permit. As a result, this bill proposes to increase statutory fee caps across all categories to let the DBC begin to recover its costs, help solve its structural imbalance, and build a healthy reserve. These fee caps are intended to carry the DBC over for many years, and any actual increase in fees would need to go through the regulatory process, thereby ensuring that licensees may voice any concerns to potential increases.

After the DBC recalibrated the practical examination for registered dental assistants last August, there was an alarming decline in passage rates. In addition to the human costs of placing undue hardship on examinees who are now unable to find work or have lost work due to failing the exam, and the impact on our healthcare workforce, the steep decline questions the validity of the examination and its ability to accurately measure a licensee's competency.

This bill imposes a moratorium on RDA practical examinations until the Board can properly evaluate the examination. RDAs would continue to meet other requirements, such as completing an education program, obtaining on the job experience as certified by a supervising dentist, or a combination or both, in addition to passing the written examination, thereby ensuring that consumers will continue to be protected.
In addition, on February 13, 2012, the BVNPT approved a merger of the vocational nursing fund and the psychiatric technician fund as an alternative to a statutory amendment to raising fees for the psychiatric technician fees. This bill would advance the fiscal solvency of the BNVPT by merging these funds. The bill will also increase accountability by extending the BVNPT's sunset date only until January 1, 2018, thereby increasing legislative oversight of the BVNPT in light of the significant issues raised in the BVNPT's sunset background paper."

2) **Background.** The DBC was created by the California Legislature in 1885, to regulate dentists. Today, the DBC regulates the practice of approximately 86,000 licensed dental healthcare professionals in California, including 40,163 dentists; 44,230 registered dental assistants (RDAs); and 1,545 registered dental assistants in extended functions (RDAEFs). In addition, the DBC is responsible for setting the duties and functions of approximately 50,000 unlicensed dental assistants.

The BVNPT is responsible for administering the laws related to the education, practice and discipline of Licensed Vocational Nurses (LVNs) and Psychiatric Technicians (PTs). The LVN program was established in 1951 and the PT program was established in 1959. The PT Certification Program was placed under this Board's jurisdiction due to the unique mental health and nursing care functions performed by PTs. The BVNPT oversees two distinct licensure programs, each with separate statutes, regulations, budget authority, curriculum requirements, examinations, and staff. Specifically, the

BVNPT regulates the practice of approximately 129,515 LVNs and 13,469 PTs, the largest groups of LVNs and PTs in the nation.

Sunset Review: On March 23rd, 2015, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee held a "sunset review" hearing for the DBC and the BVNPT. As part of the Sunset Review, the DBC and the BVNPT each prepared a sunset report, which was submitted to the Committees and Committee staff prepared a background paper on each board.

A "sunset review" is a performance review of a state agency by the Legislature aimed at determining whether that agency should continue to exist, and if so, whether any statutory reforms are needed to increase the agency's effectiveness. Sunset review is triggered by the statutory expiration date for the agency, which is commonly called a "sunset." Without an extension of this sunset date, the Board would cease to exist.

Review of Dental Board Issues Addressed in this Bill. The Committees raised a number of issues relating to the DBC, and this bill addresses a number of issues through statutory changes. The following are some of the major issues pertaining to the DBC as reviewed and discussed by the Committees, along with background information concerning each particular issue and recommendations made by Committee staff regarding the particular issues or problem areas which needed to be addressed.

DBC Issue#1: Email addresses.
Background: The staff background report for the DBC identified as an issue whether the Board should be authorized to collect email addresses for its licensees. According to the DBC, in order to improve its ability to communicate with licensees, the DBC will be pursuing statutory authority to allow it to require email addresses on its applications and renewal forms. Web-based communications will also reduce postage costs and provide a cost savings.
Recommendation: The DBC should advise the Committees of any statutory changes necessary to enable the DBC to collect email addresses and to use email as a way to communicate with licensees and applicants.
[This bill would authorize the DBC to collect email addresses.]

DBC Issue#5: Dental Fund Condition.
Background: The Dentistry Fund is maintained by the DBC and includes the revenues and expenditures related to licensing for dentists. For sixteen years, the license fee for dentists was set at $365. In 2013, for the first time in 16 years, the DBC increased its license fee for dentists from $365 to its statutory cap at the time of $450. These regulations went into effect on July 1, 2014. During that time, the DBC also pursued an increase in statute from $450 to $525. SB 1416 (Block)Chapter 73, Statutes of 2014,raised the DBC's fee for initial and renewal licenses for dentists from $450 to $525, and set fees at that level. During that time, an analysis conducted by the DCA's Budget Office determined that the license fees should be raised to $525 to ensure solvency into the foreseeable future. While fees increased have generated additional

revenue, the DBC's expenditures, projected to be over $12M per year, continue to outpace its revenue, projected to be less than $11M per year, thus perpetuating a structural imbalance. Part of the reason for the increase in projected and actual expenditures in recent years has been due to funding 12.5 CPEI positions; funding the diversion program; increased expenses associated with BreEZe; unexpected litigation expenses; and the general increase in the cost of doing business over the past 16 years. While the DBC has expended less than what it has been authorized by the budget due to some cost savings and reimbursements, the DBC emphasizes that its fund should be able to sustain expenditures without relying on estimated savings or reimbursements.

Based on data from the past five fiscal years, the DBC calculated that the Dentistry Fund will be able to sustain expenditures into FY 2017/18 before facing a deficit. The DBC projects it will only have 0.5 months in reserve in FY 2016/17, and is undergoing a fee rate audit to determine the appropriate fee amounts to assess and to project fee levels into the future. The fee audit will also take into account the funds necessary to establish a reserve of four to six months for economic uncertainties and unanticipated expenses, such as legislative mandates and the DCA costs. In addition, while the Dental Assisting Program has its own staff for Licensing and Examination, paid for by its fund, the rest of the functions relating to dental assisting, such as administration and enforcement, are performed by Board staff and paid for by the Dentistry Fund. As a result, the fee audit will examine the appropriate fees and costs for the Dental Assisting Fund, which currently does not pay the Dentistry Fund for any costs associated with administration or enforcement and has a very large reserve. After the results of the fee audit come out, the Board anticipates requesting an increase in the statutory fee caps, so that going forward, the Board may raise fees incrementally and within the cap, as necessary, to ensure a healthy budget. The fee audit will be available shortly.

***Recommendation*:** The DBC should share the fee audit with the Committees as soon as that information is available to determine the appropriate fee caps for licensees. The DBC should consider whether it is feasible or preferable to merge the Dentistry and Dental Assisting, and to share all staff and costs. If the DBC determines that funds should remain separate, the DBC should ensure that the Dental Assisting Fund reimburses the Dentistry Fund for any costs incurred.
[The DBC has shared its recent fee audit, which discovered that in addition to the DBC's operational imbalance, it is limited in its ability to recover the true cost of licensure and regulation for dentists and dental assistants based on many of the set fees, which do not cover the actual costs. In light of this fee audit, the DBC is requesting an increase in all statutory fee caps relating to dentists and dental assistants, including, but not limited to, those fees relating to licensure, permits, and examinations.

While some of these fee increases are dramatic, they reflect the fact that many of these fee caps have not been raised in nearly up to two decades. The DBC's intent is for this large increase in statutory fee caps to cover its potential need to increase fees over a period of many years, including beyond the next sunset period. The DBC would have to raise any fees through the regulatory process, however, ensuring that there will be

additional time and robust opportunity for public participation prior to the increase of any fee.]

DBC Issues #7: The RDA Examination.
Background: The pass rates for the RDA Practical Exam averaged roughly 83% over the past four fiscal years. However, in 2014, pass rates dropped dramatically. Passage rates declined from an over 80% average to a 38% pass rate in August 2014, 19% in November 2014, to 33% in February 2015. The sharp declines occurred after the practical examinations were recalibrated, as discussed above. In addition, recent examination scores from the February 2015 examination indicate that these rates continue to be very low. Currently, the DBC is pursuing an occupational analysis (OA) to validate the practical exam. The last OA was conducted in 2009. BPC § 139 specifies that the Legislature finds and declares that OA and examination validation studies are fundamental components of licensure programs and the DCA is responsible for the development of a policy regarding examination development and validation, and occupational analysis. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals from obtaining a professional license. To that end, licensure examinations must be developed following an examination outline that is based on a current occupational analysis; regularly evaluated; updated when tasks performed or prerequisite knowledge in a profession or on a job change, or to prevent overexposure of test questions; and reported annually to the Legislature. According to the DCA's policy, an occupational analysis and examination outline should be updated at least every five years to be considered current. Such an OA is projected to be $60,000 and could take up to a year to complete. Board staff notes that the cost would be absorbable by the Dental Assisting budget.

Recommendation: The DBC should explain to the Committees why it recalibrated the RDA examination, and the decline in pass rates after the practical examination was recalibrated. The DBC should undertake the OA, and consider whether a practical examination is the most effective way to demonstrate minimal competency for those licensees. The DBC should continue to monitor examination passage rates, and pursue any legislative changes necessary to reflect current practices as determined by the OA. [Based on the precipitous decline in examination scores, which questions the validity of the examination and the ability of the examination to truly measure competency, this bill would eliminate the practical examination until the DBC is able to conduct an occupational analysis and examine its validity and determine whether an examination is necessary to demonstrate competency. Applicants for licensure would still need to meet all other existing requirements for licensure, including passing the written examination.]

DBC Issue #10: Unprofessional Conduct.
Background: BPC § 726 prohibits, "The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action" for any healing arts professional. BPC § 726 exempts sexual contact between a physician and surgeon and his or her spouse, or person in an equivalent domestic relationship, when providing non-psychotherapeutic

medical treatment. SB 544 (Price, 2012) would have, among other things, amended BPC § 726 to provide an exemption for all licensees who provide non-psychotherapeutic medical treatment to spouses or persons in equivalent domestic relationships, instead of only exempting physicians and surgeons. This bill was held in the Senate Business, Professions and Economic Development Committee. The California Dental Association (CDA) and the California Academy of General Dentistry (CAGD) have both requested amending this section to also exempt dentists who are treating their spouses or person in an equivalent domestic relationship.
Recommendation: The Committees should consider whether exempting dentists maintains the spirit of the law and determine whether additional conditions are necessary to ensure that spouses and domestic partners are protected.

[This bill will extend the exemption to all healing arts licensees who do not provide psychotherapeutic medical treatment to spouses or persons in equivalent domestic relationships.]

DBC Issue #18: Continued Regulation by the DBC.
Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory DBCwith oversight over the dental profession. The Board should be continued with afour-year extension of its sunset date so that the Legislature may once again review whether the issues and recommendations in this Background Paper have been addressed.
Recommendation: Recommend that the licensing and regulation of the dental professioncontinue to be regulated by the current Board members in order to protect the interests of the public and be reviewed again in four years.
[This bill will extend the sunset date for the Board from January 1, 2016, to January 1, 2020.]

ARGUMENTS IN SUPPORT:
None on file.
ARGUMENTS IN OPPOSITION:

None on file.

AMENDMENTS:
While any fee increase would have to be adopted by the DBC through regulations, thereby ensuring that there will be sufficient consideration of the need for a fee increase and public participation during that process, the author seeks to ensure that there are some appropriate restraints to limit the amount that fees may be increased. As a result, the author seeks to make the following changes:

In subdivision (d) of Section 1724, strike "$1200" throughout and insert "$650" and add, *Effective January 1, 2018, the fee for an initial license shall not exceed $800, and the fee for the renewal of a license shall not exceed $800*.

The validity of the RDA examination has seriously been questioned by the recent decline in passage rates. As a result, it is essential to place a temporary moratorium on these examinations until the DBC can conduct an occupational analysis to determine whether the practical examination is an accurate measure of competency, and whether it is a valid examination. To prevent undue hardships on applicants who are required to take this examination for licensure until the effective date of this bill, and to ensure an adequate dental health care workforce, the author should pursue this measure in a separate bill with an urgency clause that would allow this provision to become operative immediately.

Strike Sections 13 and 14from the bill, inclusive.

REGISTERED SUPPORT:

None on file.

REGISTERED OPPOSITION:

None on file.

BOARD POSITION

The Board took a 'watch' position at its February 26, 2015 meeting.
The committee may select a position, or continue to watch this bill as it progresses through the legislative process.

- ☐ Support
- ☐ Support if Amended
- ☐ Oppose
- ☐ Watch
- ☐ Neutral
- ☐ No Action

STAFF RECOMMENDATION

Board staff recommend that the Legislative and Regulatory Committee take a support position on this bill because, if signed into law, it will repeal the sunset date of January 1, 2016 and replace it with a future date; January 1, 2020. This is necessary to effectively carry out the Board's mission of protecting the health and safety of consumers.

AMENDED IN ASSEMBLY APRIL 30, 2015

AMENDED IN ASSEMBLY APRIL 22, 2015

AMENDED IN ASSEMBLY APRIL 16, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 502

Introduced by Assembly Member Chau

February 23, 2015

An act to amend Section 1926 of the Business and Professions Code, to amend Sections 13401 and 13401.5 of the Corporations Code, to add Section 1374.196 to the Health and Safety Code, and to add Section 10120.4 to the Insurance Code, relating to dental hygiene.

LEGISLATIVE COUNSEL'S DIGEST

AB 502, as amended, Chau. Dental hygiene.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice by the Dental Hygiene Committee of California.

Existing law authorizes a registered dental hygienist in alternative practice to perform various duties in specified settings, including dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development.

This bill would provide that an alternative dental hygiene practice established within a certified shortage area is not required to close due to the removal of the dental health professional shortage area designation if the registered dental hygienist in alternative practice meets certain requirements.

(2) Existing law, the Moscone-Knox Professional Corporation Act, prohibits a professional corporation from rendering professional services in this state without a currently effective certificate of registration issued by the governmental agency regulating the profession in which the corporation is or proposes to be engaged and excepts any professional corporation rendering professional services by persons duly licensed by specified state entities from that requirement. Existing law authorizes specified healing arts practitioners to be shareholders, officers, directors, or professional employees of a designated professional corporation, subject to certain limitations relating to ownership of shares.

This bill would additionally except any professional corporation rendering professional services by persons duly licensed by the Dental Hygiene Committee of California from the certificate of registration requirement. The bill would authorize dental assistants and licensed dentists to be shareholders, officers, directors, or professional employees of a registered dental hygienist in alternative practice corporation.

(3) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law provides certain standards that govern health care service plan contracts covering dental services, health insurance policies covering dental services, specialized health care service plan contracts covering dental services, and specialized health insurance policies covering dental services.

This bill would require health care service plan contracts covering dental services, health insurance policies covering dental services, specialized health care service plan contracts covering dental services, and specialized health insurance policies covering dental services issued, amended, or renewed on or after January 1, 2016, to provide specified reimbursement for registered dental hygienists in alternative practice performing dental hygiene services that may lawfully be performed by registered dental hygienists and that are reimbursable under the contracts or policies. The bill would also require the plan or insurer to use the same fee schedule for reimbursing both registered dental hygienists and registered dental hygienists in alternative practice. Because a willful violation of the bill's provisions by a health care service plan covering dental services or a specialized health care service plan covering dental services would be a crime, it would impose a state-mandated local program.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

SECTION 1. Section 1926 of the Business and Professions Code is amended to read:

1926. A registered dental hygienist in alternative practice may perform the duties authorized pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, and subdivisions (a) and (b) of Section 1910 in the following settings:

(a) Residences of the homebound.

(b) Schools.

(c) Residential facilities and other institutions.

(d) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines. An alternative dental hygiene practice established within a certified shortage area shall not be required to close due to the removal of the dental health professional shortage area designation if the registered dental hygienist in alternative practice continues to serve those patients that lack or have limited access to dental care including, but not limited to, Medi-Cal program patients, and at least 40 percent of the total *patient population of the* alternative dental hygiene practice ~~serves those~~ *is comprised of* underserved populations.

SEC. 2. Section 13401 of the Corporations Code is amended to read:

13401. As used in this part:

(a) "Professional services" means any type of professional services that may be lawfully rendered only pursuant to a license, certification, or registration authorized by the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act.

(b) "Professional corporation" means a corporation organized under the General Corporation Law or pursuant to subdivision (b) of Section 13406 that is engaged in rendering professional services

in a single profession, except as otherwise authorized in Section 13401.5, pursuant to a certificate of registration issued by the governmental agency regulating the profession as herein provided and that in its practice or business designates itself as a professional or other corporation as may be required by statute. However, any professional corporation or foreign professional corporation rendering professional services by persons duly licensed by the Medical Board of California or any examining committee under the jurisdiction of the board, the Osteopathic Medical Board of California, the Dental Board of California, the Dental Hygiene Committee of California, the California State Board of Pharmacy, the Veterinary Medical Board, the California Architects Board, the Court Reporters Board of California, the Board of Behavioral Sciences, the Speech-Language Pathology and Audiology Board, the Board of Registered Nursing, or the State Board of Optometry shall not be required to obtain a certificate of registration in order to render those professional services.

(c) "Foreign professional corporation" means a corporation organized under the laws of a state of the United States other than this state that is engaged in a profession of a type for which there is authorization in the Business and Professions Code for the performance of professional services by a foreign professional corporation.

(d) "Licensed person" means any natural person who is duly licensed under the provisions of the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act to render the same professional services as are or will be rendered by the professional corporation or foreign professional corporation of which he or she is, or intends to become, an officer, director, shareholder, or employee.

(e) "Disqualified person" means a licensed person who for any reason becomes legally disqualified (temporarily or permanently) to render the professional services that the particular professional corporation or foreign professional corporation of which he or she is an officer, director, shareholder, or employee is or was rendering.

SEC. 3. Section 13401.5 of the Corporations Code is amended to read:

13401.5. Notwithstanding subdivision (d) of Section 13401 and any other provision of law, the following licensed persons may be shareholders, officers, directors, or professional employees

of the professional corporations designated in this section so long as the sum of all shares owned by those licensed persons does not exceed 49 percent of the total number of shares of the professional corporation so designated herein, and so long as the number of those licensed persons owning shares in the professional corporation so designated herein does not exceed the number of persons licensed by the governmental agency regulating the designated professional corporation. This section does not limit employment by a professional corporation designated in this section to only those licensed professionals listed under each subdivision. Any person duly licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act may be employed to render professional services by a professional corporation designated in this section.

(a) Medical corporation.
(1) Licensed doctors of podiatric medicine.
(2) Licensed psychologists.
(3) Registered nurses.
(4) Licensed optometrists.
(5) Licensed marriage and family therapists.
(6) Licensed clinical social workers.
(7) Licensed physician assistants.
(8) Licensed chiropractors.
(9) Licensed acupuncturists.
(10) Naturopathic doctors.
(11) Licensed professional clinical counselors.
(12) Licensed physical therapists.
(b) Podiatric medical corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Registered nurses.
(4) Licensed optometrists.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.
(8) Licensed physical therapists.
(c) Psychological corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.

(3) Registered nurses.
(4) Licensed optometrists.
(5) Licensed marriage and family therapists.
(6) Licensed clinical social workers.
(7) Licensed chiropractors.
(8) Licensed acupuncturists.
(9) Naturopathic doctors.
(10) Licensed professional clinical counselors.
(d) Speech-language pathology corporation.
(1) Licensed audiologists.
(e) Audiology corporation.
(1) Licensed speech-language pathologists.
(f) Nursing corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Licensed optometrists.
(5) Licensed marriage and family therapists.
(6) Licensed clinical social workers.
(7) Licensed physician assistants.
(8) Licensed chiropractors.
(9) Licensed acupuncturists.
(10) Naturopathic doctors.
(11) Licensed professional clinical counselors.
(g) Marriage and family therapist corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Licensed clinical social workers.
(4) Registered nurses.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.
(8) Licensed professional clinical counselors.
(h) Licensed clinical social worker corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Licensed marriage and family therapists.
(4) Registered nurses.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.

(7) Naturopathic doctors.
(8) Licensed professional clinical counselors.
(i) Physician assistants corporation.
(1) Licensed physicians and surgeons.
(2) Registered nurses.
(3) Licensed acupuncturists.
(4) Naturopathic doctors.
(j) Optometric corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Registered nurses.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.
(k) Chiropractic corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Registered nurses.
(5) Licensed optometrists.
(6) Licensed marriage and family therapists.
(7) Licensed clinical social workers.
(8) Licensed acupuncturists.
(9) Naturopathic doctors.
(10) Licensed professional clinical counselors.
(*l*) Acupuncture corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Registered nurses.
(5) Licensed optometrists.
(6) Licensed marriage and family therapists.
(7) Licensed clinical social workers.
(8) Licensed physician assistants.
(9) Licensed chiropractors.
(10) Naturopathic doctors.
(11) Licensed professional clinical counselors.
(m) Naturopathic doctor corporation.
(1) Licensed physicians and surgeons.

(2) Licensed psychologists.
(3) Registered nurses.
(4) Licensed physician assistants.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Licensed physical therapists.
(8) Licensed doctors of podiatric medicine.
(9) Licensed marriage and family therapists.
(10) Licensed clinical social workers.
(11) Licensed optometrists.
(12) Licensed professional clinical counselors.
(n) Dental corporation.
(1) Licensed physicians and surgeons.
(2) Dental assistants.
(3) Registered dental assistants.
(4) Registered dental assistants in extended functions.
(5) Registered dental hygienists.
(6) Registered dental hygienists in extended functions.
(7) Registered dental hygienists in alternative practice.
(o) Professional clinical counselor corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Licensed clinical social workers.
(4) Licensed marriage and family therapists.
(5) Registered nurses.
(6) Licensed chiropractors.
(7) Licensed acupuncturists.
(8) Naturopathic doctors.
(p) Physical therapy corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed acupuncturists.
(4) Naturopathic doctors.
(5) Licensed occupational therapists.
(6) Licensed speech-language therapists.
(7) Licensed audiologists.
(8) Registered nurses.
(9) Licensed psychologists.
(10) Licensed physician assistants.

(q) Registered dental hygienist in alternative practice corporation.

(1) Dental assistants.

(2) Licensed dentists.

SEC. 4. Section 1374.196 is added to the Health and Safety Code, to read:

1374.196. (a) This section shall only apply to a health care service plan contract covering dental services or a specialized health care service plan contract covering dental services issued, amended, or renewed on or after January 1, 2016.

(b) A registered dental hygienist in alternative practice, licensed pursuant to Section 1922 of the Business and Professions Code, may submit or allow to be submitted on his or her behalf any claim for dental hygiene services performed as authorized pursuant to Article 9 (commencing with Section 1900) of Chapter 4 of Division 2 of the Business and Professions Code to a health care service plan covering dental services or a specialized health care service plan covering dental services.

(c) If a health care service plan contract covering dental services or a specialized health care service plan contract covering dental services provides reimbursement for dental hygiene services that may lawfully be performed by a registered dental hygienist, licensed pursuant to Section 1917 of the Business and Professions Code, reimbursement under that plan contract to a contracted provider, or to an enrollee if out-of-network services are covered, shall not be denied when the service is performed by a registered dental hygienist in alternative practice.

(d) (1) Nothing in this section shall preclude a health care service plan contract covering dental services or a specialized health care service plan contract covering dental services from setting different fee schedules for different services provided by different providers.

(2) A health care service plan contract covering dental services or a specialized health care service plan contract covering dental services shall use the same fee schedule for dental hygiene services whether the services are performed by a registered dental hygienist or a registered dental hygienist in alternative practice.

SEC. 5. Section 10120.4 is added to the Insurance Code, to read:

10120.4. (a) This section shall only apply to a health insurance policy covering dental services or a specialized health insurance policy covering dental services issued, amended, or renewed on or after January 1, 2016.

(b) A registered dental hygienist in alternative practice, licensed pursuant to Section 1922 of the Business and Professions Code, may submit or allow to be submitted on his or her behalf any claim for dental hygiene services performed as authorized pursuant to Article 9 (commencing with Section 1900) of Chapter 4 of Division 2 of the Business and Professions Code to a health insurer covering dental services or a specialized health insurer covering dental services.

(c) If a health insurance policy covering dental services or a specialized health insurance policy covering dental services provides for reimbursement for dental hygiene services that may lawfully be performed by a registered dental hygienist, licensed pursuant to Section 1917 of the Business and Professions Code, reimbursement under that policy to a contracted provider, or to an insured if out-of-network services are covered, shall not be denied when the service is performed by a registered dental hygienist in alternative practice.

(d) (1) Nothing in this section shall preclude a health insurance policy covering dental services or a specialized health insurance policy covering dental services from setting different fee schedules for different services provided by different providers.

(2) A health insurance policy covering dental services or a specialized health insurance policy covering dental services shall use the same fee schedule for dental hygiene services whether the services are performed by a registered dental hygienist or a registered dental hygienist in alternative practice.

SEC. 6. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within

the meaning of Section 6 of Article XIII B of the California Constitution.

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

BILL NUMBER:	AB 502		
AUTHOR:	Assembly Member Ed Chau	**SPONSOR:**	California Dental Hygiene Association
VERSION:	Amended on 04/22/2015	**INTRODUCED:**	02/23/2015
BILL STATUS:	04/28/2015 Do pass as amended to assembly committee on Appropriations	**BILL LOCATION:**	Committees on Business and Professions and Committee on Health
SUBJECT:	Dental Hygiene	**RELATED BILLS:**	

SUMMARY

Allows alternative dental hygiene practices to continue to operate and provide care within a certified shortage area, as specified, regardless of whether or not that area maintains a designation as a dental health professional shortage area (DHPSA) in the future. Allows registered dental hygienists in alternative practice (RDHAPs) to submit claims for dental hygiene services and requires health plans and insurers to provide reimbursement, as specified.

Specifically, **this bill**:

1) Prohibits an alternative dental hygiene practice from being forced to close owing to a loss of its surrounding location's designation as a DHPSA under the following circumstances:

   a) The RDHAPs continue to serve patients that have no or limited access to dental care, including Medi-Cal program patients; and,

   b) At least 40% of the total alternative dental hygiene practice serves those underserved populations.

2) Allows licensed dentists and dental assistants to be part of professional corporations of RDHAPs.

3) Requires health plans and policies that cover dental services, including specialized health plans and policies, to do the following:

   a) Allow RDHAPs to submit any claim for dental hygiene services;

b) Reimburse an RDHAP for dental hygiene services that can be performed by a registered dental hygienist (RDH) if the plan or policy provides reimbursement for dental hygiene services; and,

c) Use the same payment rates for RDHAPs as are provided to RDHs.

EXISTING LAW:

1) Allows the licensure and regulation of registered dental hygienists, registered dental hygienists in extended functions, and registered dental hygienists in alternative practice by the Dental Hygiene Committee of California (DHCC).

2) Allows an RDHAP to perform various duties in specified settings, including DHPSAs, as certified by the Office of Statewide Health Planning and Development.

3) Establishes the Knox-Keene Health Care Service Plan Act of 1975 under the administration and enforcement of the Department of Managed Health Care, and requires
a health care service plan to reimburse claims, as specified.

4) Provides for the regulation of health insurers by the California Department of Insurance.

5) Establishes specified standards for health care service plan contracts covering dental services, health insurance policies covering dental services, specialized health care service plan contracts covering dental services, and specialized health insurance policies covering dental services.

FISCAL EFFECT: This bill has not yet been analyzed by a fiscal committee.

COMMENTS:

1) PURPOSE OF THIS BILL. The author states RDHAPs provide necessary professional preventive dental care to patients who typically have limited or no access to these services. The author states existing law limits access to RDHAPs by preventing those who practice in DHPSAs from continuing practice in those areas once they lose certification. In addition, the author contends RDHAPs are not currently provided with proper financial incentives to provide services, as health plans and insurers are denying reimbursement for RDHAP services, despite the services being equivalent to those billable services provided by an RDH. Finally, the author asserts there are no current business protections for RDHAPs in statute, though existing law authorizes them to incorporate. The author states this bill will remove barriers in existing law for RDHAPs to practice and increase public access to quality dental hygiene services.

2) BACKGROUND.

a) California Health Benefits Review Program (CHBRP) Analysis. At the request of the Legislature, CHBRP, within the University of California, provides independent analyses of medical, financial, and public health impacts of proposed legislation regarding health insurance benefit mandates and repeals. The following background is based on the CHBRP review for this bill.

i) RDHAPs. RDHAPs are a subset of RDHs who are authorized to practice in specified underserved areas, including residences of homebound individuals, schools, residential facilities, and DHPSAs. Although RDHAPs and RDHs share the same scope of practice, RDHs may not practice dental hygiene in the absence of an on-site dentist whereas RDHAPs, through additional schooling and a licensing process, may provide dental hygiene services without the supervision of a dentist. Once licensed, RDHAPs are able to administer dental hygiene services in designated alternative practice settings without the supervision of a dentist, provided that they identify a dentist for referrals, consultations, or emergencies.

CHBRP estimates that RDHAPs annually provide dental hygiene services to approximately 598,400 patients. In a 2009 survey, RDHAPs estimated that, on average, about a tenth of their patients were privately insured, a third were uninsured, and over half were covered through public assistance programs, such as Medi-Cal.

ii) Current barriers to practice. According to DHCC, there are currently 563 licensed RDHAPs (524 of which are practicing) throughout California, as compared with approximately 31,000 licensed RDHs. Due to their small numbers, unique designation, and barriers to participation in some networks, RDHAPs often experience difficulty gaining recognition as providers from payers and receiving compensation for their services. In a 2009 descriptive survey of the RDHAP workforce, 82% of practicing RDHAPs reported maintaining employment in a traditional dental office setting for an average of three days per week in order to support two days of alternative practice, citing significant administrative barriers to receiving consistent reimbursement for services delivered under their RDHAP licensure. Accordingly, in 2009, RDHAPs identified administrative hassle as a significant impediment (4.0 on a 5-point scale) to providing direct patient care and reported spending approximately one-third of RDHAP practice time on administrative activities.

iii) Policies in other states. There are currently 37 states, including California, that are direct-access states for dental hygienists, meaning that a dental hygienist can initiate treatment based on his or her assessment of patient's needs without the specific authorization of a dentist, treat the patient without the presence of a dentist, and can maintain a provider-patient relationship. These services are generally provided in settings

such as Head Start centers, schools, federally qualified health centers (FQHCs), and long-term care facilities. In 16 states, there is statutory or regulatory language allowing the state Medicaid program to directly reimburse dental hygienists for services rendered.

b) Federal criteria for DHPSAs. A geographic area will be designated as having a dental professional shortage if the following three criteria are met:

i) The area is a rational area for the delivery of dental services;

ii) One of the following conditions prevails in the area:

(1) The area has a population to full-time-equivalent dentist ratio of at least 5,000:1; or,

(2) The area has a population to full-time-equivalent dentist ratio of less than 5,000:1 but greater than 4,000:1 and has unusually high needs for dental services or insufficient capacity of existing dental providers.

iii) Dental professionals in contiguous areas are over utilized, excessively distant, or inaccessible to the population of the area under consideration.

Populations with unusually high needs for dental services are defined as those where more than 20% of the population has incomes below the poverty level, or areas where the majority of the population does not have a fluoridated water supply.

c) Legislative oversight hearing. On March 17, 2014, the Senate Committee on Business, Professions, and Economic Development and the Assembly Committee on Business, Professions, and Consumer Protections held a joint oversight hearing to discuss a Sunset

Review Report on the DHCC. The report discussed at the hearing identified barriers to RDHAP practice, including the closure of a dental practice when the area no longer meets criteria as a DHPSA, and the ability for DHAPs to collect payment for services rendered. The staff recommendation examined at the joint hearing included amending existing law to reduce these two specific barriers.

d) Denti-Cal State Audit. On December 11, 2014, the California State Auditor issued a report titled “California Department of Health Care Services: Weaknesses in Its Medi-Cal Dental Program Limit Children's Access to Dental Care.” The report stated that insufficient number of dental providers willing to participate in Medi-Cal, low reimbursement rates and a failure to adequately monitor the program, led to limited access to care and low utilization rates for Medi-Cal beneficiaries across the state. The Audit found that 16 counties either have no active providers or do not have providers

willing to accept new Medi-Cal patients, and 16 other counties have an insufficient number of providers.

Recent changes in federal and state laws that have expanded Medi-Cal coverage could increase the number of children and adults who can receive additional covered dental services from 2.7 million to as many as 6.4 million, bringing into question the state's ability to provide timely and adequate care to beneficiaries.

e) Impact of this bill. The CHBRP analysis anticipates multiple impacts on the dental coverage of patients, and utilization rates for RDHAPs.

There are currently no RDHAPs that participate as contracted network providers in DHMOs (dental health maintenance organizations) or DPPOs (dental preferred provider organizations) in the state. It is not anticipated that RDHAPs will become participating providers in either type of dental insurance plan under this bill due to their scope of practice and network participation requirements.
Additionally, RDHAPs are already allowed to submit claims as out-of-network providers to DPPO plans, however the rate of reimbursement and likelihood of having the claim paid varies by plan, service, and the certification requirements of each plan. This bill is likely to increase the likelihood of claims being paid and RDHAPs being recognized by DPPOs as out-of-network providers only.
Finally, reduced paperwork, changes to professional corporation requirements and staffing, certification requirements, and barriers to providing and being reimbursed for care will not change the out-of-network nature of RDHAP care or the limitations on where they can practice. However, it could increase the number and/or amount of time spent by RDHAPs practicing independently in DHPSAs and alternative practice settings.

3) SUPPORT. The California Dental Hygienists' Association, the sponsor of the bill, and supporters state this bill improves access to dental hygiene care for vulnerable populations that cannot easily access traditional dental offices by strengthening the RDHAP practice in current law. Supporters state RDHAPs are recognized dental providers that provide the healthcare system with innovative services essential to expanding dental services to patients throughout California. Supporters argue this bill removes current barriers to RDHAP practice and improves the ability of RDHAPs to take dental hygiene care to patients.

4) OPPOSITION. The California Dental Association states in opposition, on a prior version of the bill, the primary reason for the development of the RDHAP license is to bring dental hygiene services to dentally underserved populations and into underserved communities. According to the opposition, it is not aware of any existing problems with DHPSAs that have lost, or are in danger of losing, their designations and potentially reducing access to care, and that it is unclear what effect a DHPSA reclassification would have on the surrounding community. The opposition concludes that should guidelines should be placed into statute for RDHAPs who work in reclassified DHPSAs

to ensure the practice retains the intent of the law to increase dental services to underserved populations.

5) PREVIOUS LEGISLATION.

a) AB 1174 (Bocanegra), Chapter 662, Statutes of 2014, authorizes certain allied dental professionals, including RDHs and RDHAPs, to perform additional activities using telehealth.

b) AB 1334 (Salinas), Chapter 850, Statutes of 2006, RDHAPs to provide services to patients without a prescription from a dentist or a physician and surgeon for the first 18 months after the first date of service.

6) POLICY COMMENT. At the time of this analysis, there do not appear to be records of existing DHPSAs within California losing their designation. The Committee may wish to consider the need for immediate action on these specific provisions of this bill, since the future needs and services provided for dental care of vulnerable populations may have changed by the time any DHPSAs lose their designation.

7) TECHNICAL AMENDMENT. This bill allows RDHAPs to continue to provide services in DHPSAs which have lost their classification, on the condition that they continue to provide services to patients who have limited or no access to dental care, and at least 40% of the practice serves those underserved populations. The current language is unclear as to whether the 40% requirement applies to the percentage of practicing providers who must serve an underserved population, or the percentage of clientele which must be underserved. The author has indicated the intent was to require the latter option in the bill; therefore the Committee may suggest the clarifying, technical amendment:

In Section 1926 of the Business and Professions Code:
(d) Dental health professional shortage areas, as certified by the Office of Statewide Health Planning and Development in accordance with existing office guidelines. An alternative dental hygiene practice established within a certified shortage area shall not be required to close due to the removal of the dental health professional shortage area designation if the registered dental hygienist in alternative practice continues to serve those patients that lack or have limited access to dental care including, but not limited to, Medi-Cal program patients, and at least 40 percent of the total ***patient population of the*** alternative dental hygiene practice **serves those *is comprised of those*** underserved populations.

Support
California Dental Hygienists' Association (sponsor) Several individuals (prior version)

Opposition
California Dental Association (prior version)

BOARD POSITION

The Board has not taken a position on the bill. The Board was presented this bill by the Dental Hygiene Committee of California at its February 2015 meeting but did not discuss it.

- ☐ Support
- ☐ Support if Amended
- ☐ Oppose
- ☐ Watch
- ☐ Neutral
- ☐ No Action

Staff Recommendation

Staff recommends a neutral position on this bill.

AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 507

Introduced by Assembly Member Olsen
(Principal coauthor: Assembly Member Gray)

February 23, 2015

An act to ~~amend~~ *add* Section ~~106 of~~ *210.5 to* the Business and Professions Code, relating to the Department of Consumer Affairs.

LEGISLATIVE COUNSEL'S DIGEST

AB 507, as amended, Olsen. Department of Consumer ~~Affairs.~~ *Affairs: BreEZe system: annual report.*

Existing law authorizes the Department of Consumer Affairs to enter into a contract with a vendor for the licensing and enforcement of the BreEZe system, which is a specified integrated, enterprisewide enforcement case management and licensing system, no sooner than 30 days after written notification to certain committees of the Legislature. Existing law requires the amount of contract funds for the system to be consistent with costs approved by the office of the State Chief Information Officer, based on information provided by the department in a specified manner.

This bill would, on and after January 31, 2016, require the department to submit an annual report to the Legislature and the Department of Finance that includes, among other things, the department's plans for implementing the BreEZe system at specified regulatory entities included in the department's's 3rd phase of the BreEZe implementation project, including, but not limited to, a timeline for the implementation.

~~Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer~~

~~Affairs. Existing law authorizes the Governor to remove from office any member of any board within the department appointed by him or her for, among other things, unprofessional or dishonorable conduct.~~

~~This bill would make nonsubstantive changes to these provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ *yes*. State-mandated local program: no.

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

SECTION 1. Section 210.5 is added to the Business and Professions Code, immediately following Section 210, to read:

210.5. (a) On and after January 31, 2016, the department shall submit an annual report to the Legislature and the Department of Finance that includes all of the following:

(1) The department's plan for implementing the BreEZe system at the regulatory entities in the department's third phase of the implementation project, including, but not limited to, a timeline for implementation.

(2) The total estimated costs of implementation of the BreEZe system at the regulatory entities in the department's third phase of the implementation project and the results of any cost-benefit analysis the department conducted for the third phase of the implementation project.

(3) A description of whether and to what extent the BreEZe system will achieve any operational efficiencies resulting from implementation by the boards and regulatory entities within the department's jurisdiction.

(b) The report described in subdivision (a) shall be submitted in compliance with Section 9795 of the Government Code.

(c) For purposes of this section, "the regulatory entities in the department's third phase of the implementation project" includes all of the following:

(1) Acupuncture Board.

(2) Board for Professional Engineers, Land Surveyors, and Geologists.

(3) Bureau of Automotive Repair.

(4) Bureau of Electronic and Appliance Repair, Home Furnishings, and Thermal Insulation.

(5) Bureau for Private Postsecondary Education.

(6) California Architects Board.

(7) California Board of Accountancy.
(8) California State Board of Pharmacy.
(9) Cemetery and Funeral Bureau.
(10) Contractors' State License Board.
(11) Court Reporters Board of California.
(12) Landscape Architects Technical Committee.
(13) Professional Fiduciaries Bureau.
(14) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
(15) State Athletic Commission.
(16) State Board of Chiropractic Examiners.
(17) State Board of Guide Dogs for the Blind.
(18) Structural Pest Control Board.
(19) Telephone Medical Advice Services Bureau.

~~SECTION 1. Section 106 of the Business and Professions Code is amended to read:~~

~~106. The Governor has power to remove from office at any time, any member of any board appointed by him or her for continued neglect of duties required by law, for incompetence, or unprofessional or dishonorable conduct. This section shall not be construed as a limitation or restriction on the power of the Governor, conferred on him or her by any other law, to remove any member of any board.~~

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

BILL NUMBER:	AB 507		
AUTHOR:	Assembly Member Olsen	**SPONSOR:**	
VERSION:	Amended in Assembly on March 26, 2015	**INTRODUCED:**	02/23/2015
BILL STATUS:	04/14/2015 referred to the Assembly Committee on Appropriations	**BILL LOCATION:**	Assembly
SUBJECT:	Department of Consumer Affairs: BreEZe system: annual report	**RELATED BILLS:**	

SUMMARY

This bill requires the Department of Consumer Affairs (DCA) to submit an annual report to the Legislature and the Department of Finance that includes an implementation plan for phase three of the "BreEZe" computer system. Specifically, this bill:

1) Requires the DCA, on or after January 31, 2016, to submit an annual report to the Legislature and the Department of Finance that includes the following:

   a) The DCA's plan for implementing the BreEZe system for the regulatory entities in the third phase of the implementation project, including a timeline for implementation.

   b) The total estimated costs of implementation of the system for the regulatory entities in the third phase of implementation along with the results of any cost-benefit analysis DCA conducted for the third phase.

   c) A description of whether the BreEZe system will achieve any operational efficiencies after being implemented by boards and regulatory entities.

2) Lists the 19 regulatory entities to be included in the DCA's third phase of the implementation project.

FISCAL EFFECT:

On-going minor and absorbable costs to DCA (GF) to complete the annual report.

COMMENTS:

1) **Purpose.** According to the author, “In order to ensure that Californians can rely on the services they depend on in a timely and efficient manner – even after implementing new technology – the Legislature and Department of Finance need to keep a close eye on the negotiation, planning, development and implementation processes for the boards that we entrust with licensing professionals.”

2) **Background.** In 2009, DCA proposed the BreEZe information technology system and the California Department of Technology (CalTech) approved the proposal. BreEZe was envisioned to replace DCA’s out of date Legacy technology system and would provide needed applicant tracking of licensing, renewal, enforcement monitoring and cashiering support for 37 of the 40 boards, bureaus, committees and one commission housed within DCA. The project began in 2011, and BreEZe was launched for ten of the regulatory entities (release 1) in 2013. BreEZe is intended to be launched for another eight entities (release 2) in March, 2016.

In the midst of BreEZe implementation for the regulatory entities in releases 1 and 2, the DCA’s management of the project came under public scrutiny, and the Joint Legislative Audit Committee (JLAC) approved an audit of the policies and procedures used in the planning, development and implementation of BreEZe. On February 12, 2015, the State Auditor released a report indicating that: a) DCA did not adequately plan, staff and manage the project for developing BreEZe; b) CalTech did not ensure oversight for BreEZe until more than one year after the project’s commencement; and c) the three contracts that DCA awarded and the Department of General Services approved for the BreEZe project did not adequately protect the State. The State Auditor also provided the recommendations contained in this bill.

REGISTERED SUPPORT/OPPOSITION
None on file.

BOARD POSITION

- ☐ Support
- ☐ Support if Amended
- ☐ Oppose
- ☐ Watch
- ☐ Neutral
- ☐ No Action

BOARD POSITION
Staff recommends taking a watch position on this bill.

AMENDED IN ASSEMBLY APRIL 15, 2015

AMENDED IN ASSEMBLY APRIL 13, 2015

AMENDED IN ASSEMBLY MARCH 24, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 611

Introduced by Assembly Member Dahle

February 24, 2015

An act to amend Section 11165.1 of the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

AB 611, as amended, Dahle. Controlled substances: prescriptions: reporting.

Existing law requires certain health care practitioners and pharmacists to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System (CURES) Prescription Drug Monitoring Program (PDMP) regarding the controlled substance history of a patient under his or her care. Existing law requires the Department of Justice, upon approval of an application, to provide the approved health care practitioner or pharmacist the history of controlled substances dispensed to an individual under his or her care. Existing law authorizes an application to be denied, or a subscriber to be suspended, for specified reasons, including, among others, a subscriber accessing information for any reason other than caring for his or her patients.

This bill would also authorize an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the CURES PDMP

regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged substance abuse of a licensee. The bill would, upon approval of an application, require the department to provide to the approved individual the history of controlled substances dispensed to the licensee. The bill would clarify that only a subscriber who is a health care practitioner or a pharmacist may have an application denied or be suspended for accessing subscriber information for any reason other than caring for his or her patients. The bill would also specify that an application may be denied, or a subscriber may be suspended, if a subscriber who has been designated to investigate the holder of a professional license accesses information for any reason other than investigating the holder of a professional license.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 shall, before January 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that practitioner the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(ii) A pharmacist shall, before January 1, 2016, or upon licensure, whichever occurs later, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a patient that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that pharmacist the electronic history of controlled

substances dispensed to an individual under his or her care based on data contained in the CURES PDMP.

(iii) *(I)* An individual designated by a board, bureau, or program within the Department of Consumer Affairs to investigate a holder of a professional license may, for the purpose of investigating the alleged substance abuse of a licensee, submit an application developed by the Department of Justice to obtain approval to access information online regarding the controlled substance history of a licensee that is stored on the Internet and maintained within the Department of Justice, and, upon approval, the department shall release to that individual the electronic history of controlled substances dispensed to the licensee based on data contained in the CURES PDMP. ~~An application for an individual designated by a board, bureau, or program that does not regulate health care practitioners authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150~~ *The application* shall contain facts demonstrating the probable cause to believe the licensee has violated a law governing controlled substances.

(II) This clause does not require an individual designated by a board, bureau, or program within the Department of Consumer Affairs that regulates health care practitioners to submit an application to access the information stored within the CURES PDMP.

(B) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal DEA registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the possession or use of a controlled substance is an element of the crime.

(v) Any subscriber described in clause (i) or (ii) of subparagraph (A) accessing information for any other reason than caring for his or her patients.

(vi) Any subscriber described in clause (iii) of subparagraph (A) accessing information for any other reason than investigating the holder of a professional license.

(C) Any authorized subscriber shall notify the Department of Justice within 30 days of any changes to the subscriber account.

(2) A health care practitioner authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances pursuant to Section 11150 or a pharmacist shall be deemed to have complied with paragraph (1) if the licensed health care practitioner or pharmacist has been approved to access the CURES database through the process developed pursuant to subdivision (a) of Section 209 of the Business and Professions Code.

(b) Any request for, or release of, a controlled substance history pursuant to this section shall be made in accordance with guidelines developed by the Department of Justice.

(c) In order to prevent the inappropriate, improper, or illegal use of Schedule II, Schedule III, or Schedule IV controlled substances, the Department of Justice may initiate the referral of the history of controlled substances dispensed to an individual based on data contained in CURES to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

(d) The history of controlled substances dispensed to an individual based on data contained in CURES that is received by an authorized subscriber from the Department of Justice pursuant to this section shall be considered medical information subject to the provisions of the Confidentiality of Medical Information Act contained in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code.

(e) Information concerning a patient's controlled substance history provided to an authorized subscriber pursuant to this section shall include prescriptions for controlled substances listed in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code of Federal Regulations.

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

BILL NUMBER:	AB 611		
AUTHOR:	Assembly Member Dahle	**SPONSOR:**	
VERSION:	Amended on 04/15/2015	**INTRODUCED:**	02/24/2015
BILL STATUS:	04/21/2015 Hearing canceled at the request of the Author	**BILL LOCATION:**	Assembly Committee on Business and Professions
SUBJECT:	Controlled substances: prescriptions: reporting	**RELATED BILLS:**	

SUMMARY

This bill authorizes an individual designated to investigate a holder of a professional license to apply to the Department of Justice to obtain approval to access information contained in the Controlled Substance Utilization Review and Evaluation System Prescription Drug Monitoring Program (CURES PDMP) regarding the controlled substance history of an applicant or a licensee for the purpose of investigating the alleged licensee substance abuse. This bill also relates to reasons for disapproval of access.

Specifically, this bill: does not pose significant changes to the current business operations of the enforcement division at the Dental Board of California.

ANALYSIS

The April 15, 2015 effectively exclude the Dental Board of California from having to comply with a specific application process that will be administered by the Department of Justice.

REGISTERED SUPPORT/OPPOSITION

BOARD POSITION

- Support
- Support if Amended
- Oppose
- Watch
- Neutral
- No Action

STAFF RECOMMENDATION

Staff recommends supporting this bill because it appears to add a level of security to the CURES PMDP database. This bill will not impact how the Dental Board of California conducts investigations on substance abuse licensees.

ASSEMBLY BILL No. 648

Introduced by Assembly Member Low

February 24, 2015

An act to add Section 104755.5 to the Health and Safety Code, relating to oral health, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 648, as introduced, Low. Community-based services: Virtual Dental Home program.

Existing law establishes the State Department of Public Health and sets forth its powers and duties, including, but not limited to, the administration of a state oral health program known as the Office of Oral Health for the purposes of, among other things, establishing community dental disease prevention programs for schoolaged children.

This bill would establish the Virtual Dental Home program to expand the virtual dental home model of community-based delivery of dental care to the residents of this state who are in greatest need, as prescribed. The bill would authorize the administrator of the program to, among other things, encourage development and expansion of the delivery of dental health services in community clinics and school programs, as prescribed.

The bill would appropriate $4,000,000 to the department for the purposes of this program.

Vote: ⅔. Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 104755.5 is added to the Health and Safety Code, to read:

104755.5. (a) The Virtual Dental Home (VDH) program is hereby established to expand the virtual dental home model of community-based delivery of dental care to the residents of this state who are in greatest need.

(b) The administrator of the program shall be the dentist appointed by the director pursuant to Section 104755.

(c) The VDH program shall do all of the following to facilitate and expand the delivery of community-based dental health services:

(1) Facilitate and encourage development and expansion of the delivery of dental health services in schools, head start and preschool programs, and community clinics as set forth in Section 1910.5 of the Business and Professions Code.

(2) Encourage utilization of the teledentistry model described in subdivision (b) of Section 14132.725 of the Welfare and Institutions Code.

(3) Develop related training modules.

(4) Establish community-based learning collaboratives.

(5) Provide grants to fund essential VDH technology and equipment.

(d) The administrator shall seek to secure funds to expand access to the VDH program that can be used along with other private and public funding opportunities.

(e) The VDH program shall be focused on providing needed services in geographic areas of highest need, as determined by the director after a thorough assessment, and in consultation with the administrator and oral health stakeholders.

SEC. 2. The sum of four million dollars ($4,000,000) is hereby appropriated from the General Fund to the State Department of Public Health for the purposes of the Virtual Dental Home (VDH) program established pursuant to Section 104755.5 of the Health and Safety Code.

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

BILL NUMBER:	AB 648		
AUTHOR:	Low	**SPONSOR:**	California Dental Association; and The Children's Partnership
VERSION:	As introduced	**INTRODUCED:**	2/24/2015
BILL STATUS:	In Committee Process	**BILL LOCATION:**	Assembly Committee on Appropriations 04/15/2015
SUBJECT:	Community Based – Services: Virtual Dental Home Program	**RELATED BILLS:**	AB 1174 (Chapter 662, Statutes of 2014)

SUMMARY

This bill appropriates $4 million to the Department of Public Health (DPH) to establish the Virtual Dental Home (VDH) program, and specifies administrative requirements and program goals.

FISCAL EFFECT:

1) $4 million GF to DPH to establish the program. DPH would scale the effort, including number of sites, individuals trained, and individuals served, to the available funding. The bill's supporters, who are familiar with the VDH model, project the funding could be used to support training and equipment in 20 communities over a three-year grant period.

2) To the extent this model is successful in promoting access to preventive and diagnostic dental services and more children are able to receive such services through its widespread adoption, there could be commensurate cost pressure on Medi-Cal dental services to reimburse for additional services (GF/federal funds). However, any increased costs would likely be offset to some extent by reductions in emergency dental procedures or complications from untreated dental disease. The magnitude and likelihood of such costs or savings is unknown.

COMMENTS:

1) **Purpose**. The author states VDH has the potential to become a sustainable and scalable model for dental care delivery, but needs an upfront investment in training,

equipment, technical assistance, and other support to develop the critical mass needed to spread statewide and truly be integrated into California's dental delivery system. The bill is co-sponsored by the California Dental Association and The Children's Partnership.

2) **Background**. VDH is a community-based oral health delivery system in which people receive preventive and simple therapeutic services in community settings. It uses telehealth technology to link dental hygienists and dental assistants in the community with dentists in dental offices and clinics, enabling care in places like Head Start sites and schools. VDH was developed and evaluated through the state Office of Statewide Health Planning and Development's Health Workforce Pilot Program (HWPP#172). AB 1174 (Bocanegra), Chapter 662, Statutes of 2014, provided a statutory framework for VDH and authorized scope of practice changes, as well as Medi-Cal reimbursement for VDH-provided services.

REGISTERED SUPPORT/OPPOSITION

Support:
California Dental Association
The Children's Partnership

Opposition:
Non on file

BOARD POSITION

- ☐ Support
- ☐ Support if Amended
- ☐ Oppose
- ☐ Watch
- ☐ Neutral
- ☐ No Action

BOARD POSITION

Staff recommends taking a neutral position on this bill.

AMENDED IN ASSEMBLY APRIL 28, 2015

AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL No. 880

Introduced by Assembly Member Ridley-Thomas
(Coauthor: Senator Hall)

February 26, 2015

An act to add Section 1626.6 to the Business and Professions Code, relating to dentistry.

LEGISLATIVE COUNSEL'S DIGEST

AB 880, as amended, Ridley-Thomas. Dentistry: licensure: ~~exempt.~~ *exemption.*

The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, and prohibits the practice of dentistry by any person without a valid license, except in certain circumstances.

This bill would additionally exempt from that prohibition the practice of dentistry, as specified and as approved by the board, by a final year student without compensation or expectation of compensation and under the supervision of a licensed dentist ~~in a free clinic.~~ *with a faculty appointment at a sponsored event, as defined.*

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

SECTION 1. Section 1626.6 is added to the Business and Professions Code, to read:

1626.6. (a) (1) In addition to the exemptions set forth in Section 1626, the practice of dentistry by a final year student rendered or performed without compensation or expectation of compensation under the supervision of a licensed dentist ~~in a free clinic~~ *with a faculty appointment at a sponsored event,* is exempt from the operation of this chapter.

(2) The practice of dentistry exempted by paragraph (1) only includes those operations, approved by the board, that are ~~described in the exemption provided in subdivision (b) of Section 1626 and~~ rendered or performed under the same ~~supervisory conditions.~~ *conditions as operations exempt under subdivision (b) of Section 1626.*

(b) For purposes of this section, all of the following shall apply:

~~(1) "Free clinic" means a clinic as defined in Section 1200 of the Health and Safety Code where there are no charges directly to the patient for services rendered or for drugs, medicines, appliances, or apparatuses furnished, including, but not limited to, a free clinic as defined in subparagraph (B) of paragraph (1) of subdivision (a) of Section 1204 of the Health and Safety Code.~~

~~(2)~~

(1) "Final year student" means a student of dentistry in his or her final year of completion at a dental school approved by the board.

~~(3)~~

(2) "Licensed dentist" means a dentist licensed pursuant to this chapter.

(3) "Sponsored event" means an event, not to exceed 10 calendar days, administered by a sponsoring entity or a local governmental entity, or both, through which health care is provided to the public without compensation, or expectation of compensation.

(4) "Sponsoring entity" means a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code, or a community-based organization.

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DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

BILL NUMBER:	AB 880		
AUTHOR:	Ridley – Thomas	**SPONSOR:**	Oral and Facial Surgeons of California
VERSION:	Amended by Author on 3/26/2015	**INTRODUCED:**	2/26/2015
BILL STATUS:	Re-referred to Assembly Committee on Business and Professions	**BILL LOCATION:**	Assembly Committee on Business and Professions
SUBJECT:	Dentistry: licensure: exempt	**RELATED BILLS:**	

SUMMARY:
This bill allows a final year student in dental school to practice dentistry at events not to exceed 10 calendar days (health fairs), under the supervision of a dentist.

FISCAL EFFECT:
Any costs to the Dental Board of California are minor and absorbable.

COMMENTS:

Purpose. This bill will expand access to free dental care while providing valuable training opportunities for dental students.

REGISTERED SUPPORT/OPPOSITION
Oral and Facial Surgeons of California (Sponsor)
California CareForce
Dr. No-Hee Park, Dean of the UCLA School of Dentistry

BOARD POSITION

- ☐ Support
- ☐ Support if Amended
- ☐ Oppose
- ☐ Watch
- ☐ Neutral
- ☐ No Action

STAFF RECOMMENDATION

Staff recommends an 'oppose' position on this bill because students will be authorized to practice dentistry without a license.

AMENDED IN SENATE APRIL 20, 2015

SENATE BILL No. 800

Introduced by Committee on Business, Professions and Economic Development (Senators Hill (Chair), Bates, Berryhill, Block, Galgiani, Hernandez, Jackson, Mendoza, and Wieckowski)

March 18, 2015

An act to amend Sections 28, 146, 500, 650.2, 800, 1603a, 1618.5, 1640.1, 1648.10, 1650, 1695, 1695.1, 1905.1, 1944, 2054, *2221,* 2401, 2428, *2519*, *2520,* 2529, *2546.7*, *2546.9*, *2559.3*, *2563*, *2565*, *2566*, *2566.1*, 2650, 2770, 2770.1, 2770.2, 2770.7, 2770.8, 2770.10, 2770.11, 2770.12, 2770.13, 2835.5, 2914, 3057, 3509.5, *3576*, *3577*, 4836.2, *4887*, 4938, 4939, 4980.399, 4980.43, 4980.54, 4984.01, 4989.34, 4992.09, 4996.2, 4996.22, 4996.28, *4999.1*, *4999.2*, *4999.3*, *4999.4*, *4999.5*, *4999.7*, 4999.45, 4999.46, 4999.55, 4999.76, and 4999.100 of, to amend the heading of Article 3.1 (commencing with Section 2770) of Chapter 6 of Division 2 of, *to add Sections 2519.5, 2546.11, 2555.5, 2559.7, 2563.5, and 3576.5 to,* and to repeal Section 1917.2 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 800, as amended, Committee on Business, Professions and Economic Development. Healing arts.

Under existing law, the Department of Consumer Affairs is comprised of various boards, bureaus, commissions, committees, and similarly constituted agencies that license and regulate the practice of various professions and vocations, including those relating to the healing arts:

(1) Existing law requires persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist to have

completed prescribed coursework or training in child abuse assessment and reporting. Existing law requires the training to have been obtained from an accredited or approved educational institution, a continuing education provider approved by the responsible board, or a course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved by the responsible board.

This bill would require the responsible board to specify a continuing education provider for child abuse assessment and reporting coursework by regulation, and would permit the responsible board to approve or accept a sponsored or offered course.

(2) Existing law relating to unlicensed activity enforcement lists specified provisions that require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by the department ~~and~~ *and, notwithstanding any other law,* makes a violation of a listed provision *punishable as* an infraction ~~punishable as prescribed.~~ *under specified circumstances.*

This bill would include in those listed provisions an existing requirement for the registration of individuals as certified polysomnographic technologists, polysomnographic technicians, and polysomnographic trainees. ~~By creating a new infraction, this bill would impose a state-mandated local program.~~

The bill would also include in those listed provisions a provision of the Educational Psychologist Practice Act that makes it unlawful for any person to practice educational psychology or use any title or letters that imply that he or she is a licensed educational psychologist unless, at the time of so doing, he or she holds a valid, unexpired, and unrevoked license under that act, the violation of which is a misdemeanor. The bill would further include in those listed provisions existing requirements of the Licensed Professional Clinical Counselor Act that a person not practice or advertise the performance of professional clinical counseling services without a license issued by the board, and pay the license fee, as required by that act, the violation of which is a misdemeanor.

By creating new infractions, this bill would impose a state-mandated local program.

(3) The Dental Practice Act provides for the licensure and regulation of dentists by the Dental Board of California. For purposes of the act, any reference to the Board of Dental Examiners is deemed a reference to the Dental Board of California.

This bill would delete certain existing references to the Board of Dental Examiners and, instead, refer to the Dental Board of California.

(4) Existing law provides for the regulation of dental hygienists by the Dental Hygiene Committee of California, within the jurisdiction of the Dental Board of California. Existing law authorizes the committee, until January 1, 2010, to contract with the dental board to carry out any of specified provisions relating to the regulation of dental hygienists, and, on and after January 1, 2010, to contract with the dental board to perform investigations of applicants and licensees under those provisions. Existing law requires the committee to establish fees that relate to the licensing of a registered dental hygienist, subject to specified limitations, including fees for curriculum review and site evaluation for accreditation of educational programs.

This bill would require the Dental Hygiene Committee of California to create and maintain a central file of the names of licensees, to provide an individual historical record with information on acts of licensee misconduct and discipline. The bill would remove the limiting dates from the contracting provisions, thereby authorizing the committee to contract with the dental board to carry out any of specified provisions relating to the regulation of dental hygienists, including performing investigations of applicants and licensees. This bill, with regard to fees for accreditation of educational programs, would add a maximum fee for feasibility study review.

(5) The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under existing law, the board issues a physician and surgeon's certificate to a licensed physician and ~~surgeon.~~ *surgeon, and authorizes the board to deny a certificate to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her license.* The act prohibits a person who fails to renew his or her license within 5 years after its expiration from renewing it, and prohibits the license from being reissued, reinstated, or restored thereafter, although the act authorizes a person to apply for and obtain a new license under specified circumstances.

This bill would *additionally authorize the board to deny a postgraduate training authorization letter to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her license. The bill would* recast that *renewal* provision to prohibit renewal by a person who voluntarily cancels his or her license or who fails to renew it as described, and

would authorize that person to apply for and obtain a license under those specified circumstances, without regard to reissuance, reinstatement, or restoration.

(6) Existing law relating to research psychoanalysts authorizes certain students and graduates in psychoanalysis to engage in psychoanalysis under prescribed circumstances if they register with the Medical Board of California and present evidence of their student or graduate status. Existing law authorizes that board to suspend or revoke the exemption of those persons from licensure for unprofessional conduct for, among other things, repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, use of diagnostic procedures, or use of diagnostic or treatment facilities.

This bill would substitute, for those described bases for suspension or revocation of the exemption, the commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer.

(7) The Physical Therapy Practice Act provides for the licensure, approval, and regulation of physical therapists and physical therapist assistants by the Physical Therapy Board of California. The act establishes education requirements for a physical therapist assistant, including subject matter instruction through a combination of didactic and clinical experiences, and requires the clinical experience to include at least 18 weeks of full-time experience with a variety of patients.

This bill would delete that 18-week full-time experience requirement for physical therapist assistant education.

(8) The Nursing Practice Act provides for the licensure and regulation of nurse practitioners by the Board of Registered Nursing. The act, on and after January 1, 2008, requires an applicant for initial qualification or certification as a nurse practitioner under the act who has not been qualified or certified as a nurse practitioner to meet specified requirements. Certain provisions allow the board to find other persons in practice qualified to use the title of "nurse practitioner."

This bill would delete those title provisions.

(9) The Nursing Practice Act provides for a diversion program to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness.

This bill would instead refer to the program as an intervention program.

(10) The Optometry Practice Act provides for the licensure and regulation of optometrists by the State Board of Optometry. The act

prescribes license eligibility requirements, including, but not limited to, submitting proof that the person is licensed in good standing as of the date of application in every state where he or she holds a license, including compliance with continuing education requirements, submitting proof that the person has been in active practice in a state in which he or she is licensed for a total of at least 5,000 hours in 5 of the 7 consecutive years immediately preceding the date of his or her application, and has never had his or her license to practice optometry revoked or suspended. For purposes of those provisions, "in good standing" includes the requirement that the person have not been found mentally incompetent by a physician so that the person is unable to undertake the practice of optometry in a manner consistent with the safety of a patient or the public.

This bill would delete that active practice requirement and would require that the license never have been revoked or suspended in any state where the person holds a license. The bill, with regard to making such a finding of mental incompetence, would replace a finding by a physician with a finding by a licensed psychologist or licensed psychiatrist.

(11) The Physician Assistant Practice Act requires the Physician Assistant Board to annually elect a chairperson and vice chairperson from among its members.

This bill would require the annual election of a president and vice president.

(12) Existing law relating to veterinary medicine requires a veterinary assistant to obtain a controlled substance permit from the Veterinary Medical Board in order to administer a controlled substance, and authorizes the board to deny, revoke, or suspend the permit, after notice and hearing, for any of specified causes. Existing law authorizes the board to revoke or suspend a permit for the same.

This bill would, instead, authorize the board to suspend or revoke the controlled substance permit of a veterinary assistant, after notice and hearing, for any of specified causes, and to deny, revoke, or suspend a permit for the same.

(13) The Acupuncture Licensure Act provides for the licensure and regulation of the practice of acupuncture by the Acupuncture Board. The act requires the board to issue a license to practice acupuncture to a person who meets prescribed requirements. The act requires, in the case of an applicant who has completed education and training outside the United States and Canada, documented educational training and

clinical experience that meets certain standards established by the board. Existing law, commencing January 1, 2017, specifically requires the board to establish standards for the approval of educational training and clinical experience received outside the United States and Canada.

This bill would remove Canada from those provisions, thereby applying the same standards to all training and clinical experience completed outside the United States.

(14) The Licensed Marriage and Family Therapist Act provides for the licensure and regulation of marriage and family therapists by the Board of Behavioral Sciences. The act sets forth the educational and training requirements for licensure as a marriage and family therapist, including certain supervised-experience requirements whereby a prospective licensee is required to work a specified number of hours in a clinical setting under the supervision of experienced professionals. The act requires all persons to register with the board as an intern in order to be credited for postdegree hours of supervised experience gained toward licensure. The act, with regard to interns, requires all postdegree hours of experience to be credited toward licensure, except when employed in a private practice setting, if certain conditions are met.

This bill would require postdegree hours of experience to be credited toward licensure if certain conditions are met. The bill would prohibit an applicant for licensure as a marriage and family therapist from being employed or volunteering in a private practice until registered as an intern by the board. This bill would similarly prohibit an applicant for professional clinical counselor under the Licensed Professional Clinical Counselor Act from being employed or volunteering in a private practice until registered as an intern by the board.

(15) The Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act require the Board of Behavioral Sciences to approve continuing education providers for specified educational courses relating to licensure for marriage and family therapists, educational psychologists, clinical social workers, and professional clinical counselors.

The bill would modify those acts to require the Board of Behavioral Sciences to identify, by regulation, acceptable continuing education providers.

(16) The Licensed Marriage and Family Therapist Act and the Licensed Professional Clinical Counselor Act provide for the registration

of interns and allow a maximum of possible renewals after initial registration, after which a new registration number is required to be obtained. The Clinical Social Worker Practice Act provides similarly for the registration and renewal of registration of associate clinical social workers. An applicant who is issued a subsequent number is barred from employment or volunteering in a private practice.

This bill would revise those provisions to refer throughout to subsequent registration numbers.

(17) Existing law authorizes the Medical Board of California to take specific actions with regard to the licences of licensed midwives, and the registration of nonresident contact lens sellers, spectacle lens dispensers, contact lens dispensers, dispensing opticians, and polysomnographic technologists.

This bill would authorize the board to place on probation for specified grounds a midwife license or the registration certificate of a nonresident contact lens seller, spectacle lens dispenser, contact lens dispenser, or polysomnographic technologist. The bill would require such a licensee or registrant to pay probation monitoring fees upon order of the board. The bill would authorize a person whose license or certificate has been surrendered while under investigation or while charges are pending, or whose license or certificate has been revoked or suspended or placed on probation, to petition the board for reinstatement or modification of penalty, as prescribed.

(18) Existing law provides for the registration of telephone medical advice services. Existing law imposes requirements for obtaining and maintaining registration, including a requirement that the provision of medical advice services are provided by specified licensed, registered, or certified health care professionals.

This bill would expand the specified health care professionals to include naturopathic doctors and licensed professional clinical counselors. The bill would require a service to notify the department of certain business changes, and to submit quarterly reports.

~~(17)~~

(19) This bill would additionally delete or update obsolete provisions and make conforming or nonsubstantive changes.

~~(18)~~

*(20)*The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

SECTION 1. Section 28 of the Business and Professions Code is amended to read:

28. (a) The Legislature finds that there is a need to ensure that professionals of the healing arts who have demonstrable contact with victims and potential victims of child, elder, and dependent adult abuse, and abusers and potential abusers of children, elders, and dependent adults are provided with adequate and appropriate training regarding the assessment and reporting of child, elder, and dependent adult abuse that will ameliorate, reduce, and eliminate the trauma of abuse and neglect and ensure the reporting of abuse in a timely manner to prevent additional occurrences.

(b) The Board of Psychology and the Board of Behavioral Sciences shall establish required training in the area of child abuse assessment and reporting for all persons applying for initial licensure and renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist. This training shall be required one time only for all persons applying for initial licensure or for licensure renewal.

(c) All persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist shall, in addition to all other requirements for licensure or renewal, have completed coursework or training in child abuse assessment and reporting that meets the requirements of this section, including detailed knowledge of the Child Abuse and Neglect Reporting Act (Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code). The training shall meet all of the following requirements:

(1) Be obtained from one of the following sources:

(A) An accredited or approved educational institution, as defined in Sections 2902, 4980.36, 4980.37, 4996.18, and 4999.12, including extension courses offered by those institutions.

(B) A continuing education provider as specified by the responsible board by regulation.

(C) A course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved or accepted by the responsible board.

(2) Have a minimum of seven contact hours.

(3) Include the study of the assessment and method of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.

(4) An applicant shall provide the appropriate board with documentation of completion of the required child abuse training.

(d) The Board of Psychology and the Board of Behavioral Sciences shall exempt an applicant who applies for an exemption from this section and who shows to the satisfaction of the board that there would be no need for the training in his or her practice because of the nature of that practice.

(e) It is the intent of the Legislature that a person licensed as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist have minimal but appropriate training in the areas of child, elder, and dependent adult abuse assessment and reporting. It is not intended that, by solely complying with this section, a practitioner is fully trained in the subject of treatment of child, elder, and dependent adult abuse victims and abusers.

(f) The Board of Psychology and the Board of Behavioral Sciences are encouraged to include coursework regarding the assessment and reporting of elder and dependent adult abuse in the required training on aging and long-term care issues prior to licensure or license renewal.

SEC. 2. Section 146 of the Business and Professions Code is amended to read:

146. (a) Notwithstanding any other provision of law, a violation of any code section listed in subdivision (c) is an infraction subject to the procedures described in Sections 19.6 and 19.7 of the Penal Code when either of the following applies:

(1) A complaint or a written notice to appear in court pursuant to Chapter 5c (commencing with Section 853.5) of Title 3 of Part 2 of the Penal Code is filed in court charging the offense as an infraction unless the defendant, at the time he or she is arraigned, after being advised of his or her rights, elects to have the case proceed as a misdemeanor.

(2) The court, with the consent of the defendant and the prosecution, determines that the offense is an infraction in which event the case shall proceed as if the defendant has been arraigned on an infraction complaint.

(b) Subdivision (a) does not apply to a violation of the code sections listed in subdivision (c) if the defendant has had his or her license, registration, or certificate previously revoked or suspended.

(c) The following sections require registration, licensure, certification, or other authorization in order to engage in certain businesses or professions regulated by this code:

(1) Sections 2052 and 2054.
(2) Section 2630.
(3) Section 2903.
(4) Section 3575.
(5) Section 3660.
(6) Sections 3760 and 3761.
(7) Section 4080.
(8) Section 4825.
(9) Section 4935.
(10) Section 4980.
(11) Section 4989.50.
~~(11)~~
(12) Section 4996.
(13) Section 4999.30.
~~(12)~~
(14) Section 5536.
~~(13)~~
(15) Section 6704.
~~(14)~~

(16) Section 6980.10.
~~(15)~~
(17) Section 7317.
~~(16)~~
(18) Section 7502 or 7592.
~~(17)~~
(19) Section 7520.
~~(18)~~
(20) Section 7617 or 7641.
~~(19)~~
(21) Subdivision (a) of Section 7872.
~~(20)~~
(22) Section 8016.
~~(21)~~
(23) Section 8505.
~~(22)~~
(24) Section 8725.
~~(23)~~
(25) Section 9681.
~~(24)~~
(26) Section 9840.
~~(25)~~
(27) Subdivision (c) of Section 9891.24.
~~(26)~~
(28) Section 19049.

(d) Notwithstanding any other law, a violation of any of the sections listed in subdivision (c), which is an infraction, is punishable by a fine of not less than two hundred fifty dollars ($250) and not more than one thousand dollars ($1,000). No portion of the minimum fine may be suspended by the court unless as a condition of that suspension the defendant is required to submit proof of a current valid license, registration, or certificate for the profession or vocation that was the basis for his or her conviction.

SEC. 3. Section 500 of the Business and Professions Code is amended to read:

500. If the register or book of registration of the Medical Board of California, the Dental Board of California, or the Board of Pharmacy is destroyed by fire or other public calamity, the board, whose duty it is to keep the register or book, may reproduce it so

that there may be shown as nearly as possible the record existing in the original at the time of destruction.

SEC. 4. Section 650.2 of the Business and Professions Code is amended to read:

650.2. Notwithstanding Section 650 or any other provision of law, it shall not be unlawful for a person licensed pursuant to Chapter 4 (commencing with Section 1600) of Division 2 or any other person, to participate in or operate a group advertising and referral service for dentists if all of the following conditions are met:

(a) The patient referrals by the service result from patient-initiated responses to service advertising.

(b) The service advertises, if at all, in conformity with Section 651 and subdivisions (i) and (*l*) of Section 1680.

(c) The service does not employ a solicitor within the meaning of subdivision (j) of Section 1680.

(d) The service does not impose a fee on the member dentists dependent upon the number of referrals or amount of professional fees paid by the patient to the dentist.

(e) Participating dentists charge no more than their usual and customary fees to any patient referred.

(f) The service registers with the Dental Board ~~of California~~ of California, providing its name and address.

(g) The service files with the Dental Board ~~of California~~ of California a copy of the standard form contract that regulates its relationship with member dentists, which contract shall be confidential and not open to public inspection.

(h) If more than 50 percent of its referrals are made to one individual, association, partnership, corporation, or group of three or more dentists, the service discloses that fact in all public communications, including, but not limited to, communication by means of television, radio, motion picture, newspaper, book, or list or directory of healing arts practitioners.

(i) When member dentists pay any fee to the service, any advertisement by the service shall clearly and conspicuously disclose that fact by including a statement as follows: “Paid for by participating dentists.” In print advertisements, the required statement shall be in at least 9-point type. In radio advertisements, the required statement shall be articulated so as to be clearly audible and understandable by the radio audience. In television

advertisements, the required statement shall be either clearly audible and understandable to the television audience, or displayed in a written form that remains clearly visible for at least five seconds to the television audience. This subdivision shall be operative on and after July 1, 1994.

The Dental Board ~~of California~~ of California may adopt regulations necessary to enforce and administer this section.

The Dental Board of California may suspend or revoke the registration of any service that fails to comply with subdivision (i). No service may reregister with the board if it has a registration that is currently under suspension for a violation of subdivision (i), nor may a service reregister with the board if it had a registration revoked by the board for a violation of subdivision (i) less than one year after that revocation.

The Dental Board ~~of California~~ of California may petition the superior court of any county for the issuance of an injunction restraining any conduct that constitutes a violation of this section.

It is unlawful and shall constitute a misdemeanor for a person to operate a group advertising and referral service for dentists without providing its name and address to the Dental Board ~~of California~~ of California.

It is the intent of the Legislature in enacting this section not to otherwise affect the prohibitions provided in Section 650. The Legislature intends to allow the pooling of resources by dentists for the purposes of advertising.

This section shall not be construed to authorize a referral service to engage in the practice of dentistry.

SEC. 5. Section 800 of the Business and Professions Code is amended to read:

800. (a) The Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Committee of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, and the Physician

Assistant Board shall each separately create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority from that board. Each central file shall be created and maintained to provide an individual historical record for each licensee with respect to the following information:

(1) Any conviction of a crime in this or any other state that constitutes unprofessional conduct pursuant to the reporting requirements of Section 803.

(2) Any judgment or settlement requiring the licensee or his or her insurer to pay any amount of damages in excess of three thousand dollars ($3,000) for any claim that injury or death was proximately caused by the licensee's negligence, error or omission in practice, or by rendering unauthorized professional services, pursuant to the reporting requirements of Section 801 or 802.

(3) Any public complaints for which provision is made pursuant to subdivision (b).

(4) Disciplinary information reported pursuant to Section 805, including any additional exculpatory or explanatory statements submitted by the licentiate pursuant to subdivision (f) of Section 805. If a court finds, in a final judgment, that the peer review resulting in the 805 report was conducted in bad faith and the licensee who is the subject of the report notifies the board of that finding, the board shall include that finding in the central file. For purposes of this paragraph, "peer review" has the same meaning as defined in Section 805.

(5) Information reported pursuant to Section 805.01, including any explanatory or exculpatory information submitted by the licensee pursuant to subdivision (b) of that section.

(b) (1) Each board shall prescribe and promulgate forms on which members of the public and other licensees or certificate holders may file written complaints to the board alleging any act of misconduct in, or connected with, the performance of professional services by the licensee.

(2) If a board, or division thereof, a committee, or a panel has failed to act upon a complaint or report within five years, or has found that the complaint or report is without merit, the central file shall be purged of information relating to the complaint or report.

(3) Notwithstanding this subdivision, the Board of Psychology, the Board of Behavioral Sciences, and the Respiratory Care Board

of California shall maintain complaints or reports as long as each board deems necessary.

(c) (1) The contents of any central file that are not public records under any other provision of law shall be confidential except that the licensee involved, or his or her counsel or representative, shall have the right to inspect and have copies made of his or her complete file except for the provision that may disclose the identity of an information source. For the purposes of this section, a board may protect an information source by providing a copy of the material with only those deletions necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material. Whichever method is used, the board shall ensure that full disclosure is made to the subject of any personal information that could reasonably in any way reflect or convey anything detrimental, disparaging, or threatening to a licensee's reputation, rights, benefits, privileges, or qualifications, or be used by a board to make a determination that would affect a licensee's rights, benefits, privileges, or qualifications. The information required to be disclosed pursuant to Section 803.1 shall not be considered among the contents of a central file for the purposes of this subdivision.

(2) The licensee may, but is not required to, submit any additional exculpatory or explanatory statement or other information that the board shall include in the central file.

(3) Each board may permit any law enforcement or regulatory agency when required for an investigation of unlawful activity or for licensing, certification, or regulatory purposes to inspect and have copies made of that licensee's file, unless the disclosure is otherwise prohibited by law.

(4) These disclosures shall effect no change in the confidential status of these records.

SEC. 6. Section 1603a of the Business and Professions Code is amended to read:

1603a. A member of the Dental Board of California who has served two terms shall not be eligible for reappointment to the board. In computing two terms hereunder, that portion of an unexpired term that a member fills as a result of a vacancy shall be excluded.

SEC. 7. Section 1618.5 of the Business and Professions Code is amended to read:

1618.5. (a) The board shall provide to the Director of the Department of Managed Health Care a copy of any accusation filed with the Office of Administrative Hearings pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, when the accusation is filed, for a violation of this chapter relating to the quality of care of any dental provider of a health care service plan, as defined in Section 1345 of the Health and Safety Code. There shall be no liability on the part of, and no cause of action shall arise against, the State of California, the Dental Board of California, the Department of Managed Health Care, the director of that department, or any officer, agent, employee, consultant, or contractor of the state or the board or the department for the release of any false or unauthorized information pursuant to this section, unless the release is made with knowledge and malice.

(b) The board and its executive officer and staff shall maintain the confidentiality of any nonpublic reports provided by the Director of the Department of Managed Health Care pursuant to subdivision (i) of Section 1380 of the Health and Safety Code.

SEC. 8. Section 1640.1 of the Business and Professions Code is amended to read:

1640.1. As used in this article, the following definitions shall apply:

(a) "Specialty" means an area of dental practice approved by the American Dental Association and recognized by the board.

(b) "Discipline" means an advanced dental educational program in an area of dental practice not approved as a specialty by the American Dental Association; but offered from a dental college approved by the board.

(c) "Dental college approved by the board" means a dental school or college that is approved by the Commission on Dental Accreditation of the American Dental Association, that is accredited by a body that has a reciprocal accreditation agreement with that commission, or that has been approved by the Dental Board of California through its own approval process.

SEC. 9. Section 1648.10 of the Business and Professions Code is amended to read:

1648.10. (a) The Dental Board of California shall develop and distribute a fact sheet describing and comparing the risks and efficacy of the various types of dental restorative materials that

may be used to repair a dental patient's oral condition or defect. The fact sheet shall include:

(1) A description of the groups of materials that are available to the profession for restoration of an oral condition or defect.

(2) A comparison of the relative benefits and detriments of each group of materials.

(3) A comparison of the cost considerations associated with each group of materials.

(4) A reference to encourage discussion between patient and dentist regarding materials and to inform the patient of his or her options.

(b) The fact sheet shall be made available by the Dental Board of California to all licensed dentists.

(c) The Dental Board of California shall update the fact sheet described in subdivision (a) as determined necessary by the board.

SEC. 10. Section 1650 of the Business and Professions Code is amended to read:

1650. Every person who is now or hereafter licensed to practice dentistry in this state shall register on forms prescribed by the board, his or her place of practice with the executive officer of the Dental Board, or, if he or she has more than one place of practice, all of the places of practice, or, if he or she has no place of practice, to so notify the executive officer of the board. A person licensed by the board shall register with the executive officer within 30 days after the date of his or her license.

SEC. 11. Section 1695 of the Business and Professions Code is amended to read:

1695. It is the intent of the Legislature that the Dental Board of California seek ways and means to identify and rehabilitate licentiates whose competency may be impaired due to abuse of dangerous drugs or alcohol, so that licentiates so afflicted may be treated and returned to the practice of dentistry in a manner that will not endanger the public health and safety. It is also the intent of the Legislature that the Dental Board of California shall implement this legislation in part by establishing a diversion program as a voluntary alternative approach to traditional disciplinary actions.

SEC. 12. Section 1695.1 of the Business and Professions Code is amended to read:

1695.1. As used in this article:

(a) "Board" means the Dental Board of California.

(b) "Committee" means a diversion evaluation committee created by this article.

(c) "Program manager" means the staff manager of the diversion program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

SEC. 13. Section 1905.1 of the Business and Professions Code is amended to read:

1905.1. The committee may contract with the dental board to carry out this article. The committee may contract with the dental board to perform investigations of applicants and licensees under this article.

SEC. 14. Section 1917.2 of the Business and Professions Code is repealed.

SEC. 15. Section 1944 of the Business and Professions Code is amended to read:

1944. (a) The committee shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the committee. The fees are subject to the following limitations:

(1) The application fee for an original license and the fee for issuance of an original license shall not exceed two hundred fifty dollars ($250).

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

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

(4) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.

(5) The biennial renewal fee shall not exceed one hundred sixty dollars ($160).

(6) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.

(7) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars ($25) or one-half of the renewal fee, whichever is greater.

(8) The fee for certification of licensure shall not exceed one-half of the renewal fee.

(9) The fee for each curriculum review, feasibility study review, and site evaluation for educational programs for dental hygienists who are not accredited by a committee-approved agency shall not exceed two thousand one hundred dollars ($2,100).

(10) The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars ($750).

(11) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars ($500).

(12) The amount of fees payable in connection with permits issued under Section 1962 is as follows:

(A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.

(B) If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued.

(b) The renewal and delinquency fees shall be fixed by the committee by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars ($5).

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

(d) Fees collected pursuant to this section shall be collected by the committee and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund shall, upon

appropriation by the Legislature in the annual Budget Act, be used to implement this article.

(e) No fees or charges other than those listed in this section shall be levied by the committee in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

(f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars ($250).

(g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars ($150).

(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars ($250).

(i) The fee for an additional office permit shall not exceed two hundred fifty dollars ($250).

(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars ($250).

(k) The initial application and biennial special permit fee is an amount equal to the biennial renewal fee specified in paragraph (6) of subdivision (a).

(*l*) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out this article.

SEC. 16. Section 2054 of the Business and Professions Code is amended to read:

2054. (a) Any person who uses in any sign, business card, or letterhead, or, in an advertisement, the words "doctor" or "physician," the letters or prefix "Dr.," the initials "M.D.," or any other terms or letters indicating or implying that he or she is a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, or that he or she is entitled to practice hereunder, or who represents or holds himself or herself out as a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon under this chapter, is guilty of a misdemeanor.

(b) A holder of a valid, unrevoked, and unsuspended certificate to practice podiatric medicine may use the phrases "doctor of podiatric medicine," "doctor of podiatry," and "podiatric doctor,"

or the initials "D.P.M.," and shall not be in violation of subdivision (a).

(c) Notwithstanding subdivision (a), any of the following persons may use the words "doctor" or "physician," the letters or prefix "Dr.," or the initials "M.D.":

(1) A graduate of a medical school approved or recognized by the board while enrolled in a postgraduate training program approved by the board.

(2) A graduate of a medical school who does not have a certificate as a physician and surgeon under this chapter if he or she meets all of the following requirements:

(A) If issued a license to practice medicine in any jurisdiction, has not had that license revoked or suspended by that jurisdiction.

(B) Does not otherwise hold himself or herself out as a physician and surgeon entitled to practice medicine in this state except to the extent authorized by this chapter.

(C) Does not engage in any of the acts prohibited by Section 2060.

(3) A person authorized to practice medicine under Section 2111 or 2113 subject to the limitations set forth in those sections.

SEC. 17. Section 2221 of the Business and Professions Code is amended to read:

2221. (a) The board may deny a physician's and surgeon's certificate *or postgraduate training authorization letter* to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her ~~license; or, the board~~ *license. The board,* in its sole discretion, may issue a probationary physician's and surgeon's certificate to an applicant subject to terms and conditions, including, but not limited to, any of the following conditions of probation:

(1) Practice limited to a supervised, structured environment where the licensee's activities shall be supervised by another physician and surgeon.

(2) Total or partial restrictions on drug prescribing privileges for controlled substances.

(3) Continuing medical or psychiatric treatment.

(4) Ongoing participation in a specified rehabilitation program.

(5) Enrollment and successful completion of a clinical training program.

(6) Abstention from the use of alcohol or drugs.

(7) Restrictions against engaging in certain types of medical practice.

(8) Compliance with all provisions of this chapter.

(9) Payment of the cost of probation monitoring.

(b) The board may modify or terminate the terms and conditions imposed on the probationary certificate upon receipt of a petition from the licensee. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board.

(c) The board shall deny a physician's and surgeon's certificate to an applicant who is required to register pursuant to Section 290 of the Penal Code. This subdivision does not apply to an applicant who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

(d) An applicant shall not be eligible to reapply for a physician's and surgeon's certificate for a minimum of three years from the effective date of the denial of his or her application, except that the ~~board may,~~ *board,* in its discretion and for good cause demonstrated, *may* permit reapplication after not less than one year has elapsed from the effective date of the denial.

~~SEC. 17.~~

SEC. 18. Section 2401 of the Business and Professions Code is amended to read:

2401. (a) Notwithstanding Section 2400, a clinic operated primarily for the purpose of medical education by a public or private nonprofit university medical school, which is approved by the board or the Osteopathic Medical Board of California, may charge for professional services rendered to teaching patients by licensees who hold academic appointments on the faculty of the university, if the charges are approved by the physician and surgeon in whose name the charges are made.

(b) Notwithstanding Section 2400, a clinic operated under subdivision (p) of Section 1206 of the Health and Safety Code may employ licensees and charge for professional services rendered by those licensees. However, the clinic shall not interfere with, control, or otherwise direct the professional judgment of a

physician and surgeon in a manner prohibited by Section 2400 or any other provision of law.

(c) Notwithstanding Section 2400, a narcotic treatment program operated under Section 11876 of the Health and Safety Code and regulated by the State Department of Health Care Services, may employ licensees and charge for professional services rendered by those licensees. However, the narcotic treatment program shall not interfere with, control, or otherwise direct the professional judgment of a physician and surgeon in a manner prohibited by Section 2400 or any other provision of law.

(d) Notwithstanding Section 2400, a hospital that is owned and operated by a licensed charitable organization, that offers only pediatric subspecialty care, that, prior to January 1, 2013, employed licensees on a salary basis, and that has not charged for professional services rendered to patients may, commencing January 1, 2013, charge for professional services rendered to patients, provided the following conditions are met:

(1) The hospital does not increase the number of salaried licensees by more than five licensees each year.

(2) The hospital does not expand its scope of services beyond pediatric subspecialty care.

(3) The hospital accepts each patient needing its scope of services regardless of his or her ability to pay, including whether the patient has any form of health care coverage.

(4) The medical staff concur by an affirmative vote that the licensee's employment is in the best interest of the communities served by the hospital.

(5) The hospital does not interfere with, control, or otherwise direct a physician and surgeon's professional judgment in a manner prohibited by Section 2400 or any other provision of law.

~~SEC. 18.~~

SEC. 19. Section 2428 of the Business and Professions Code is amended to read:

2428. (a) A person who voluntarily cancels his or her license or who fails to renew his or her license within five years after its expiration shall not renew it, but that person may apply for and obtain a new license if he or she:

(1) Has not committed any acts or crimes constituting grounds for denial of licensure under Division 1.5 (commencing with Section 475).

(2) Takes and passes the examination, if any, which would be required of him or her if application for licensure was being made for the first time, or otherwise establishes to the satisfaction of the licensing authority that passes on the qualifications of applicants for the license that, with due regard for the public interest, he or she is qualified to practice the profession or activity for which the applicant was originally licensed.

(3) Pays all of the fees that would be required if application for licensure was being made for the first time.

The licensing authority may provide for the waiver or refund of all or any part of an examination fee in those cases in which a license is issued without an examination pursuant to this section.

Nothing in this section shall be construed to authorize the issuance of a license for a professional activity or system or mode of healing for which licenses are no longer required.

(b) In addition to the requirements set forth in subdivision (a), an applicant shall establish that he or she meets one of the following requirements: (1) satisfactory completion of at least two years of approved postgraduate training; (2) certification by a specialty board approved by the American Board of Medical Specialties or approved by the board pursuant to subdivision (h) of Section 651; or (3) passing of the clinical competency written examination.

(c) Subdivision (a) shall apply to persons who held licenses to practice podiatric medicine except that those persons who failed to renew their licenses within three years after its expiration may not renew it, and it may not be reissued, reinstated, or restored, except in accordance with subdivision (a).

SEC. 20. Section 2519 of the Business and Professions Code is amended to read:

2519. The board may ~~suspend or revoke~~ *suspend, revoke, or place on probation* the license of a midwife for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, all of the following:

(1) Incompetence or gross negligence in carrying out the usual functions of a licensed midwife.

(2) Conviction of a violation of Section 2052, in which event, the record of the conviction shall be conclusive evidence thereof.

(3) The use of advertising that is fraudulent or misleading.

(4) Obtaining or possessing in violation of law, or prescribing, or except as directed by a licensed physician and surgeon, dentist, or podiatrist administering to himself or herself, or furnishing or administering to another, any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and Professions Code.

(5) The use of any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any dangerous drug as defined in Article 8 (commencing with Section 4210) of Chapter 9 of Division 2 of the Business and Professions Code, or alcoholic beverages, to an extent or in a manner dangerous or injurious to himself or herself, any other person, or the public or to the extent that such use impairs his or her ability to conduct with safety to the public the practice authorized by his or her license.

(6) Conviction of a criminal offense involving the prescription, consumption, or self-administration of any of the substances described in paragraphs (4) and (5), or the possession of, or falsification of, a record pertaining to, the substances described in paragraph (4), in which event the record of the conviction is conclusive evidence thereof.

(7) Commitment or confinement by a court of competent jurisdiction for intemperate use of or addiction to the use of any of the substances described in paragraphs (4) and (5), in which event the court order of commitment or confinement is prima facie evidence of such commitment or confinement.

(8) Falsifying, or making grossly incorrect, grossly inconsistent, or unintelligible entries in any hospital, patient, or other record pertaining to the substances described in subdivision (a).

(b) Procuring a license by fraud or misrepresentation.

(c) Conviction of a crime substantially related to the qualifications, functions, and duties of a midwife, as determined by the board.

(d) Procuring, aiding, abetting, attempting, agreeing to procure, offering to procure, or assisting at, a criminal abortion.

(e) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of this chapter.

(f) Making or giving any false statement or information in connection with the application for issuance of a license.

(g) Impersonating any applicant or acting as proxy for an applicant in any examination required under this chapter for the issuance of a license or a certificate.

(h) Impersonating another licensed practitioner, or permitting or allowing another person to use his or her license or certificate for the purpose of providing midwifery services.

(i) Aiding or assisting, or agreeing to aid or assist any person or persons, whether a licensed physician or not, in the performance of or arranging for a violation of ~~any of the provisions of~~ Article 12 (commencing with Section 2221) of Chapter 5.

(j) Failing to do any of the following when required pursuant to Section 2507:

(1) Consult with a physician and surgeon.

(2) Refer a client to a physician and surgeon.

(3) Transfer a client to a hospital.

SEC. 21. Section 2519.5 is added to the Business and Professions Code, to read:

2519.5. (a) A person whose license has been surrendered while under investigation or while charges are pending or whose license has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of the license or the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license or registration surrendered or revoked for unprofessional conduct, except that the board, for good cause shown, may specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination of probation of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a license surrendered or revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from licensees licensed in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge designated in Section 11371 of the Government Code reinstating a license or modifying a penalty may recommend the imposition of any terms and conditions deemed necessary.

(g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

SEC. 22. Section 2520 of the Business and Professions Code is amended to read:

2520. (a) (1) The fee to be paid upon the filing of a license application shall be fixed by the board at not less than seventy-five dollars ($75) nor more than three hundred dollars ($300).

(2) The fee for renewal of the midwife license shall be fixed by the board at not less than fifty dollars ($50) nor more than two hundred dollars ($200).

(3) The delinquency fee for renewal of the midwife license shall be 50 percent of the renewal fee in effect on the date of the renewal of the license, but not less than twenty-five dollars ($25) nor more than fifty dollars ($50).

(4) The fee for the examination shall be the cost of administering the examination to the applicant, as determined by the organization that has entered into a contract with the ~~Division of Licensing~~ *board* for the purposes set forth in subdivision (a) of Section 2512.5. Notwithstanding subdivision (b), that fee may be collected and retained by that organization.

(b) A licensee placed on probation shall be required to pay probation monitoring fees upon order of the board.

~~(b)~~

(c) The fees prescribed by this article shall be deposited in the Licensed Midwifery Fund, which is hereby established, and shall be available, upon appropriation, to the board for the purposes of this article.

~~SEC. 19.~~

SEC. 23. Section 2529 of the Business and Professions Code is amended to read:

2529. (a) Graduates of the Southern California Psychoanalytic Institute, the Los Angeles Psychoanalytic Society and Institute, the San Francisco Psychoanalytic Institute, the San Diego Psychoanalytic Institute, or institutes deemed equivalent by the Medical Board of California who have completed clinical training in psychoanalysis may engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and students in those institutes may engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating the words "psychological," "psychologist," "psychology," "psychometrists," "psychometrics," or "psychometry," or that they do not state or imply that they are licensed to practice psychology.

(b) Those students and graduates seeking to engage in psychoanalysis under this chapter shall register with the Medical Board of California, presenting evidence of their student or graduate status. The board may suspend or revoke the exemption of those persons for unprofessional conduct as defined in Sections 726, 2234, and 2235.

SEC. 24. Section 2546.7 of the Business and Professions Code is amended to read:

2546.7. (a) A certificate may be denied, suspended, revoked, *placed on probation,* or otherwise subjected to discipline for any of the following:

(1) Incompetence, gross negligence, or repeated similar negligent acts performed by the registrant or any employee of the registrant.

(2) An act of dishonesty or fraud.

(3) Committing any act or being convicted of a crime constituting grounds for denial of licensure or registration under Section 480.

(4) Any violation of Section 2546.5 or 2546.6.

(b) The proceedings 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 division shall have all powers granted therein.

SEC. 25. Section 2546.9 of the Business and Professions Code is amended to read:

2546.9. The amount of fees prescribed in connection with the registration of nonresident contact lens sellers is that established by the following schedule:

(a) The initial registration fee shall be one hundred dollars ($100).

(b) The renewal fee shall be one hundred dollars ($100).

(c) The delinquency fee shall be twenty-five dollars ($25).

(d) The fee for replacement of a lost, stolen, or destroyed registration shall be twenty-five dollars ($25).

(e) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.

~~(e)~~

(f) The fees collected pursuant to this chapter shall be deposited in the Dispensing Opticians Fund, and shall be available, upon appropriation, to the Medical Board of California for the purposes of this chapter.

SEC. 26. Section 2546.11 is added to the Business and Professions Code, to read:

2546.11. (a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation,

may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of the certificate or the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license or registration surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination of probation of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a license or registration surrendered or revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from licensees or registrants licensed or registered in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge, designated in Section 11371 of the Government Code, reinstating a certificate or modifying a

penalty may recommend the imposition of any terms and conditions deemed necessary.

(g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

SEC. 27. Section 2555.5 is added to the Business and Professions Code, to read:

2555.5. (a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of the certificate or the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a license or registration surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination of probation of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a license or registration surrendered or revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from licensees or registrants licensed or registered in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated

in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge, designated in Section 11371 of the Government Code, reinstating a certificate or modifying a penalty may recommend the imposition of any terms and conditions deemed necessary.

(g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

SEC. 28. Section 2559.3 of the Business and Professions Code is amended to read:

2559.3. *(a)* A certificate issued to a registered spectacle lens dispenser may, in the discretion of the ~~division,~~ *board,* be ~~suspended or revoked~~ *suspended, revoked, or placed on probation* for violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter, or for incompetence, gross negligence, or repeated similar negligent acts performed by the certificate holder. A certificate may also be ~~suspended or revoked~~ *suspended, revoked, or placed on probation* if the individual certificate holder has been convicted of a felony as provided in Section 2555.1.

~~Any~~

(b) Any proceedings 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 division shall have all the powers granted therein.

SEC. 29. Section 2559.7 is added to the Business and Professions Code, to read:

2559.7. (a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective date of the surrender of the certificate or the decision ordering that disciplinary action:

(1) At least three years for reinstatement of certificate surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination of probation of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a certificate surrendered or revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from certificants licensed or registered in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional

ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge, designated in Section 11371 of the Government Code, reinstating a certificate or modifying a penalty may recommend the imposition of any terms and conditions deemed necessary.

(g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

SEC. 30. Section 2563 of the Business and Professions Code is amended to read:

2563. A certificate issued to a registered contact lens dispenser may in the discretion of the ~~division~~ *board* be ~~suspended or revoked~~ *suspended, revoked, or placed on probation* for violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter, or for incompetence, gross negligence, or repeated similar negligent acts performed by the certificate holder. A certificate may also be ~~suspended or revoked~~ *suspended, revoked, or placed on probation* if the individual certificate holder has been convicted of a felony as provided in Section 2555.1.

Any proceedings 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 division shall have all the powers granted therein.

SEC. 31. Section 2563.5 is added to the Business and Professions Code, to read:

2563.5. (a) A person whose certificate has been surrendered while under investigation or while charges are pending or whose certificate has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective

date of the surrender of the certificate or the decision ordering that disciplinary action:

(1) At least three years for reinstatement of certificate surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination of probation of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a certificate surrendered or revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from certificants licensed or registered in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge, designated in Section 11371 of the Government Code, reinstating a certificate or modifying a penalty may recommend the imposition of any terms and conditions deemed necessary.

(g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition

to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

SEC. 32. Section 2565 of the Business and Professions Code is amended to read:

2565. The amount of fees prescribed in connection with the registration of dispensing opticians shall be as set forth in this section unless a lower fee is fixed by the ~~division:~~ *board:*

(a) The initial registration fee is one hundred dollars ($100).

(b) The renewal fee is one hundred dollars ($100).

(c) The delinquency fee is twenty-five dollars ($25).

(d) The fee for replacement of a lost, stolen, or destroyed certificate is twenty-five dollars ($25).

~~This section shall become operative on January 1, 1988.~~

(e) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.

SEC. 33. Section 2566 of the Business and Professions Code is amended to read:

2566. The amount of fees prescribed in connection with certificates for contact lens dispensers, unless a lower fee is fixed by the ~~division,~~ *board*, is as follows:

(a) The application fee for a registered contact lens dispenser shall be one hundred dollars ($100).

(b) The biennial fee for the renewal of certificates shall be fixed by the ~~division~~ *board* in an amount not to exceed one hundred dollars ($100).

(c) The delinquency fee is twenty-five dollars ($25).

(d) The ~~division~~ *board* may by regulation provide for a refund of a portion of the application fee to applicants who do not meet the requirements for registration.

(e) The fee for replacement of a lost, stolen, or destroyed certificate is twenty-five dollars ($25).

~~This section shall become operative on January 1, 1988.~~

(f) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.

SEC. 34. Section 2566.1 of the Business and Professions Code is amended to read:

2566.1. The amount of fees prescribed in connection with certificates for spectacle lens dispensers shall be as set forth in this section unless a lower fee is fixed by the ~~division:~~ *board:*

(a) The initial registration fee is one hundred dollars ($100).

(b) The renewal fee shall be one hundred dollars ($100).

(c) The delinquency fee is twenty-five dollars ($25).

(d) The fee for replacement of a lost, stolen or destroyed certificate is twenty-five dollars ($25).

(e) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.

~~SEC. 20.~~

SEC. 35. Section 2650 of the Business and Professions Code is amended to read:

2650. (a) The physical therapist education requirements are as follows:

(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist shall be a graduate of a professional degree program of an accredited postsecondary institution or institutions approved by the board and shall have completed a professional education program including academic course work and clinical internship in physical therapy.

(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects prescribed by the Commission on Accreditation in Physical Therapy Education (CAPTE) of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada and shall include a combination of didactic and clinical experiences. The clinical experience shall include at least 18 weeks of full-time experience with a variety of patients.

(b) The physical therapist assistant educational requirements are as follows:

(1) Except as otherwise provided in this chapter, each applicant for a license as a physical therapist assistant shall be a graduate of a physical therapist assistant program of an accredited postsecondary institution or institutions approved by the board, and shall have completed both the academic and clinical experience required by the physical therapist assistant program, and have been awarded an associate degree.

(2) Unless otherwise specified by the board by regulation, the educational requirements shall include instruction in the subjects

prescribed by the CAPTE of the American Physical Therapy Association or Physiotherapy Education Accreditation Canada or another body as may be approved by the board by regulation and shall include a combination of didactic and clinical experiences.

~~SEC. 21.~~

SEC. 36. The heading of Article 3.1 (commencing with Section 2770) of Chapter 6 of Division 2 of the Business and Professions Code is amended to read:

Article 3.1. Intervention Program

~~SEC. 22.~~

SEC. 37. Section 2770 of the Business and Professions Code is amended to read:

2770. It is the intent of the Legislature that the Board of Registered Nursing seek ways and means to identify and rehabilitate registered nurses whose competency may be impaired due to abuse of alcohol and other drugs, or due to mental illness so that registered nurses so afflicted may be rehabilitated and returned to the practice of nursing in a manner that will not endanger the public health and safety. It is also the intent of the Legislature that the Board of Registered Nursing shall implement this legislation by establishing an intervention program as a voluntary alternative to traditional disciplinary actions.

~~SEC. 23.~~

SEC. 38. Section 2770.1 of the Business and Professions Code is amended to read:

2770.1. As used in this article:

(a) "Board" means the Board of Registered Nursing.

(b) "Committee" means a an intervention evaluation committee created by this article.

(c) "Program manager" means the staff manager of the intervention program, as designated by the executive officer of the board. The program manager shall have background experience in dealing with substance abuse issues.

~~SEC. 24.~~

SEC. 39. Section 2770.2 of the Business and Professions Code is amended to read:

2770.2. One or more intervention evaluation committees is hereby created in the state to be established by the board. Each

committee shall be composed of five persons appointed by the board. No board member shall serve on any committee.

Each committee shall have the following composition:

(a) Three registered nurses, holding active California licenses, who have demonstrated expertise in the field of chemical dependency or psychiatric nursing.

(b) One physician, holding an active California license, who specializes in the diagnosis and treatment of addictive diseases or mental illness.

(c) One public member who is knowledgeable in the field of chemical dependency or mental illness.

It shall require a majority vote of the board to appoint a person to a committee. Each appointment shall be at the pleasure of the board for a term not to exceed four years. In its discretion the board may stagger the terms of the initial members appointed.

~~SEC. 25.~~

SEC. 40. Section 2770.7 of the Business and Professions Code is amended to read:

2770.7. (a) The board shall establish criteria for the acceptance, denial, or termination of registered nurses in the intervention program. Only those registered nurses who have voluntarily requested to participate in the intervention program shall participate in the program.

(b) A registered nurse under current investigation by the board may request entry into the intervention program by contacting the board. Prior to authorizing a registered nurse to enter into the intervention program, the board may require the registered nurse under current investigation for any violations of this chapter or any other provision of this code to execute a statement of understanding that states that the registered nurse understands that his or her violations that would otherwise be the basis for discipline may still be investigated and may be the subject of disciplinary action.

(c) If the reasons for a current investigation of a registered nurse are based primarily on the self-administration of any controlled substance or dangerous drug or alcohol under Section 2762, or the illegal possession, prescription, or nonviolent procurement of any controlled substance or dangerous drug for self-administration that does not involve actual, direct harm to the public, the board shall close the investigation without further action if the registered nurse

is accepted into the board's intervention program and successfully completes the program. If the registered nurse withdraws or is terminated from the program by a intervention evaluation committee, and the termination is approved by the program manager, the investigation shall be reopened and disciplinary action imposed, if warranted, as determined by the board.

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

(e) All registered nurses shall sign an agreement of understanding that the withdrawal or termination from the intervention program at a time when the program manager or intervention evaluation committee determines the licentiate presents a threat to the public's health and safety shall result in the utilization by the board of intervention program treatment records in disciplinary or criminal proceedings.

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

~~SEC. 26.~~

SEC. 41. Section 2770.8 of the Business and Professions Code is amended to read:

2770.8. A committee created under this article operates under the direction of the intervention program manager. The program manager has the primary responsibility to review and evaluate recommendations of the committee. Each committee shall have the following duties and responsibilities:

(a) To evaluate those registered nurses who request participation in the program according to the guidelines prescribed by the board, and to make recommendations.

(b) To review and designate those treatment services to which registered nurses in an intervention program may be referred.

(c) To receive and review information concerning a registered nurse participating in the program.

(d) To consider in the case of each registered nurse participating in a program whether he or she may with safety continue or resume the practice of nursing.

(e) To call meetings as necessary to consider the requests of registered nurses to participate in an intervention program, and to consider reports regarding registered nurses participating in a program.

(f) To make recommendations to the program manager regarding the terms and conditions of the intervention agreement for each registered nurse participating in the program, including treatment, supervision, and monitoring requirements.

~~SEC. 27.~~

SEC. 42. Section 2770.10 of the Business and Professions Code is amended to read:

2770.10. Notwithstanding Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, relating to public meetings, a committee may convene in closed session to consider reports pertaining to any registered nurse requesting or participating in an intervention program. A committee shall only convene in closed session to the extent that it is necessary to protect the privacy of such a licentiate.

~~SEC. 28.~~

SEC. 43. Section 2770.11 of the Business and Professions Code is amended to read:

2770.11. (a) Each registered nurse who requests participation in an intervention program shall agree to cooperate with the rehabilitation program designed by the committee and approved by the program manager. Any failure to comply with a rehabilitation program may result in termination of the registered nurse's participation in a program. The name and license number of a registered nurse who is terminated for any reason, other than successful completion, shall be reported to the board's enforcement program.

(b) If the program manager determines that a registered nurse, who is denied admission into the program or terminated from the program, presents a threat to the public or his or her own health and safety, the program manager shall report the name and license number, along with a copy of all intervention program records for

that registered nurse, to the board's enforcement program. The board may use any of the records it receives under this subdivision in any disciplinary proceeding.

~~SEC. 29.~~

SEC. 44. Section 2770.12 of the Business and Professions Code is amended to read:

2770.12. (a) After the committee and the program manager in their discretion have determined that a registered nurse has successfully completed the intervention program, all records pertaining to the registered nurse's participation in the intervention program shall be purged.

(b) All board and committee records and records of a proceeding pertaining to the participation of a registered nurse in the intervention program shall be kept confidential and are not subject to discovery or subpoena, except as specified in subdivision (b) of Section 2770.11 and subdivision (c).

(c) A registered nurse shall be deemed to have waived any rights granted by any laws and regulations relating to confidentiality of the intervention program, if he or she does any of the following:

(1) Presents information relating to any aspect of the intervention program during any stage of the disciplinary process subsequent to the filing of an accusation, statement of issues, or petition to compel an examination pursuant to Article 12.5 (commencing with Section 820) of Chapter 1. The waiver shall be limited to information necessary to verify or refute any information disclosed by the registered nurse.

(2) Files a lawsuit against the board relating to any aspect of the intervention program.

(3) Claims in defense to a disciplinary action, based on a complaint that led to the registered nurse's participation in the intervention program, that he or she was prejudiced by the length of time that passed between the alleged violation and the filing of the accusation. The waiver shall be limited to information necessary to document the length of time the registered nurse participated in the intervention program.

~~SEC. 30.~~

SEC. 45. Section 2770.13 of the Business and Professions Code is amended to read:

2770.13. The board shall provide for the legal representation of any person making reports under this article to a committee or

the board in any action for defamation directly resulting from those reports regarding a registered nurse's participation in a intervention program.

~~SEC. 31.~~

SEC. 46. Section 2835.5 of the Business and Professions Code is amended to read:

2835.5. On and after January 1, 2008, an applicant for initial qualification or certification as a nurse practitioner under this article who has not been qualified or certified as a nurse practitioner in California or any other state shall meet the following requirements:

(a) Hold a valid and active registered nursing license issued under this chapter.

(b) Possess a master's degree in nursing, a master's degree in a clinical field related to nursing, or a graduate degree in nursing.

(c) Satisfactorily complete a nurse practitioner program approved by the board.

~~SEC. 32.~~

SEC. 47. Section 2914 of the Business and Professions Code is amended to read:

2914. Each applicant for licensure shall comply with all of the following requirements:

(a) Is not subject to denial of licensure under Division 1.5 (commencing with Section 475).

(b) Possess an earned doctorate degree (1) in psychology, (2) in educational psychology, or (3) in education with the field of specialization in counseling psychology or educational psychology. Except as provided in subdivision (g), this degree or training shall be obtained from an accredited university, college, or professional school. The board shall make the final determination as to whether a degree meets the requirements of this section.

No educational institution shall be denied recognition as an accredited academic institution solely because its program is not accredited by any professional organization of psychologists, and nothing in this chapter or in the administration of this chapter shall require the registration with the board by educational institutions of their departments of psychology or their doctoral programs in psychology.

An applicant for licensure trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that he or she possesses a doctorate degree

in psychology that is equivalent to a degree earned from a regionally accredited university in the United States or Canada. These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and any other documentation the board deems necessary.

(c) Have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, the specific requirements of which shall be defined by the board in its regulations, or under suitable alternative supervision as determined by the board in regulations duly adopted under this chapter, at least one year of which shall be after being awarded the doctorate in psychology. If the supervising licensed psychologist fails to provide verification to the board of the experience required by this subdivision within 30 days after being so requested by the applicant, the applicant may provide written verification directly to the board.

If the applicant sends verification directly to the board, the applicant shall file with the board a declaration of proof of service, under penalty of perjury, of the request for verification. A copy of the completed verification forms shall be provided to the supervising psychologist and the applicant shall prove to the board that a copy has been sent to the supervising psychologist by filing a declaration of proof of service under penalty of perjury, and shall file this declaration with the board when the verification forms are submitted.

Upon receipt by the board of the applicant's verification and declarations, a rebuttable presumption affecting the burden of producing evidence is created that the supervised, professional experience requirements of this subdivision have been satisfied. The supervising psychologist shall have 20 days from the day the board receives the verification and declaration to file a rebuttal with the board.

The authority provided by this subdivision for an applicant to file written verification directly shall apply only to an applicant who has acquired the experience required by this subdivision in the United States.

The board shall establish qualifications by regulation for supervising psychologists and shall review and approve applicants for this position on a case-by-case basis.

(d) Take and pass the examination required by Section 2941 unless otherwise exempted by the board under this chapter.

(e) Show by evidence satisfactory to the board that he or she has completed training in the detection and treatment of alcohol and other chemical substance dependency. This requirement applies only to applicants who matriculate on or after September 1, 1985.

(f) (1) Show by evidence satisfactory to the board that he or she has completed coursework in spousal or partner abuse assessment, detection, and intervention. This requirement applies to applicants who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003.

(2) An applicant who began graduate training on or after January 1, 2004, shall show by evidence satisfactory to the board that he or she has completed a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. An applicant may request an exemption from this requirement if he or she intends to practice in an area that does not include the direct provision of mental health services.

(3) Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. This requirement for coursework shall be satisfied by, and the board shall accept in satisfaction of the requirement, a certification from the chief academic officer of the educational institution from which the applicant graduated that the required coursework is included within the institution's required curriculum for graduation.

(g) An applicant holding a doctoral degree in psychology from an approved institution is deemed to meet the requirements of this section if both of the following are true:

(1) The approved institution offered a doctoral degree in psychology designed to prepare students for a license to practice psychology and was approved by the Bureau for Private Postsecondary and Vocational Education on or before July 1, 1999.

(2) The approved institution has not, since July 1, 1999, had a new location, as described in Section 94823.5 of the Education Code.

~~SEC. 33.~~

SEC. 48. Section 3057 of the Business and Professions Code is amended to read:

3057. (a) The board may issue a license to practice optometry to a person who meets all of the following requirements:

(1) Has a degree as a doctor of optometry issued by an accredited school or college of optometry.

(2) Has successfully passed the licensing examination for an optometric license in another state.

(3) Submits proof that he or she is licensed in good standing as of the date of application in every state where he or she holds a license, including compliance with continuing education requirements.

(4) Is not subject to disciplinary action as set forth in subdivision (h) of Section 3110. If the person has been subject to disciplinary action, the board shall review that action to determine if it presents sufficient evidence of a violation of this chapter to warrant the submission of additional information from the person or the denial of the application for licensure.

(5) Has furnished a signed release allowing the disclosure of information from the Healthcare Integrity and Protection Data Bank and, if applicable, the verification of registration status with the federal Drug Enforcement Administration. The board shall review this information to determine if it presents sufficient evidence of a violation of this chapter to warrant the submission of additional information from the person or the denial of the application for licensure.

(6) Has never had his or her license to practice optometry revoked or suspended in any state where the person holds a license.

(7) (A) Is not subject to denial of an application for licensure based on any of the grounds listed in Section 480.

(B) Is not currently required to register as a sex offender pursuant to Section 290 of the Penal Code.

(8) Has met the minimum continuing education requirements set forth in Section 3059 for the current and preceding year.

(9) Has met the certification requirements of Section 3041.3 to use therapeutic pharmaceutical agents under subdivision (e) of Section 3041.

(10) Submits any other information as specified by the board to the extent it is required for licensure by examination under this chapter.

(11) Files an application on a form prescribed by the board, with an acknowledgment by the person executed under penalty of perjury and automatic forfeiture of license, of the following:

(A) That the information provided by the person to the board is true and correct, to the best of his or her knowledge and belief.

(B) That the person has not been convicted of an offense involving conduct that would violate Section 810.

(12) Pays an application fee in an amount equal to the application fee prescribed pursuant to subdivision (a) of Section 3152.

(13) Has successfully passed the board's jurisprudence examination.

(b) If the board finds that the competency of a candidate for licensure pursuant to this section is in question, the board may require the passage of a written, practical, or clinical exam or completion of additional continuing education or coursework.

(c) In cases where the person establishes, to the board's satisfaction, that he or she has been displaced by a federally declared emergency and cannot relocate to his or her state of practice within a reasonable time without economic hardship, the board may reduce or waive the fees required by paragraph (12) of subdivision (a).

(d) Any license issued pursuant to this section shall expire as provided in Section 3146, and may be renewed as provided in this chapter, subject to the same conditions as other licenses issued under this chapter.

(e) The term "in good standing," as used in this section, means that a person under this section:

(1) Is not currently under investigation nor has been charged with an offense for any act substantially related to the practice of optometry by any public agency, nor entered into any consent agreement or subject to an administrative decision that contains conditions placed by an agency upon a person's professional conduct or practice, including any voluntary surrender of license,

nor been the subject of an adverse judgment resulting from the practice of optometry that the board determines constitutes evidence of a pattern of incompetence or negligence.

(2) Has no physical or mental impairment related to drugs or alcohol, and has not been found mentally incompetent by a licensed psychologist or licensed psychiatrist so that the person is unable to undertake the practice of optometry in a manner consistent with the safety of a patient or the public.

~~SEC. 34.~~

SEC. 49. Section 3509.5 of the Business and Professions Code is amended to read:

3509.5. The board shall elect annually a president and a vice president from among its members.

SEC. 50. Section 3576 of the Business and Professions Code is amended to read:

3576. (a) A registration under this chapter may be denied, suspended, revoked, *placed on probation,* or otherwise subjected to discipline for any of the following by the holder:

(1) Incompetence, gross negligence, or repeated similar negligent acts performed by the registrant.

(2) An act of dishonesty or fraud.

(3) Committing any act or being convicted of a crime constituting grounds for denial of licensure or registration under Section 480.

(4) Violating or attempting to violate any provision of this chapter or any regulation adopted under this chapter.

(b) Proceedings 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 powers granted therein.

SEC. 51. Section 3576.5 is added to the Business and Professions Code, to read:

3576.5. (a) A person whose registration has been surrendered while under investigation or while charges are pending or whose registration has been revoked or suspended or placed on probation, may petition the board for reinstatement or modification of penalty, including modification or termination of probation.

(b) The person may file the petition after a period of not less than the following minimum periods have elapsed from the effective

date of the surrender of the registration or the decision ordering that disciplinary action:

(1) At least three years for reinstatement of a registration surrendered or revoked for unprofessional conduct, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination of probation of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a registration surrendered or revoked for mental or physical illness, or termination of probation of less than three years.

(c) The petition shall state any facts as may be required by the board. The petition shall be accompanied by at least two verified recommendations from registrants registered in any state who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

(d) The petition may be heard by a panel of the board. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board, which shall be acted upon in accordance with Section 2335.

(e) The panel of the board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the administrative law judge designated in Section 11371 of the Government Code finds necessary.

(f) The administrative law judge, designated in Section 11371 of the Government Code, reinstating a certificate or modifying a penalty may recommend the imposition of any terms and conditions deemed necessary.

(g) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition

to revoke probation pending against the person. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

SEC. 52. Section 3577 of the Business and Professions Code is amended to read:

3577. (a) Each person who applies for registration under this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum not in excess of one hundred dollars ($100).

(b) Each person to whom registration is granted under this chapter shall pay into the Contingent Fund of the Medical Board of California a fee to be fixed by the board at a sum not in excess of one hundred dollars ($100).

(c) The registration shall expire after two years. The registration may be renewed biennially at a fee which shall be paid into the Contingent Fund of the Medical Board of California to be fixed by the board at a sum not in excess of one hundred fifty dollars ($150).

(d) A registrant placed on probation shall be required to pay probation monitoring fees upon order of the board.

~~(d)~~

(e) The money in the Contingent Fund of the Medical Board of California that is collected pursuant to this section shall be used for the administration of this chapter.

~~SEC. 35.~~

SEC. 53. Section 4836.2 of the Business and Professions Code is amended to read:

4836.2. (a) Applications for a veterinary assistant controlled substance permit shall be upon a form furnished by the board.

(b) The fee for filing an application for a veterinary assistant controlled substance permit shall be set by the board in an amount the board determines is reasonably necessary to provide sufficient funds to carry out the purposes of this section, not to exceed one hundred dollars ($100).

(c) The board may suspend or revoke the controlled substance permit of a veterinary assistant after notice and hearing for any cause provided in this subdivision. The proceedings under this section shall be conducted in accordance with the provisions for administrative adjudication in 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. The board may deny, revoke, or suspend a veterinary assistant controlled substance permit for any of the following reasons:

(1) The employment of fraud, misrepresentation, or deception in obtaining a veterinary assistant controlled substance permit.

(2) Chronic inebriety or habitual use of controlled substances.

(3) The veterinary assistant to whom the permit is issued has been convicted of a state or federal felony controlled substance violation.

(4) Violating or attempts to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter, or of the regulations adopted under this chapter.

(d) The board shall not issue a veterinary assistant controlled substance permit to any applicant with a state or federal felony controlled substance conviction.

(e) (1) As part of the application for a veterinary assistant controlled substance permit, the applicant shall submit to the Department of Justice fingerprint images and related information, as required by the Department of Justice for all veterinary assistant applicants, for the purposes of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and information as to the existence and content of a record of state or federal arrests for which the Department of Justice establishes that the person is free on bail or on his or her own recognizance pending trial or appeal.

(2) When received, the Department of Justice shall forward to the Federal Bureau of Investigation requests for federal summary criminal history information that it receives pursuant to this section. The Department of Justice shall review any information returned to it from the Federal Bureau of Investigation and compile and disseminate a response to the board summarizing that information.

(3) The Department of Justice shall provide a state or federal level response to the board pursuant to paragraph (1) of subdivision (p) of Section 11105 of the Penal Code.

(4) The Department of Justice shall charge a reasonable fee sufficient to cover the cost of processing the request described in this subdivision.

(f) The board shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for persons described in paragraph (1) of subdivision (e).

(g) This section shall become operative on July 1, 2015.

SEC. 54. Section 4887 of the Business and Professions Code is amended to read:

4887. *(a)* A person whose license or registration has been revoked or who has been placed on probation may petition the board for reinstatement or modification of penalty including modification or termination of probation after a period of not less than one year has elapsed from the effective date of the decision ordering the disciplinary action. The petition shall state such facts as may be required by the board.

~~The~~

(b) The petition shall be accompanied by at least two verified recommendations from veterinarians licensed by the board who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed. The petition shall be heard by the board. The board may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities since the license or registration was in good standing, and the petitioner's rehabilitation efforts, general reputation for truth, and professional ability. The hearing may be continued from time to time as the board finds necessary.

~~The~~

(c) The board reinstating the license or registration or modifying a penalty may impose ~~such~~ terms and conditions as it determines necessary. To reinstate a revoked license or registration or to otherwise reduce a penalty or modify probation shall require a vote of five of the members of the board.

~~The~~

(d) The petition shall *not* be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. The board may deny without a hearing or argument any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

~~SEC. 36.~~

SEC. 55. Section 4938 of the Business and Professions Code is amended to read:

4938. The board shall issue a license to practice acupuncture to any person who makes an application and meets the following requirements:

(a) Is at least 18 years of age.

(b) Furnishes satisfactory evidence of completion of one of the following:

(1) (A) An approved educational and training program.

(B) If an applicant began his or her educational and training program at a school or college that submitted a letter of intent to pursue accreditation to, or attained candidacy status from, the Accreditation Commission for Acupuncture and Oriental Medicine, but the commission subsequently denied the school or college candidacy status or accreditation, respectively, the board may review and evaluate the educational training and clinical experience to determine whether to waive the requirements set forth in this subdivision with respect to that applicant.

(2) Satisfactory completion of a tutorial program in the practice of an acupuncturist that is approved by the board.

(3) In the case of an applicant who has completed education and training outside the United States, documented educational training and clinical experience that meets the standards established pursuant to Sections 4939 and 4941.

(c) Passes a written examination administered by the board that tests the applicant's ability, competency, and knowledge in the practice of an acupuncturist. The written examination shall be developed by the Office of Professional Examination Services of the Department of Consumer Affairs.

(d) Is not subject to denial pursuant to Division 1.5 (commencing with Section 475).

(e) Completes a clinical internship training program approved by the board. The clinical internship training program shall not exceed nine months in duration and shall be located in a clinic in this state that is an approved educational and training program. The length of the clinical internship shall depend upon the grades received in the examination and the clinical training already satisfactorily completed by the individual prior to taking the examination. On and after January 1, 1987, individuals with 800

or more hours of documented clinical training shall be deemed to have met this requirement. The purpose of the clinical internship training program shall be to ensure a minimum level of clinical competence.

Each applicant who qualifies for a license shall pay, as a condition precedent to its issuance and in addition to other fees required, the initial licensure fee.

~~SEC. 37.~~

SEC. 56. Section 4939 of the Business and Professions Code, as added by Section 9 of Chapter 397 of the Statutes of 2014, is amended to read:

4939. (a) The board shall establish standards for the approval of educational training and clinical experience received outside the United States.

(b) This section shall become operative on January 1, 2017.

~~SEC. 38.~~

SEC. 57. Section 4980.399 of the Business and Professions Code is amended to read:

4980.399. (a) Except as provided in subdivision (a) of Section 4980.398, each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) Notwithstanding subdivision (b), an applicant who holds a registration eligible for renewal, with an expiration date no later than June 30, 2016, and who applies for renewal of that registration between January 1, 2016, and June 30, 2016, shall, if eligible, be allowed to renew the registration without first participating in the California law and ethics examination. These applicants shall participate in the California law and ethics examination in the next renewal cycle, and shall pass the examination prior to licensure or issuance of a subsequent registration number, as specified in this section.

(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except as provided in subdivision (e).

(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a continuing education provider as specified by the board by regulation, a county, state or governmental entity, or a college or university.

(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subdivision (f), an applicant who holds or has held a registration, with an expiration date no later than January 1, 2017, and who applies for a subsequent registration number between January 1, 2016, and January 1, 2017, shall, if eligible, be allowed to obtain the subsequent registration number without first passing the California law and ethics examination. These applicants shall pass the California law and ethics examination during the next renewal period or prior to licensure, whichever occurs first.

(h) This section shall become operative on January 1, 2016.

~~SEC. 39.~~

SEC. 58. Section 4980.43 of the Business and Professions Code is amended to read:

4980.43. (a) Prior to applying for licensure examinations, each applicant shall complete experience that shall comply with the following:

(1) A minimum of 3,000 hours completed during a period of at least 104 weeks.

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,700 hours of supervised experience completed subsequent to the granting of the qualifying master's or doctoral degree.

(4) Not more than 1,300 hours of supervised experience obtained prior to completing a master's or doctoral degree.

The applicant shall not be credited with more than 750 hours of counseling and direct supervisor contact prior to completing the master's or doctoral degree.

(5) No hours of experience may be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction and becoming a trainee except for personal psychotherapy.

(6) No hours of experience may be gained more than six years prior to the date the application for examination eligibility was filed, except that up to 500 hours of clinical experience gained in the supervised practicum required by subdivision (c) of Section 4980.37 and subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this six-year requirement.

(7) Not more than a combined total of 1,000 hours of experience in the following:

(A) Direct supervisor contact.

(B) Professional enrichment activities. For purposes of this chapter, "professional enrichment activities" include the following:

(i) Workshops, seminars, training sessions, or conferences directly related to marriage and family therapy attended by the applicant that are approved by the applicant's supervisor. An applicant shall have no more than 250 hours of verified attendance at these workshops, seminars, training sessions, or conferences.

(ii) Participation by the applicant in personal psychotherapy, which includes group, marital or conjoint, family, or individual psychotherapy by an appropriately licensed professional. An applicant shall have no more than 100 hours of participation in personal psychotherapy. The applicant shall be credited with three hours of experience for each hour of personal psychotherapy.

(8) Not more than 500 hours of experience providing group therapy or group counseling.

(9) For all hours gained on or after January 1, 2012, not more than 500 hours of experience in the following:

(A) Experience administering and evaluating psychological tests, writing clinical reports, writing progress notes, or writing process notes.

(B) Client centered advocacy.

(10) Not less than 500 total hours of experience in diagnosing and treating couples, families, and children. For up to 150 hours of treating couples and families in conjoint therapy, the applicant

shall be credited with two hours of experience for each hour of therapy provided.

(11) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(12) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

(b) All applicants, trainees, and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of marriage and family therapy. Supervised experience shall be gained by interns and trainees only as an employee or as a volunteer. The requirements of this chapter regarding gaining hours of experience and supervision are applicable equally to employees and volunteers. Experience shall not be gained by interns or trainees as an independent contractor.

(1) If employed, an intern shall provide the board with copies of the corresponding W-2 tax forms for each year of experience claimed upon application for licensure.

(2) If volunteering, an intern shall provide the board with a letter from his or her employer verifying the intern's employment as a volunteer upon application for licensure.

(c) Except for experience gained pursuant to subparagraph (B) of paragraph (7) of subdivision (a), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting, as specified:

(1) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of client contact in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.

(2) An individual supervised after being granted a qualifying degree shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of client

contact is gained in each setting. No more than six hours of supervision, whether individual or group, shall be credited during any single week.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour per week of face-to-face contact on an individual basis or two hours per week of face-to-face contact in a group.

(4) Direct supervisor contact shall occur within the same week as the hours claimed.

(5) Direct supervisor contact provided in a group shall be provided in a group of not more than eight supervisees and in segments lasting no less than one continuous hour.

(6) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(7) All experience gained by a trainee shall be monitored by the supervisor as specified by regulation.

(8) The six hours of supervision that may be credited during any single week pursuant to paragraphs (1) and (2) shall apply to supervision hours gained on or after January 1, 2009.

(d) (1) A trainee may be credited with supervised experience completed in any setting that meets all of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(C) Is not a private practice owned by a licensed marriage and family therapist, a licensed professional clinical counselor, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions.

(2) Experience may be gained by the trainee solely as part of the position for which the trainee volunteers or is employed.

(e) (1) An intern may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4980.02.

(2) An applicant shall not be employed or volunteer in a private practice, as defined in subparagraph (C) of paragraph (1) of subdivision (d), until registered as an intern.

(3) While an intern may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration to interns.

(4) Except for periods of time during a supervisor's vacation or sick leave, an intern who is employed or volunteering in private practice shall be under the direct supervision of a licensee that has satisfied subdivision (g) of Section 4980.03. The supervising licensee shall either be employed by and practice at the same site as the intern's employer, or shall be an owner or shareholder of the private practice. Alternative supervision may be arranged during a supervisor's vacation or sick leave if the supervision meets the requirements of this section.

(5) Experience may be gained by the intern solely as part of the position for which the intern volunteers or is employed.

(f) Except as provided in subdivision (g), all persons shall register with the board as an intern to be credited for postdegree hours of supervised experience gained toward licensure.

(g) Postdegree hours of experience shall be credited toward licensure so long as the applicant applies for the intern registration within 90 days of the granting of the qualifying master's or doctoral degree and is thereafter granted the intern registration by the board. An applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.

(h) Trainees, interns, and applicants shall not receive any remuneration from patients or clients, and shall only be paid by their employers.

(i) Trainees, interns, and applicants shall only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws

and regulations pertaining to supervision. Trainees and interns shall have no proprietary interest in their employers' businesses and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employers.

(j) Trainees, interns, or applicants who provide volunteered services or other services, and who receive no more than a total, from all work settings, of five hundred dollars ($500) per month as reimbursement for expenses actually incurred by those trainees, interns, or applicants for services rendered in any lawful work setting other than a private practice shall be considered an employee and not an independent contractor. The board may audit applicants who receive reimbursement for expenses, and the applicants shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(k) Each educational institution preparing applicants for licensure pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage his or her interns and trainees regarding the advisability of undertaking individual, marital or conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, the educational institution and supervisors are encouraged to assist the applicant in locating that counseling or psychotherapy at a reasonable cost.

~~SEC. 40.~~

SEC. 59. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in subdivision (d) of Section 4980.40 and, if he or she passes those examinations, to begin practice.

(b) In order to continuously improve the competence of licensed marriage and family therapists and as a model for all psychotherapeutic professions, the Legislature encourages all licensees to regularly engage in continuing education related to the profession or scope of practice as defined in this chapter.

(c) Except as provided in subdivision (e), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of marriage and family therapy in the preceding two years, as determined by the board.

(d) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(e) The board may establish exceptions from the continuing education requirements of this section for good cause, as defined by the board.

(f) The continuing education shall be obtained from one of the following sources:

(1) An accredited school or state-approved school that meets the requirements set forth in Section 4980.36 or 4980.37. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(g) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (f), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(h) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of marriage and family therapy.

(2) Aspects of the discipline of marriage and family therapy in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of marriage and family therapy.

(i) A system of continuing education for licensed marriage and family therapists shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(j) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (f) shall be deemed to be an approved provider.

(k) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

~~SEC. 41.~~

SEC. 60. Section 4984.01 of the Business and Professions Code, as amended by Section 31 of Chapter 473 of the Statutes of 2013, is amended to read:

4984.01. (a) The marriage and family therapist intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew the registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Participate in the California law and ethics examination pursuant to Section 4980.399 each year until successful completion of this examination.

(4) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against him or her by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.

(c) The registration may be renewed a maximum of five times. No registration shall be renewed or reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further

renewals are possible, an applicant may apply for and obtain a subsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent intern registration number and has passed the California law and ethics examination described in Section 4980.399. An applicant who is issued a subsequent intern registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

(d) This section shall become operative on January 1, 2016.

~~SEC. 42.~~

SEC. 61. Section 4989.34 of the Business and Professions Code is amended to read:

4989.34. (a) To renew his or her license, a licensee shall certify to the board, on a form prescribed by the board, completion in the preceding two years of not less than 36 hours of approved continuing education in, or relevant to, educational psychology.

(b) (1) The continuing education shall be obtained from either an accredited university or a continuing education provider as specified by the board by regulation.

(2) The board shall establish, by regulation, a procedure identifying acceptable providers of continuing education courses, and all providers of continuing education shall comply with procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(c) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of educational psychology.

(2) Aspects of the discipline of educational psychology in which significant recent developments have occurred.

(3) Aspects of other disciplines that enhance the understanding or the practice of educational psychology.

(d) The board may audit the records of a licensee to verify completion of the continuing education requirement. A licensee shall maintain records of the completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon its request.

(e) The board may establish exceptions from the continuing education requirements of this section for good cause, as determined by the board.

(f) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The amount of the fees shall be sufficient to meet, but shall not exceed, the costs of administering this section.

(g) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

~~SEC. 43.~~

SEC. 62. Section 4992.09 of the Business and Professions Code is amended to read:

4992.09. (a) Except as provided in subdivision (a) of Section 4992.07, an applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) Notwithstanding subdivision (b), an applicant who holds a registration eligible for renewal, with an expiration date no later than June 30, 2016, and who applies for renewal of that registration between January 1, 2016, and June 30, 2016, shall, if eligible, be allowed to renew the registration without first participating in the California law and ethics examination. These applicants shall participate in the California law and ethics examination in the next renewal cycle, and shall pass the examination prior to licensure or issuance of a subsequent registration number, as specified in this section.

(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application except for as provided in subdivision (e).

(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her renewal period on or after the operative date of this section, he or she shall complete, at a minimum, a 12-hour course in

California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a continuing education provider, as specified by the board by regulation, a county, state or governmental entity, or a college or university.

(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subdivision (f), an applicant who holds or has held a registration, with an expiration date no later than January 1, 2017, and who applies for a subsequent registration number between January 1, 2016, and January 1, 2017, shall, if eligible, be allowed to obtain the subsequent registration number without first passing the California law and ethics examination. These applicants shall pass the California law and ethics examination during the next renewal period or prior to licensure, whichever occurs first.

(h) This section shall become operative on January 1, 2016.

~~SEC. 44.~~

SEC. 63. Section 4996.2 of the Business and Professions Code is amended to read:

4996.2. Each applicant for a license shall furnish evidence satisfactory to the board that he or she complies with all of the following requirements:

(a) Is at least 21 years of age.

(b) Has received a master's degree from an accredited school of social work.

(c) Has had two years of supervised post-master's degree experience, as specified in Section 4996.23.

(d) Has not committed any crimes or acts constituting grounds for denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of any crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory.

(e) Has completed adequate instruction and training in the subject of alcoholism and other chemical substance dependency.

This requirement applies only to applicants who matriculate on or after January 1, 1986.

(f) Has completed instruction and training in spousal or partner abuse assessment, detection, and intervention. This requirement applies to an applicant who began graduate training during the period commencing on January 1, 1995, and ending on December 31, 2003. An applicant who began graduate training on or after January 1, 2004, shall complete a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this subdivision may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(g) Has completed a minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 1807 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

(h) Has completed a minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 1807.2 of Title 16 of the California Code of Regulations. This training or coursework may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course.

~~SEC. 45.~~

SEC. 64. Section 4996.22 of the Business and Professions Code is amended to read:

4996.22. (a) (1) Except as provided in subdivision (c), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of social work in the preceding two years, as determined by the board.

(2) The board shall not renew any license of an applicant who began graduate study prior to January 1, 2004, pursuant to this chapter unless the applicant certifies to the board that during the applicant's first renewal period after the operative date of this section, he or she completed a continuing education course in spousal or partner abuse assessment, detection, and intervention

strategies, including community resources, cultural factors, and same gender abuse dynamics. On and after January 1, 2005, the course shall consist of not less than seven hours of training. Equivalent courses in spousal or partner abuse assessment, detection, and intervention strategies taken prior to the operative date of this section or proof of equivalent teaching or practice experience may be submitted to the board and at its discretion, may be accepted in satisfaction of this requirement. Continuing education courses taken pursuant to this paragraph shall be applied to the 36 hours of approved continuing education required under paragraph (1).

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(c) The board may establish exceptions from the continuing education requirement of this section for good cause as defined by the board.

(d) The continuing education shall be obtained from one of the following sources:

(1) An accredited school of social work, as defined in Section 4991.2, or a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers, as specified by the board by regulation.

(e) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (d), shall adhere to the procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(f) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding, or the practice, of social work.

(2) Aspects of the social work discipline in which significant recent developments have occurred.

(3) Aspects of other related disciplines that enhance the understanding, or the practice, of social work.

(g) A system of continuing education for licensed clinical social workers shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(h) The continuing education requirements of this section shall comply fully with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

(i) The board may adopt regulations as necessary to implement this section.

(j) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Science Examiners Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (d) shall be deemed to be an approved provider.

~~SEC. 46.~~

SEC. 65. Section 4996.28 of the Business and Professions Code is amended to read:

4996.28. (a) Registration as an associate clinical social worker shall expire one year from the last day of the month during which it was issued. To renew a registration, the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken by a regulatory or licensing board in this or any other state, subsequent to the last renewal of the registration.

(4) On and after January 1, 2016, obtain a passing score on the California law and ethics examination pursuant to Section 4992.09.

(b) A registration as an associate clinical social worker may be renewed a maximum of five times. When no further renewals are possible, an applicant may apply for and obtain a subsequent associate clinical social worker registration number if the applicant meets all requirements for registration in effect at the time of his or her application for a subsequent associate clinical social worker registration number. An applicant issued a subsequent associate registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

SEC. 66. Section 4999.1 of the Business and Professions Code is amended to read:

4999.1. Application for registration as ~~an in-state or out-of-state~~ *a* telephone medical advice service shall be made on a form prescribed by the department, accompanied by the fee prescribed pursuant to Section 4999.5. The department shall make application forms available. Applications shall contain all of the following:

(a) The signature of the individual owner of the ~~in-state or out-of-state~~ telephone medical advice service, or of all of the partners if the service is a partnership, or of the president or secretary if the service is a corporation. The signature shall be accompanied by a resolution or other written communication identifying the individual whose signature is on the form as owner, partner, president, or secretary.

(b) The name under which the person applying for the in-state or out-of-state telephone medical advice service proposes to do business.

(c) The physical address, mailing address, and telephone number of the business entity.

(d) The designation, including the name and physical address, of an agent for service of process in California.

(e) A list of all ~~in-state or out-of-state staff~~ *health care professionals* providing ~~telephone~~ medical advice services that are required to be licensed, registered, or certified pursuant to this chapter. This list shall be submitted to the department ~~on a quarterly basis~~ on a form to be prescribed by the department and shall include, but not be limited to, the name, ~~address,~~ state of licensure, ~~category~~ *type* of license, and license number.

(f) The department shall be notified within 30 days of any change of name, physical location, mailing address, or telephone number of any business, owner, partner, corporate officer, or agent for service of process in California, together with copies of all resolutions or other written communications that substantiate these changes.

SEC. 67. Section 4999.2 of the Business and Professions Code is amended to read:

4999.2. (a) In order to obtain and maintain a registration, ~~in-state or out-of-state~~ *a* telephone medical advice ~~services~~ *service* shall comply with the requirements established by the department. Those requirements shall include, but shall not be limited to, all of the following:

(1) (A) Ensuring that all ~~staff~~ *health care professionals* who provide medical advice services are appropriately licensed, certified, or registered as a physician and surgeon pursuant to Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act, as a dentist, dental hygienist, dental hygienist in alternative practice, or dental hygienist in extended functions pursuant to Chapter 4 (commencing with Section 1600), as an occupational therapist pursuant to Chapter 5.6 (commencing with Section 2570), as a registered nurse pursuant to Chapter 6 (commencing with Section 2700), as a psychologist pursuant to Chapter 6.6 (commencing with Section 2900), *as a naturopathic doctor pursuant to Chapter 8.2 (commencing with Section 3610),* as a marriage and family therapist pursuant to Chapter 13 (commencing with Section 4980), as a licensed clinical social worker pursuant to Chapter 14 (commencing with Section 4991), *as a licensed professional clinical counselor pursuant to Chapter 16 (commencing with Section 4999.10),* as an optometrist pursuant to Chapter 7 (commencing with Section 3000), or as a chiropractor pursuant to the Chiropractic Initiative Act, and operating consistent with the laws governing their respective scopes of practice in the state within which they provide telephone medical advice services, except as provided in paragraph (2).

(B) Ensuring that all ~~staff~~ *health care professionals* who provide telephone medical advice services from an out-of-state ~~location are health care professionals,~~ *location,* as identified in subparagraph (A), ~~who~~ are licensed, registered, or certified in the state within which they are providing the telephone medical advice services

and are operating consistent with the laws governing their respective scopes of practice.

(2) Ensuring that the telephone medical advice provided is consistent with good professional practice.

(3) Maintaining records of telephone medical advice services, including records of complaints, provided to patients in California for a period of at least five years.

(4) Ensuring that no staff member uses a title or designation when speaking to an ~~enrollee or subscriber~~ *enrollee, subscriber, or consumer* that may cause a reasonable person to believe that the staff member is a licensed, certified, or registered *health care* professional described in subparagraph (A) of paragraph (1), unless the staff member is a licensed, certified, or registered professional.

(5) Complying with all directions and requests for information made by the department.

(6) Notifying the department within 30 days of any change of name, physical location, mailing address, or telephone number of any business, owner, partner, corporate officer, or agent for service of process in California, together with copies of all resolutions or other written communications that substantiate these changes.

(7) Submitting quarterly reports, on a form prescribed by the department, to the department within 30 days of the end of each calendar quarter.

(b) To the extent permitted by Article VII of the California Constitution, the department may contract with a private nonprofit accrediting agency to evaluate the qualifications of applicants for registration pursuant to this chapter and to make recommendations to the department.

SEC. 68. Section 4999.3 of the Business and Professions Code is amended to read:

4999.3. (a) The department may suspend, revoke, or otherwise discipline a registrant or deny an application for registration as ~~an in-state or out-of-state~~ *a* telephone medical advice service based on any of the following:

(1) Incompetence, gross negligence, or repeated similar negligent acts performed by the registrant or any employee of the registrant.

(2) An act of dishonesty or fraud by the registrant or any employee of the registrant.

(3) The commission of any act, or being convicted of a crime, that constitutes grounds for denial or revocation of licensure pursuant to any provision of this division.

(b) The proceedings 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 department shall have all powers granted therein.

(c) Copies of any complaint against ~~an in-state or out-of-state~~ *a* telephone medical advice service shall be forwarded to the Department of Managed *Health* Care.

(d) The department shall forward a copy of any complaint submitted to the department pursuant to this chapter to the entity that issued the license to the licensee involved in the advice provided to the patient.

SEC. 69. Section 4999.4 of the Business and Professions Code is amended to read:

4999.4. (a) Every registration issued to a telephone medical advice service shall expire 24 months after the initial date of issuance.

(b) To renew an unexpired registration, the registrant shall, before the time at which the ~~license~~ registration would otherwise expire, ~~apply for renewal on a form prescribed by the bureau, and~~ pay the renewal fee authorized by Section 4999.5.

(c) ~~A registration that is not renewed within three years following its expiration shall not be renewed, restored, or reinstated thereafter, and the delinquent registration shall be canceled immediately upon expiration of the three-year period.~~ An expired registration may be renewed at any time within three years after its expiration upon the filing of an application for renewal on a form prescribed by the bureau and the payment of all fees authorized by Section 4999.5. *A registration that is not renewed within three years following its expiration shall not be renewed, restored, or reinstated thereafter, and the delinquent registration shall be canceled immediately upon expiration of the three-year period.*

SEC. 70. Section 4999.5 of the Business and Professions Code is amended to read:

4999.5. The department may set fees for ~~registration,~~ *registration and renewal* as ~~an in-state or out-of-state~~ *a* telephone

medical advice service sufficient to pay the costs of administration of this chapter.

SEC. 71. Section 4999.7 of the Business and Professions Code is amended to read:

4999.7. (a) This section does not limit, preclude, or otherwise interfere with the practices of other persons licensed or otherwise authorized to practice, under any other provision of this division, telephone medical advice services consistent with the laws governing their respective scopes of practice, or licensed under the Osteopathic Initiative Act or the Chiropractic Initiative Act and operating consistent with the laws governing their respective scopes of practice.

(b) For purposes of this chapter, "telephone medical advice" means a telephonic communication between a patient and a health care professional in which the health care professional's primary function is to provide to the patient a telephonic response to the patient's questions regarding his or her or a family member's medical care or treatment. "Telephone medical advice" includes assessment, evaluation, or advice provided to patients or their family members.

(c) For purposes of this chapter, "health care professional" is ~~a staff person~~ *an employee or independent contractor* described in Section 4999.2 who provides medical advice services and is appropriately licensed, certified, or registered as a dentist, dental hygienist, dental hygienist in alternative practice, or dental hygienist in extended functions pursuant to Chapter 4 (commencing with Section 1600), as a physician and surgeon pursuant to Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act, as a registered nurse pursuant to Chapter 6 (commencing with Section 2700), as a psychologist pursuant to Chapter 6.6 (commencing with Section 2900), *as a naturopathic doctor pursuant to Chapter 8.2 (commencing with Section 3610),* as an optometrist pursuant to Chapter 7 (commencing with Section 3000), as a marriage and family therapist pursuant to Chapter 13 (commencing with Section 4980), as a licensed clinical social worker pursuant to Chapter 14 (commencing with Section 4991), *as a licensed professional clinical counselor pursuant to Chapter 16 (commencing with Section 4999.10),* or as a chiropractor pursuant to the Chiropractic Initiative Act, and who is operating consistent with the laws governing his or her respective scopes of

practice in the state in which he or she provides telephone medical advice services.

~~SEC. 47.~~

SEC. 72. Section 4999.45 of the Business and Professions Code, as amended by Section 54 of Chapter 473 of the Statutes of 2013, is amended to read:

4999.45. (a) An intern employed under this chapter shall:

(1) Not perform any duties, except for those services provided as a clinical counselor trainee, until registered as an intern.

(2) Not be employed or volunteer in a private practice until registered as an intern.

(3) Inform each client prior to performing any professional services that he or she is unlicensed and under supervision.

(4) Renew annually for a maximum of five years after initial registration with the board.

(b) When no further renewals are possible, an applicant may apply for and obtain a subsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent intern registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant issued a subsequent intern registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

(c) This section shall become operative on January 1, 2016.

~~SEC. 48.~~

SEC. 73. Section 4999.46 of the Business and Professions Code, as amended by Section 3 of Chapter 435 of the Statutes of 2014, is amended to read:

4999.46. (a) To qualify for the licensure examination specified by paragraph (2) of subdivision (a) of Section 4999.53, applicants shall complete clinical mental health experience under the general supervision of an approved supervisor as defined in Section 4999.12.

(b) The experience shall include a minimum of 3,000 postdegree hours of supervised clinical mental health experience related to the practice of professional clinical counseling, performed over a period of not less than two years (104 weeks), which shall include:

(1) Not more than 40 hours in any seven consecutive days.

(2) Not less than 1,750 hours of direct counseling with individuals, groups, couples, or families in a setting described in

Section 4999.44 using a variety of psychotherapeutic techniques and recognized counseling interventions within the scope of practice of licensed professional clinical counselors.

(3) Not more than 500 hours of experience providing group therapy or group counseling.

(4) Not more than 375 hours of experience providing personal psychotherapy, crisis counseling, or other counseling services via telehealth in accordance with Section 2290.5.

(5) Not less than 150 hours of clinical experience in a hospital or community mental health setting, as defined in Section 1820 of Title 16 of the California Code of Regulations.

(6) Not more than a combined total of 1,250 hours of experience in the following related activities:

(A) Direct supervisor contact.

(B) Client centered advocacy.

(C) Not more than 250 hours of experience administering tests and evaluating psychological tests of clients, writing clinical reports, writing progress notes, or writing process notes.

(D) Not more than 250 hours of verified attendance at workshops, seminars, training sessions, or conferences directly related to professional clinical counseling that are approved by the applicant's supervisor.

(c) No hours of clinical mental health experience may be gained more than six years prior to the date the application for examination eligibility was filed.

(d) An applicant shall register with the board as an intern in order to be credited for postdegree hours of experience toward licensure. Postdegree hours of experience shall be credited toward licensure, provided that the applicant applies for intern registration within 90 days of the granting of the qualifying degree and is thereafter granted the intern registration by the board. An applicant shall not be employed or volunteer in a private practice until registered as an intern by the board.

(e) All applicants and interns shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised, and who shall be responsible to the board for compliance with all laws, rules, and regulations governing the practice of professional clinical counseling.

(f) Experience obtained under the supervision of a spouse or relative by blood or marriage shall not be credited toward the required hours of supervised experience. Experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(g) Except for experience gained pursuant to subparagraph (D) of paragraph (6) of subdivision (b), supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.

(1) No more than six hours of supervision, whether individual or group, shall be credited during any single week. This paragraph shall apply to supervision hours gained on or after January 1, 2009.

(2) An intern shall receive at least one additional hour of direct supervisor contact for every week in which more than 10 hours of face-to-face psychotherapy is performed in each setting in which experience is gained.

(3) For purposes of this section, "one hour of direct supervisor contact" means one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight persons in segments lasting no less than one continuous hour.

(4) Notwithstanding paragraph (3), an intern working in a governmental entity, a school, a college, or a university, or an institution that is both nonprofit and charitable, may obtain the required weekly direct supervisor contact via two-way, real-time videoconferencing. The supervisor shall be responsible for ensuring that client confidentiality is upheld.

(h) This section shall become operative on January 1, 2016.

~~SEC. 49.~~

SEC. 74. Section 4999.55 of the Business and Professions Code is amended to read:

4999.55. (a) Each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure.

(b) A registrant shall participate in a board-administered California law and ethics examination prior to his or her registration renewal.

(c) Notwithstanding subdivision (b), an applicant who holds a registration eligible for renewal, with an expiration date no later than June 30, 2016, and who applies for renewal of that registration between January 1, 2016, and June 30, 2016, shall, if eligible, be allowed to renew the registration without first participating in the California law and ethics examination. These applicants shall participate in the California law and ethics examination in the next renewal cycle, and shall pass the examination prior to licensure or issuance of a subsequent registration number, as specified in this section.

(d) If an applicant fails the California law and ethics examination, he or she may retake the examination, upon payment of the required fees, without further application, except as provided in subdivision (e).

(e) If a registrant fails to obtain a passing score on the California law and ethics examination described in subdivision (a) within his or her renewal period on or after the operative date of this section, he or she shall complete, at minimum, a 12-hour course in California law and ethics in order to be eligible to participate in the California law and ethics examination. Registrants shall only take the 12-hour California law and ethics course once during a renewal period. The 12-hour law and ethics course required by this section shall be taken through a continuing education provider as specified by the board by regulation, a county, state, or governmental entity, or a college or university.

(f) The board shall not issue a subsequent registration number unless the registrant has passed the California law and ethics examination.

(g) Notwithstanding subdivision (f), an applicant who holds or has held a registration, with an expiration date no later than January 1, 2017, and who applies for a subsequent registration number between January 1, 2016, and January 1, 2017, shall, if eligible, be allowed to obtain the subsequent registration number without first passing the California law and ethics examination. These applicants shall pass the California law and ethics examination during the next renewal period or prior to licensure, whichever occurs first.

(h) This section shall become operative January 1, 2016.

~~SEC. 50.~~

SEC. 75. Section 4999.76 of the Business and Professions Code is amended to read:

4999.76. (a) Except as provided in subdivision (c), the board shall not renew any license pursuant to this chapter unless the applicant certifies to the board, on a form prescribed by the board, that he or she has completed not less than 36 hours of approved continuing education in or relevant to the field of professional clinical counseling in the preceding two years, as determined by the board.

(b) The board shall have the right to audit the records of any applicant to verify the completion of the continuing education requirement. Applicants shall maintain records of completed continuing education coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(c) The board may establish exceptions from the continuing education requirement of this section for good cause, as defined by the board.

(d) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4999.12. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

(2) Other continuing education providers as specified by the board by regulation.

(e) The board shall establish, by regulation, a procedure for identifying acceptable providers of continuing education courses, and all providers of continuing education, as described in paragraphs (1) and (2) of subdivision (d), shall adhere to procedures established by the board. The board may revoke or deny the right of a provider to offer continuing education coursework pursuant to this section for failure to comply with this section or any regulation adopted pursuant to this section.

(f) Training, education, and coursework by approved providers shall incorporate one or more of the following:

(1) Aspects of the discipline that are fundamental to the understanding or the practice of professional clinical counseling.

(2) Significant recent developments in the discipline of professional clinical counseling.

(3) Aspects of other disciplines that enhance the understanding or the practice of professional clinical counseling.

(g) A system of continuing education for licensed professional clinical counselors shall include courses directly related to the diagnosis, assessment, and treatment of the client population being served.

(h) The board shall, by regulation, fund the administration of this section through continuing education provider fees to be deposited in the Behavioral Sciences Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section. For the purposes of this subdivision, a provider of continuing education as described in paragraph (1) of subdivision (d) shall be deemed to be an approved provider.

(i) The continuing education requirements of this section shall fully comply with the guidelines for mandatory continuing education established by the Department of Consumer Affairs pursuant to Section 166.

~~SEC. 51.~~

SEC. 76. Section 4999.100 of the Business and Professions Code, as amended by Section 66 of Chapter 473 of the Statutes of 2013, is amended to read:

4999.100. (a) An intern registration shall expire one year from the last day of the month in which it was issued.

(b) To renew a registration, the registrant on or before the expiration date of the registration, shall do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether he or she has been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the registrant's last renewal.

(4) Participate in the California law and ethics examination pursuant to Section 4999.53 each year until successful completion of this examination.

(c) The intern registration may be renewed a maximum of five times. ~~No registration~~ *Registration* shall *not* be renewed or

reinstated beyond six years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a subsequent intern registration number if the applicant meets the educational requirements for registration in effect at the time of the application for a subsequent intern registration number and has passed the California law and ethics examination described in Section 4999.53. An applicant who is issued a subsequent intern registration number pursuant to this subdivision shall not be employed or volunteer in a private practice.

(d) This section shall become operative on January 1, 2016.

~~SEC. 52.~~

SEC. 77. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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DENTAL BOARD OF CALIFORNIA TRACKED BILLS
2015/2016 LEGISLATIVE SESSION

Bill Number	Author	Title	Date Introduced	Date Last Amended	Status	Location	Board Position
Assembly Bills							
AB 85	Wilk	Open Meetings	1/6/2015	4/15/2015	04/16/2015 Re-referred to Committee on Appropriations	Assembly	Pending
AB 178	Hill	Board of Vocational Nursing and Psychiatric Technicians of the State of California	1/26/2015	5/4/2015	05/05/2015 Re-reffered to Committee on Appr.	Assembly	Pending
AB 179	Assembly Committee on Business and Professions	Dentistry	1/26/2015	5/5/2015	05/06/2015 Re-referred to Committee on Appr.	Assembly	Watch - February 2015 Meeting
AB 502	Chau	Dental Hygiene	2/23/2015	4/30/2015	05/04/2015 Re-referred to Assembly Committee on Appr.	Assembly	Pending
AB 507	Olsen	DCA: BreEZe system	2/23/2015	3/26/2015	04/14/2015 Re-referred to Assembly Committee on Appropriations	Assembly	Pending
AB 611	Dahle	Controlled substances: prescriptions: reporting.	2/24/2015	4/15/2015	04/21/2015 in committee, hearing canceled at request of Author	Assembly	Pending

AB 648	Low	Community - Based services: Virtual Dental Home Program	2/24/2015	Pending	04/15/2015 - suspense file	Assembly	Pending
AB 880	Ridley - Thomas	Dentistry	2/26/2015	3/26/2015	04/21/2015 - DPA; referred to committee on Appr.	Assembly	Pending

Senate Bills							
SB 800	Senate Committee on Business, Professions and Economic Development	Healing Arts: Omnibus Bill	3/18/2015	Pending	Senate Appropriations ; hearing May 11, 2015	Senate	Pending
Last updated: 05/08/2015							

DENTAL BOARD OF CALIFORNIA
BILL ANALYSIS

BILL NUMBER:	SB 800		
AUTHOR:	Senate Committee on Business, Professions, and Economic Development	**SPONSOR:**	
VERSION:	Amended on 4/20/2015	**INTRODUCED:**	
BILL STATUS:	Senate Committee on Appropriations 04/28/2015	**BILL LOCATION:**	Senate Committee on Appropriations
SUBJECT:	Healing Arts	**RELATED BILLS:**	

SUMMARY

This bill makes several non-controversial minor, non-substantive, or technical changes to various provisions pertaining to the health-related regulatory Boards of the Department of Consumer Affairs.

Existing law:

1) Provides for the licensing and regulation of various professions and businesses by the 26 boards, 9 bureaus, 3 committees, 2 programs, and 1 commission within the Department of Consumer Affairs (DCA) under various licensing acts within the Business and Professions Code (BPC).

2) Contains the following provisions relating to the **Dental Board of California (DBC)**:

a) The Dental Practice Act (Act) provides for the licensure and regulation of dentists by the DBC. The Act refers to the Board as the "Board of Dental Examiners". (Business & Professions Code (BPC) §§ 500, 650.2(f), 6650.2(g), 650.2(i), 1603(a), 1618.5(a), 1640.1(c), 1648.10(b), 1648.10(c), 1650, 1695, and 1695.1(a))

This bill:

1) Makes the following changes relating to the **Dental Board of California (DBC)**:

a) Updates language to replace the "Board of Dental Examiners" with the "Dental Board of California" for consistency on how the Board is referenced.

REGISTERED SUPPORT/OPPOSITION

None on file.

BOARD POSITION

- ☐ Support
- ☐ Support if Amended
- ☐ Oppose
- ☐ Watch
- ☐ Neutral
- ☐ No Action

STAFF RECOMMENDATION:

Staff recommends a support position on those amendments that amend the Dental Practice Act.

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MEMORANDUM

DATE	May 7, 2015
TO	Legislative and Regulatory Committee, Dental Board of California
FROM	Michael Placencia, Legislative and Regulatory Analyst
SUBJECT	**LEG 5:** Update on Pending Regulatory Packages

1. Abandonment of Applications (California Code of Regulations, Title 16, §1004):
At its May 18, 2012 meeting, the Board discussed and approved proposed regulatory language relative to the abandonment of applications. Board staff anticipates the initial rulemaking file will be submitted to the Office of Administrative Law (OAL) and the proposal will be published in the California Regulatory Notice Register in the near future.

2. Delegation of Authority to the Executive Officer
At its May 29, 2014 meeting, the Board discussed and approved proposed regulatory language relative to delegation of authority to the Board's Executive Officer for stipulated settlements to revoke or surrender a license. Board staff filed the initial rulemaking documents with OAL on February 10, 2015. It was published in the California Regulatory Notice on February 20, 2015 and mailed to interested parties. The 45-day public comment period closed on April 6, 2015 and the regulatory hearing was held on April 7, 2015 in Sacramento. There were no members of the public present during the hearing and staff was directed by the Board to finalize the rulemaking package if no comments were received during the hearing. Staff is currently preparing the final rulemaking documents and expects to file it with the Office of Administrative Law in the near future.

3. Dental Assisting Educational Program and Course Requirements (California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2)
The Dental Assisting Council (Council) held its first regulatory development workshop on December 12, 2013. On December 15th, 2014 the Council held an additional workshop to discuss the Commission on Dental Accreditation's (CODA) accreditation standards for dental assisting education programs in relation to the Board's dental assisting educational program requirements. The Council appointed a subcommittee to review the CODA standards, definitions, and intent against California Code of Regulations, Title 16, §1070 et seq. to conduct a side-by-side comparison of CODA's Standards and Board regulatory requirements. This report will be presented at this meeting.

It is anticipated that this rulemaking package will be comprehensive and will consist of:

- Educational Program/Course Requirements
- Examination Requirements
- Licensure Requirements

On April 28 – 29, 2015, staff met with the Council Chair as well as a representative from the California Association on Dental Accreditation Teachers (CADAT) to prepare language for the Council to begin reviewing at this meeting. The Council's next regulatory workshop is scheduled for June 19, 2015 in Sacramento.

4. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal

Regulations are necessary to implement, interpret and make specific the provisions contained in Business and Professions Code Section 1638.1 relating to the application and approval process requirements for the issuance of an Elective Facial Cosmetic Surgery (EFCS) permit. At its August 2014 meeting, the Board directed staff to make this a regulatory priority for the 2014-15 fiscal year.

On April 8, 2015, staff presented the regulatory language and the revised EFCS permit application. The Committee tabled this discussion until staff finalizes the regulatory language, specific to the six year continued competency requirements, to incorporate the discussion that took place on that day.

5. Licensure by Credential Application Requirements

The Board added this rulemaking file to its list of priorities for Fiscal Year 2014 – 2015. At the February 27, 2015 Board meeting, Fran Burton, President appointed a subcommittee of Dr.'s Whitcher and Woo to work with staff on this item. Staff will continue to work with the subcommittee and have a report of its findings at a future meeting.

6. Mobile and Portable Dental Units (Cal. Code of Regs., Title 16, Sections 1049)

Senate Bill 562 (Galgiani Chapter 562, Statutes of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Board. The bill required any regulations adopted by the board pertaining to these matters to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability of follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its August 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities. On March 9, 2015 staff met with a representative from the California Dental Association (CDA) to review proposed language relative to Mobile and Portable Dental Units. Board staff will continue to meet with CDA to finalize proposed language and anticipates proposed language will be presented to the Board in the near future.

7. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 – 1017)

AB 836 (Skinner, Chapter 299, statutes of 2013) reduced the continuing education requirement hours for active-retired dentists who provide only uncompensated care at a maximum of 60% of that required for non-retired active dentists. The Board added this to its list of regulatory priorities at its August 26 meeting as a result of the chaptered bill.

The bill also created an opportunity for the Board to update Continuing Education Requirements for dentists as well as Basic Life Support Equivalency Standards and Courses simultaneously. Proposed language will be presented to the Board at a future meeting.

Action Requested:

No action necessary.

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MEMORANDUM

DATE	May 6, 2015
TO	Legislative and Regulatory Committee
FROM	Michael Placencia, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	**LEG 6:** Discussion of Prospective Legislative Proposals

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

JOINT MEETING OF THE EXAMINATION COMMITTEE AND THE DENTAL ASSISTING COUNCIL

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NOTICE OF JOINT MEETING OF THE EXAMINATION COMMITTEE AND THE DENTAL ASSISTING COUNCIL

Thursday, May 14, 2015

Upon Conclusion of Legislative and Regulatory Committee Meeting

Crowne Plaza San Francisco Airport
1177 Airport Blvd., Burlingame, CA 94010
650-342-9200 (Hotel) or 916-263-2300 (Board Office)

EXAMINATION COMMITTEE

Chair - Stephen Casagrande, DDS
Vice Chair - Steven Morrow, DDS
Yvette Chappell-Ingram, Public Member
Judith Forsythe, RDA
Ross Lai, DDS
Huong Le, DDS, MA
Debra Woo, DDS

DENTAL ASSISTING COUNCIL

Chair – Judith Forsythe, RDA
Vice Chair - Anne Contreras, RDA
Pamela Davis-Washington, RDA
Teresa Lua, RDAEF
Tamara McNealy, RDA
Emma Ramos, RDA
Bruce Whitcher, DDS

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 website 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 M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

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

1. Call to Order/Roll Call/Establishment of Quorum

2. Approval of the November 6, 2014 Joint Examination Committee and Dental Assisting Council Minutes

3. Discussion and Possible Action Regarding the Registered Dental Assistant Practical Examination
   - Stakeholder Meeting with Senate Business and Professions and Assembly Business and Professions Committee Staff

- AB 178 (Bonilla) Board of Vocational Nursing and Psychiatric Technicians of the State of California
- AB 179 (Bonilla) Healing Arts
- March 30, 2015 Townhall Meeting
- RDA Practical Examination Locations

4. Dental Assisting Program Examination Statistics

5. Update on the Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) Occupational Analysis

6. Discussion and Possible Action Regarding Prep Tooth Placement Prior to 90 Minute Start Time on the RDA Practical Examination

7. Discussion and Possible Action Regarding the Following Agenda Items Requested by the California Association of Dental Assisting Teachers (CADAT):
   A. Discussion and Possible Action Regarding the Processing of Formal Education Candidate Applications Specific to Program Director Verification of Graduation
   B. Discussion and Possible Action to Modify all Registered Dental Assisting (RDA) Examination Application Filing Periods to Meet the Needs of the June Graduates Annually
   C. Discussion and Possible Action Regarding the Development and Distribution of the RDA Practical Examination Evaluation Criteria to the Educators as Requested During the August, November, and December 2014 and February 2015 Meetings

8. Discussion and Possible Action Regarding the Following Agenda Items Requested by Joan Greenfield of J. Productions:
   A. Discussion and Possible Action Regarding Separation of the Clinical and Restorative Portions of the RDAEF2 Examinations
   B. Discussion and Possible Action Regarding Consideration of having the RDAEF examination given at each of the provider's classroom sites on the last day of the course. And possibly given on two days in a row so that a candidate who may fail a part of the examination may repeat it the following day.
   C. Discussion and Possible Action Regarding Having at least two RDAEF2s on the examination committee.

9. Public Comment of Items Not on the Agenda
   The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

10. Future Agenda Items
    Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.

11. Committee Comments for Items Not on the Agenda
    The Joint Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

12. Adjournment

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JOINT EXAMINATION COMMITTEE AND DENTAL ASSISTING COUNCIL MEETING MINUTES

Thursday, November 6, 2014

Sportsmen's Lodge Events Center, Waterfalls Room
12833 Ventura Blvd., Studio City, CA 91604

DRAFT

MEMBERS PRESENT | **MEMBERS ABSENT**

EXAMINATION COMMITTEE
Chair - Stephen Casagrande, DDS
Vice Chair - Steven Morrow, DDS
Yvette Chappell-Ingram, Public Member
Judith Forsythe, RDA
Ross Lai, DDS
Huong Le, DDS, MA
Debra Woo, DDS

DENTAL ASSISTING COUNCIL
Chair - Teresa Lua, RDAEF
Vice Chair - Anne Contreras, RDA
Pamela Davis-Washington, RDA
Judith Forsythe, RDA
Tamara McNealy, RDA
Emma Ramos, RDA
Bruce Whitcher, DDS

1. **Call to Order/Roll Call/Establishment of Quorum**
   Dr. Casagrande, Chair called the Examination Committee to order at 2:18 p.m. Roll was called and a quorum established. Teresa Lua, Chair, called the Dental Assisting Council to order at 2:19 p.m. Roll was called and a quorum established.

2. **Dental Assisting Program Examination Statistics**
   Ms. Wallace reviewed the Dental Assisting Program statistics at the end of the meeting.

3. **Discussion and Possible Action Regarding the Registered Dental Assistant Practical Examination**
   Sarah Wallace, Assistant Executive Officer gave an overview of the issues regarding the Registered Dental Assistant Practical Examination including candidate responsibilities, equipment rentals, occupational analysis, and exam validation. She introduced Eric Wong, DDS, MAGD who is contracted as a subject matter expert (SME) for the calibration of examiners at the Registered Dental Assistant Practical

Examination. There was discussion regarding examination costs. Dr. Casagrande requested a total breakdown of cost including cost of the course, cost of the exam, cost of the equipment rental and all other related costs including travel if necessary, to take the Registered Dental Assistant (RDA) Practical Examination. There was discussion regarding the failure rate for the RDA Practical Exam. Dr. Wong believes that the results may be starting to correlate with the written examination.Dr. Wong commented that prior to the examiner calibration by dentists, dental assistants were calibrating the examiners and were not as adherent to the criteria that is clearly outlined in regulation. The criterion is now being used without subjectivity. Contacts and margins are often open and occlusion is poor. Dr. Lori Gagliardi, Pasadena City College commented that the candidates are only given two sentences describing the criteria that will be used to evaluate their work yet the Examiners have 30 pages of criteria in their calibration training. Dr. Wong clarified that the 30-page examiner manual consists mostly of logistical information that is relevant to proctors and examiners, their expectations, travel, set-up of exams; it is not 30 pages of grading criteria. Ms. Wallace stated that the Dental Board is looking for a way to include more criteria for the program directors without compromising the integrity of the examination. Dr. Wong commented that grading is being regulated better now than in the past and the grading process is becoming more refined. Gina Macias, Program Director at Heald College in Modesto commented that schools must submit their grading criteria when applying for program approval. Candidates should be given the criteria by which they will be graded on the practical examination. There was discussion about different areas that could be addressed for change. Claudia Pohl, Citrus College, commented that she feels that the lack of communication between the Board and the educators about the changes, contributed to the decline in the pass rate. Pam Baldwin, RDA4U & Butte County ROP, commented that as of 2009 there were no supervising dentists for calibration of the examiners until 2014 when Dr. Wong came on board to supervise the calibration of examiners at each examination. He enforced the criteria that was always in place but had lapsed with no supervision since 2009. Lidia Hulshof, MUC College, commented on the critiquing that the students who did not pass received from the examiners. There was discussion regarding the criteria for grading. There was further discussion regarding the manufacturers of the typodonts. Melodi Randolph, Program Coordinator for Sacramento City College, commented on the detriment of getting rid of the RDA practical examination. There was discussion regarding the pros and cons of the RDA Practical examination. Karen Fischer, Executive Officer of the Dental Board invited all dental assisting program educators to submit their comments, suggestions and concerns to the Dental Board for review and consideration. Kathy Johnson, Director of Allan Hancock College, commented that she has been the Director for 15 years and that until recently her students had a 98.7% pass rate. The pass rate fell to 85% in 2013 so they did everything in their power to address the falling pass rate then in 2014 the pass rate fell even lower to 70%. She commented that the educators have not changed nor has the curriculum. Gina Macias, Heald College, commented that a Portfolio type pathway for RDA's would be a good idea especially since their procedures are all reversible. Spencer Walker, Senior Legal Counsel, commented that a statutory change would be required in order to introduce that pathway for RDA's. Dr. Lori Gagliardi, California Association of Dental Assisting Teachers (CADAT), commented that they have put a list together of their concerns which includes: the lack

of exam sites, lack of available seating space for the candidates at the examination, the method by which examination applications are processed, the need to assemble a committee of educators and Board staff to produce a candidate handbook which includes examination criteria, grading criteria, candidate preparation criteria, equipment requirements for all practical exam kit renters, and establish the examiner calibration criteria. Dr. Gagliardi commented that CADAT does not believe an Occupational Analysis will do anything to address the exam issues. She asked if standards for the examiners, calibration guidelines, examiner qualifications, grading criteria and the examiner selection process are a part of the Occupational Analysis along with the criteria for the equipment use and availability, and the lack of time money, resources and staff. Dr. Casagrande requested that Dr. Gagliardi send a copy of these concerns to the committee for review. Denise Romero, Pasadena City College Educator and former Dental Assisting Council member, commented that she commends the Board for their efforts to improve the quality of the RDA practical examination but as an educator it would have been helpful to know how much the grading criteria was changing in order to better prepare her students. She hopes that there will be better communication between the Board and the educators in the future. Zena Delling, Outsource Educator and kit renter, commented that she would like the Board to consider, when looking at new exam sites, ensuring adequate security for the rented kits and equipment. She stated that the kits she rents are worth $1,500 each and so she brings approximately $65,000 worth of equipment to each exam. Ms. Delling also stated that the putty and other materials are affected by climate which could affect a candidate's final exam product. There was discussion about liability, cement set-up rates and typodont occlusion. Kim Hartsock, Educator in Riverside, echoed the concerns expressed before of the plummeting passing rates. She expressed her appreciation to the Board for addressing these issues. Dr. Casagrande, with the approval of Teresa Lua, Dental Assisting Council Chair, appointed a subcommittee of Judith Forsythe and Tamara McNealy to work with Sarah Wallace and staff on these issues. Dr. Gagliardi asked about current applicants with graduation dates after the application deadline. Ms. Wallace stated that she would review these applications. Ms. Wallace reviewed the statistics provided. Ms. Forsythe commented that the Board and Council are trying to be as transparent as possible and will continue to strive to improve communications.

4. Public Comment of Items Not on the Agenda

There was no further public comment.

5. Future Agenda Items

There were no requests for future agenda items.

6. Committee/Council Comments for Items Not on the Agenda

There were no further comments from the Council or Committee members.

7. Adjournment

The meeting adjourned at 3:48pm.

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MEMORANDUM

DATE	May 7, 2015
TO	Examination Committee and Dental Assisting Council Members, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**JNT 3:** Discussion and Possible Action Regarding Registered Dental Assisting Practical Examination:

Stakeholder Meeting with Senate Business and Professions and Assembly Business and Professions Committee Staff:

After the testimony was received from the dental assisting community at the Board's March 23, 2015 Sunset Review in front of the Senate and Assembly Business and Professions Committees, the Committee staff requested a stakeholder meeting to discuss the concerns that were brought forth at the hearing. The stakeholders present for the meeting on April 3, 2015 include the California Association of Dental Assisting Teachers (CADAT), the Foundation for Allied Dental Education (FADE), and the California Dental Assistants Association (CDAA), and the California Dental Association (CDA). Additionally, John Valencia and Addie Meyers from Wilke, Fleury, Hoffelt, Gould & Birney, LLP, attended representing CADAT, FADE, and CDAA.

Board representatvies included Fran Burton, Board President, Judith Forsythe, Dental Assisting Council Chair, Tamara McNealy, Karen Fischer, and Sarah Wallace. The discussion centered around the requests submitted by John Valencia on behalf of CADAT and CDAA (please see the attached memorandum).

AB 178 (Bonilla) Board of Vocational Nursing and Psychiatric Technicians od the State of California, AB 179 (Bonilla) Hearing Arts:

As a result of the Board's March 23, 2015 Sunset Review hearing, Assembly Member Bonilla is sponsoring two bills: AB 178 and AB 179. The following provides a brief synopsis of what the bills do and copies of the bill language are included in the Board meeting materials as part of the Legislative and Regulatory Committee materials:

AB 179 (When signed by the Governor, it will take effect January 1, 2016)

- Extends the Dental Board of California until January 1, 2020.
- Amends BPC Section 726 to exempt other healing arts licensees from treating spouses or domestic partners
- Increases fee caps – (Bonilla amended this to say that the Board can't raise the initial license or renewal fee above $650 until January 1, 2016; and above $800 until January 1, 2018 through the regulatory process)

- Authorizes the Board to collect email addresses from licensees

AB 178 (Urgency legislation)

- Puts a moratorium on the Board administering the RDA practical examination until the Board can conduct an occupational analysis in order to determine whether or not the practical examination should be revised or eliminated permanently.
- Declares this legislation urgent and will become effective immediately upon the Governor's signature.

March 30, 2015 Townhall Meeting:

Board staff held a town hall meeting on Monday, March 30, 2015 geared toward RDA educators to discuss concerns relating to the RDA practical examination. There were several action item requests and potential regulatory changes presented. Staff will provide additional information at the meeting.

RDA Practical Examination Locations.

Currently, Staff is researching more locations and dates for the RDA Practical Examination. Staff mailed out a letter in February asking all the educators to email their expected graduation dates and number of students by March 20, 2015. As emails came in, staff updated the educator's contact information. Currently, we are aware of 1,373 students graduating in the next year and a half. Additionally, staff has created a map (attached) detailing the locations of RDA programs in California to provide a visual of where examination sites may be best suited. Staff will provide additional information at the meeting.

WILKE, FLEURY, HOFFELT, GOULD & BIRNEY, LLP

MEMORANDUM

TO: Members of the Sunset Review Committee

FROM: John R. Valencia

DATE: March 27, 2015

RE: Sunset Review: Dental Board of California

On behalf of our clients, the California Association of Dental Assisting Teachers (CADAT) and the California Dental Assistants Association (CDAA), we thank you for your focus and attention to the longstanding, priority issues negatively impacting the dental assisting profession. As a reiteration, here are the top three items the dental assisting community seeks to address and resolve through the 2015 Sunset Review of the California Dental Board:

1. Licensing Exam

As previously emphasized, significant issues surrounding the Board's licensing exam process have seriously impacted dental assisting students. These issues include a newly revised exam procedure with no transparency, an unreasonable application process, and an ongoing shortage of testing locations. The Dental Board is clearly struggling with these responsibilities. To remedy these issues efficiently, we recommend amending existing statute to shift the credentialing and testing function from the Board to a nationally recognized entity. The Dental Assisting National Board (DANB), which is used as a standard in many other states, should be responsible for the administration of all dental assisting written examinations. We also recommend eliminating the practical examination immediately for all candidates that have successfully graduated from an approved registered dental assisting (RDA) program.

2. Regulatory Inconsistencies

As noted, the Board has permitted a persistent delay in the development, adherence, and enforcement of dental assisting regulations. To this day, many programs and courses cannot adhere to existing regulations because of confusing and misleading content. Again, this issue can be addressed by shifting the program accreditation process to a nationally recognized entity. The American Dental Association's Commission on Dental Accreditation (CODA), which is used throughout the nation for the approval and oversight of dental assisting programs, should be the considered pathway for program approval in California. Under new direction, clear and concise regulations can be established to ensure dental assisting programs and courses are consistently compliant.

3. Dental Assisting Representation

The Dental Assisting Council (DAC), which was established as a result of last Sunset Review, is not appropriately serving in its role as the conduit to the Board for all matters relating to dental assisting. A new appointment pathway for the DAC will ensure that dental assisting issues can

be vetted and addressed in a conducive and productive environment moving forward. Further, we would recommend an additional position be created on the Dental Board for an RDA. This position should be reserved for a full time educator candidate with an educational background who can speak to issues impacting instructors and students.

cc: Fran Burton, MSW, President, Dental Board of California
Karen Fischer, Executive Officer, Dental Board of California
Sarah Wallace, Assistant Executive Officer, Dental Board of California

AMM:AMM

1262551.1

Registered Dental Assistant (RDA) Programs & Exam Sites

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MEMORANDUM

DATE	April 22, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Jana Adams, Dental Assisting Examination Coordinator Dental Board of California
SUBJECT	**JNT 4:** Dental Assisting Program Examination Statistics

Written Examination Statistics for **January-March 2015 All Candidates**

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	632	58%	42%
RDA Law & Ethics	632	63%	37%
RDAEF	3	33%	67%
Orthodontic Assistant	110	36%	64%
Dental Sedation Assistant	0	N/A	N/A

Written Examination Statistics for **January-March 2015 First Time Candidates**

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	392	68%	32%
RDA Law & Ethics	436	70%	30%
RDAEF	0	N/A	N/A
Orthodontic Assistant	54	43%	57%
Dental Sedation Assistant	0	N/A	N/A

Written Examination Statistics for **January-March 2015 Repeat Candidates**

Written Exam	Total Candidates Tested	% Passed	% Failed
RDA	240	41%	59%
RDA Law & Ethics	196	47%	53%
RDAEF	3	33%	67%
Orthodontic Assistant	56	30%	70%
Dental Sedation Assistant	0	N/A	N/A

RDA Practical Examination Statistics for **2015 All Candidates**

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDA – February North	472	45%	55%
RDA – February South	429	18%	82%
RDA – April South	467	69%	31%
RDA – April North	334	77%	23%
RDA – July Central			
RDA – August North			
RDA – August South			
RDA – Nov North			
RDA – Nov South			
Total for Year			

RDA Practical Examination Statistics for **2015 First Time Candidates**

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDA – February North	233	38%	62%
RDA – February South	196	15%	85%
RDA – April South	287	68%	32%
RDA – April North	182	75%	25%
RDA – July Central			
RDA – August North			
RDA – August South			
RDA – Nov North			
RDA – Nov South			
Total for Year			

RDA Practical Examination Statistics for **2015 Repeat Candidates**

Practical Exam	Total Candidates Tested	% Passed	% Failed
RDA – February North	239	51%	49%
RDA – February South	233	21%	79%
RDA – April South	180	70%	30%
RDA – April North	152	80%	20%
RDA – July Central			
RDA – August North			
RDA – August South			
RDA – Nov North			
RDA – Nov South			
Total for Year			

RDAEF Clinical/Practical Examination Statistics for **2015 All Candidates**

Clinical/Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – June North			
RDAEF – July South			
RDAEF – Oct South			
Total for Year			

RDAEF Clinical/Practical Examination Statistics for **2015 First Time Candidates**

Clinical/Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – June North			
RDAEF – July South			
RDAEF – Oct South			
Total for Year			

RDAEF Clinical/Practical Examination Statistics for **2015 Repeat Candidates**

Clinical/Practical Exam	Total Candidates Tested	% Passed	% Failed
RDAEF – June North			
RDAEF – July South			
RDAEF – Oct South			
Total for Year			

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Apr-15	Feb-15	Nov-14	Oct-14	Aug-14	Apr-14	Feb-14	Nov-13	Aug-13	Apr-13	Feb-13	Nov-12	Aug-12	Apr-12	Feb-12	Nov-11	Aug-11	Apr-11	Feb-11	Nov-10	Total
4D College - Victorville	100%	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	#DIV/0!	#DIV/0!	0%	0%	30%
(914) pass	2	1	0	0	APPROVED APRIL 2012																3
fail	0	1	5	1																	7
Allan Hancock	0%	0%	25%	0%	70%	0%	0%	100%	83%	0%	0%	100%	96%	0%	0%	100%	96%	100%	0%	0%	86%
(508) pass	0	0	1	0	16	0	0	4	20	0	0	2	25	0	0	1	27	1	0	0	97
fail	0	0	3	0	7	0	0	0	4	0	0	0	1	0	0	0	1	0	0	0	16
American Career	71%	17%	9%	0%	14%	60%	50%	100%	83%	57%	75%	50%	78%	100%	33%	63%	80%	100%	0%	40%	57%
(896) pass	5	1	1	0	1	3	1	2	10	4	3	2	7	3	1	5	4	5	0	2	60
Anaheim fail	2	5	10	0	6	2	1	0	2	3	1	2	2	0	2	3	1	0	0	3	45
American Career	22%	17%	0%	0%	33%	100%	44%	75%	100%	100%	67%	80%	100%	80%	67%	67%	67%	100%	0%	100%	57%
(867) pass	2	1	0	0	3	4	4	3	7	2	2	4	3	4	2	4	2	2	0	3	52
Los Angeles fail	7	5	9	0	6	0	5	1	0	0	1	1	0	1	1	2	1	0	0	0	40
American Career	67%	29%	9%	0%	30%	75%	83%	88%	100%	100%	100%	92%	100%	100%	100%	89%	86%	100%	100%	APPROVED JULY 2010	71%
(905) pass	10	2	1	0	3	3	5	7	7	6	3	11	5	1	2	8	6	2	1		83
Ontario fail	5	5	10	1	7	1	1	1	0	0	0	1	0	0	0	1	1	0	0		34
Anthem College	33%	33%	0%	0%	17%	100%	60%	92%	83%	86%	100%	90%	62%	86%	100%	89%	100%	84%	60%	87%	74%
(503) pass	1	4	0	0	1	7	3	12	5	6	9	9	8	6	4	8	11	16	3	13	126
fail	2	8	9	0	5	0	2	1	1	1	0	1	5	1	0	1	0	3	2	2	44
Bakersfield College	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
pass	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
fail	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Baldy View ROP	0%	0%	0%	0%	9%	0%	100%	80%	89%	100%	100%	100%	85%	0%	0%	100%	100%	100%	0%	0%	75%
(590) pass	0	0	0	0	1	0	1	4	8	1	1	5	22	0	0	2	10	3	0	0	58
fail	0	3	0	0	10	0	0	1	1	0	0	0	4	0	0	0	0	0	0	0	19
Blake Austin College	83%	40%	33%	0%	29%	67%	80%	86%	75%	100%	0%	0%	100%	100%	100%	75%	100%	100%	100%	90%	80%
(897) pass	10	4	2	0	2	6	4	6	6	5	7	5	15	3	7	3	9	1	4	9	108
fail	2	6	4	0	5	3	1	1	2	0	1	0	0	0	0	1	0	0	0	1	27
Butte County ROP	0%	100%	50%	0%	69%	0%	0%	100%	95%	0%	0%	0%	100%	0%	100%	100%	94%	0%	0%	100%	89%
(605) pass	0	3	2	0	11	0	0	1	18	0	0	0	18	0	1	2	16	0	0	2	74
fail	0	0	2	0	5	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	9
CA Coll of Voc Careers	0%	0%	0%	0%	0%	0%	0%	100%	100%	100%	0%	0%	0%	0%	100%	0%	0%	100%	0%	0%	83%
(878) pass	0	0	0	0	0	0	0	1	1	1	0	0	0	0	1	0	0	1	0	0	5
fail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Carrington - Antioch	0%	0%	100%	0%	0%	100%	100%	100%	100%	67%	83%	100%	100%	100%	86%	88%	71%	100%	100%	88%	92%
(886) pass	0	0	1	0	0	2	2	12	4	2	5	6	7	7	6	7	5	6	3	7	82
fail	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1	1	2	0	0	1	7
Carrington - Citrus Heights	79%	39%	27%	0%	62%	89%	100%	100%	88%	64%	100%	100%	95%	100%	0%	100%	91%	92%	93%	94%	82%
(882) pass	15	7	4	0	8	8	5	10	14	9	12	17	19	5	0	9	20	12	13	16	203
fail	4	11	11	0	5	1	0	0	2	5	0	0	1	0	0	0	2	1	1	1	45
Carrington - Pleasant Hill	93%	39%	40%	0%	50%	100%	100%	93%	100%	86%	100%	80%	100%	100%	100%	77%	92%	100%	100%	89%	80%
(868) pass	14	9	6	0	9	3	9	14	13	6	10	4	7	5	11	10	11	10	3	8	162
fail	1	14	9	0	9	0	0	1	0	1	0	1	0	0	0	3	1	0	0	1	41

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Apr-15	Feb-15	Nov-14	Oct-14	Aug-14	Apr-14	Feb-14	Nov-13	Aug-13	Apr-13	Feb-13	Nov-12	Aug-12	Apr-12	Feb-12	Nov-11	Aug-11	Apr-11	Feb-11	Nov-10	Total
Carrington - Pomona	0%	100%	67%	0%	100%	75%	100%	50%	0%	100%	0%	100%	100%								**81%**
(908) pass	0	1	2	0	1	3	2	1	0	1	0	3	3				**APPROVED DECEMBER 2010**				**17**
fail	0	0	1	0	0	1	0	1	0	0	1	0	0								**4**
Carrington - Sacramento	70%	46%	27%	0%	56%	86%	95%	90%	100%	85%	0%	0%	97%	91%	91%	83%	93%	95%	100%	88%	**81%**
(436) pass	14	17	6	0	10	12	18	18	22	11	14	12	28	10	21	24	26	20	9	14	**306**
fail	6	20	16	0	8	2	1	2	0	2	0	3	1	1	2	5	2	1	0	2	**74**
Carrington - San Jose	67%	26%	33%	0%	33%	77%	92%	100%	100%	89%	80%	100%	80%	100%	86%	90%	82%	40%	100%	78%	**70%**
(876) pass	8	6	5	0	5	10	11	14	7	8	4	4	4	4	6	9	9	2	7	7	**130**
fail	4	17	10	0	10	3	1	0	0	1	1	0	1	0	1	1	2	3	0	2	**57**
Carrington - San Leandro	60%	42%	13%	0%	36%	80%	92%	50%	90%	86%	75%	92%	88%	86%	75%	83%	80%	86%	67%	100%	**69%**
(609) pass	6	5	2	0	4	8	11	7	9	6	6	11	7	6	3	10	8	6	2	5	**122**
fail	4	7	13	0	7	2	1	7	1	1	2	1	1	1	1	2	2	1	1	0	**55**
Carrington - Stockton	33%	27%	50%	0%	50%	90%	83%	88%	100%	100%	90%	100%	100%	75%	75%	100%	100%	100%	67%	78%	**80%**
(902) pass	2	3	3	0	4	9	5	7	9	8	9	5	9	3	3	9	13	2	2	7	**112**
fail	4	8	3	0	4	1	1	1	0	0	1	0	0	1	1	0	0	0	1	2	**28**
Carrington - Emeryville	0%	0%	0%	0%	0%	0%	100%	100%	0%	100%	50%	100%	100%	0%	0%	50%					**77%**
(904) pass	0	0	0	0	0	0	1	1	0	1	1	1	4	0	0	1	**APPROVED JULY 2010**				**10**
fail	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	1					**3**
Cerritos College	83%	22%	8%	43%	40%	100%	0%	100%	93%	100%	100%	75%	94%	0%	100%	82%	87%	100%	0%	100%	**72%**
(511) pass	5	2	1	6	2	3	0	8	14	2	3	3	16	0	1	9	13	1	0	7	**96**
fail	1	7	12	8	3	0	0	0	1	0	0	1	1	0	0	2	2	0	0	0	**38**
Chaffey College	75%	0%	0%	25%	100%	0%	100%	100%	67%	0%	89%	100%	80%	75%	80%	0%	100%	0%	100%	100%	**66%**
(514) pass	3	0	0	2	1	0	9	1	6	0	8	1	8	3	12	0	7	0	1	4	**66**
fail	1	11	3	6	0	2	0	0	3	0	1	0	2	1	3	0	0	1	0	0	**34**
Charter College	80%	25%	100%	0%	38%	100%	75%	100%	100%	100%	71%	75%	80%	80%	100%	100%	89%	67%	100%	50%	**78%**
(401) pass	4	1	2	0	3	5	3	7	2	5	5	6	4	4	3	1	8	2	3	2	**70**
Canyon Country fail	1	3	0	0	5	0	1	0	0	0	2	2	1	1	0	0	1	1	0	2	**20**
Citrus College	50%	25%	9%	50%	63%	50%	100%	0%	97%	100%	100%	100%	90%	100%	75%	60%	91%	100%	0%	100%	**77%**
(515) pass	1	1	1	2	5	1	1	0	28	2	2	1	19	2	3	3	21	1	0	1	**95**
fail	1	3	10	2	3	1	0	0	1	0	0	0	2	0	1	2	2	0	0	0	**28**
City College of SF	100%	33%	0%	0%	50%	100%	100%	0%	96%	0%	0%	100%	92%	0%	0%	100%	100%	0%	0%	100%	**88%**
(534) pass	3	1	0	0	6	1	1	0	23	0	0	2	22	0	0	3	21	0	0	1	**84**
fail	0	2	0	0	6	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	**11**
College of Alameda	0%	50%	57%	0%	36%	100%	0%	100%	80%	100%	0%	100%	100%	0%	0%	100%	89%	0%	100%	100%	**73%**
(506) pass	0	2	4	0	4	2	0	1	8	1	0	3	7	0	0	3	8	0	1	2	**46**
fail	1	2	3	0	7	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	**17**
College of Marin	67%	40%	50%	0%	44%	100%	67%	73%	100%	0%	50%	100%	95%	0%	0%	100%	69%	100%	0%	63%	**71%**
(523) pass	2	2	4	0	7	3	2	8	11	0	1	3	20	0	0	2	11	1	0	5	**82**
fail	1	3	4	0	9	0	1	3	0	1	1	0	1	1	0	0	5	0	1	3	**34**
College of the Redwoods	100%	60%	33%	67%	64%	0%	100%	100%	100%	100%	0%	100%	100%	0%	0%	100%	92%	0%	0%	83%	**82%**
(838) pass	1	3	2	8	9	0	1	3	18	2	0	1	12	0	0	4	11	0	0	5	**80**
fail	0	2	4	4	5	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	**17**

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Apr-15	Feb-15	Nov-14	Oct-14	Aug-14	Apr-14	Feb-14	Nov-13	Aug-13	Apr-13	Feb-13	Nov-12	Aug-12	Apr-12	Feb-12	Nov-11	Aug-11	Apr-11	Feb-11	Nov-10	Total
College of San Mateo	80%	70%	50%	0%	23%	0%	100%	100%	82%	0%	0%	100%	91%	100%	100%	100%	91%	100%	0%	50%	71%
(536) pass	4	7	8	0	5	0	4	1	18	0	0	2	21	1	1	4	21	1	0	1	99
fail	1	3	8	0	17	1	0	0	4	0	0	0	2	0	0	0	2	0	1	1	40
Concorde Career	63%	33%	15%	0%	47%	38%	63%	71%	83%	92%	86%	83%	100%	85%	75%	89%	91%	83%	0%	100%	71%
(425) pass	10	4	2	0	8	3	5	12	10	12	12	19	8	11	3	8	10	5	0	8	150
Garden Grove fail	6	8	11	0	9	5	3	5	2	1	2	4	0	2	1	1	1	1	0	0	62
Concorde Career	67%	0%	0%	0%	0%	33%	40%	80%	83%	67%	83%	86%	83%	80%	71%	67%	50%	71%	100%	75%	57%
(435) pass	6	0	0	0	0	1	2	8	5	4	5	6	5	4	5	4	4	5	1	3	68
North Hollywood fail	3	6	11	0	7	2	3	2	1	2	1	1	1	1	2	2	4	2	0	1	52
Concorde Career	68%	5%	6%	0%	20%	31%	78%	66%	83%	82%	94%	89%	100%	65%	71%	81%	62%	74%	86%	61%	66%
(430) pass	15	1	1	0	3	4	7	19	15	14	15	17	14	13	17	34	16	20	18	11	254
San Bernardino fail	7	18	16	1	12	9	2	10	3	3	1	2	0	7	7	8	10	7	3	7	133
Concorde Career	86%	10%	0%	0%	9%	64%	75%	84%	77%	83%	87%	100%	100%	67%	80%	77%	63%	75%	0%	80%	64%
(421) pass	12	1	0	0	1	7	6	21	17	10	13	9	10	2	4	10	5	6	0	4	138
San Diego fail	2	9	24	1	10	4	2	4	5	2	2	0	0	1	1	3	3	2	1	1	77
Contra Costa	0%	0%	100%	0%	0%	0%	100%	100%	0%	0%	100%	100%	100%	0%	0%	0%	0%	100%	100%	67%	93%
(745) pass	0	0	1	0	0	0	1	1	0	0	1	4	1	0	0	0	0	1	1	2	13
fail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Cypress College	0%	33%	0%	0%	33%	0%	0%	100%	83%	0%	100%	86%	100%	100%	100%	100%	90%	0%	0%	100%	79%
(518) pass	0	1	0	0	4	0	0	4	10	0	3	6	20	1	1	2	9	0	0	2	63
fail	0	2	2	0	8	1	0	0	2	0	0	1	0	0	0	0	1	0	0	0	17
Diablo Valley College	100%	75%	67%	0%	50%	0%	100%	100%	100%	0%	100%	67%	100%	0%	100%	100%	100%	0%	0%	100%	85%
(516) pass	3	3	6	0	9	0	3	1	12	0	1	2	18	0	1	3	19	0	0	4	85
fail	0	1	3	0	9	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	15
East Los Angeles Occ Cntr	0%	0%	0%	0%	0%	100%	0%	0%	100%												100%
(855) pass	0	0	0	0	0	1	0	0	1												1
fail	0	0	0	0	0	0	0	0	0												0
Eden ROP	0%	67%	0%	0%	75%	0%	100%	100%	100%	100%	33%	100%	100%	0%	67%	100%	80%	100%	100%	100%	83%
(608) (856) pass	0	2	0	0	3	0	3	1	2	3	1	7	2	0	2	2	4	1	1	1	35
fail	0	1	0	0	1	0	0	0	0	0	2	0	0	1	1	0	1	0	0	0	7
Everest - Alhambra	0%	25%	0%	0%	13%	25%	67%	60%	50%	67%	100%	67%	75%	50%	67%	80%	100%	100%	0%	100%	53%
(406) pass	0	1	0	0	1	1	2	3	1	2	2	2	3	2	2	4	2	1	0	2	31
fail	0	3	3	0	7	3	1	2	1	1	0	1	1	2	1	1	0	0	0	0	27
Everest - Anaheim	80%	25%	20%	0%	0%	50%	83%	100%	100%	67%	67%	100%	88%	100%	67%	100%	50%	75%	100%	100%	73%
(403)/(600) pass	4	1	1	0	0	3	5	6	6	6	2	5	7	1	2	1	2	3	1	5	61
fail	1	3	4	0	1	3	1	0	0	3	1	0	1	0	1	0	2	1	0	0	22
Everest - City of Industry	100%	0%	0%	0%	0%	25%	67%	83%	100%	0%	100%	86%	100%	100%	80%	50%	0%	100%	0%	67%	74%
(875) pass	1	0	0	0	0	1	2	5	5	0	2	6	4	3	4	1	0	1	0	2	37
fail	0	1	0	0	3	3	1	1	0	0	0	1	0	0	1	1	0	0	0	1	13
Everest - Gardena	50%	0%	20%	0%	67%	0%	100%	88%	100%	0%	100%	50%	100%	100%	33%	67%	100%	67%	100%	0%	63%
(870) pass	1	0	1	0	2	0	1	7	5	0	1	1	2	2	1	2	1	2	1	0	30
fail	1	2	4	0	1	2	0	1	0	1	0	1	0	0	2	1	0	1	0	1	18

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Program	Apr-15	Feb-15	Nov-14	Oct-14	Aug-14	Apr-14	Feb-14	Nov-13	Aug-13	Apr-13	Feb-13	Nov-12	Aug-12	Apr-12	Feb-12	Nov-11	Aug-11	Apr-11	Feb-11	Nov-10	Total
Everest - Los Angeles	50%	33%	0%	0%	33%	75%	50%	50%	67%	0%	100%	75%	67%	0%	0%	80%	50%	60%	100%	60%	**60%**
(410) pass	1	1	0	0	1	3	1	1	2	0	1	3	4	0	0	4	1	3	1	3	**30**
fail	1	2	2	0	2	1	1	1	1	0	0	1	2	0	0	1	1	2	0	2	**20**
Everest - Ontario	80%	11%	0%	0%	44%	60%	100%	65%	100%	60%	80%	100%	82%	83%	100%	80%	91%	57%	100%	83%	**68%**
(501) pass	8	1	0	0	4	6	5	13	4	3	4	8	9	5	2	12	10	4	1	5	**104**
fail	2	8	10	0	5	4	0	7	0	2	1	0	2	1	0	3	1	3	0	1	**50**
Everest - Reseda	100%	0%	0%	0%	27%	54%	75%	89%	69%	75%	88%	85%	89%	50%	63%	75%	70%	100%	100%	85%	**67%**
(404) pass	9	0	0	0	4	7	3	8	9	9	7	11	8	4	5	12	7	7	2	11	**123**
fail	0	8	6	1	11	6	1	1	4	3	1	2	1	4	3	4	3	0	0	2	**61**
Everest - San Bern	50%	0%	0%	0%	0%	100%	67%	0%	60%	0%	75%	88%	100%	67%	100%	75%	0%	100%	0%	50%	**66%**
(881) pass	2	0	0	0	0	5	2	0	3	0	3	7	4	4	2	6	0	3	0	2	**43**
fail	2	3	3	0	1	0	1	2	2	0	1	1	0	2	0	2	0	0	0	2	**22**
Everest - San Fran	100%	33%	8%	0%	33%	50%	100%	75%	78%	80%	75%	86%	100%	88%	100%	82%	60%	86%	83%	63%	**70%**
(407) pass	1	2	1	0	2	2	5	6	7	4	3	12	7	7	7	9	3	6	5	5	**94**
fail	0	4	12	0	4	2	0	2	2	1	1	2	0	1	0	2	2	1	1	3	**40**
Everest - San Jose	100%	0%	0%	0%	40%	100%	100%	100%	100%	100%	100%	100%	100%	20%	100%	100%	94%	20%	100%	67%	**80%**
(408) pass	4	0	0	0	2	2	1	10	6	4	2	7	7	1	4	7	15	1	3	6	**82**
fail	0	3	3	0	3	0	0	0	0	0	0	0	0	4	0	0	1	4	0	3	**21**
Everest - Torrance	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	**33%**
(409) pass	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	**1**
fail	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Everest - W LA	0%	11%	0%	0%	0%	0%	100%	100%	60%	67%	50%	100%	0%	0%	100%	0%	0%	0%	0%	0%	**53%**
(874) pass	0	1	0	0	0	0	2	2	3	2	3	2	0	0	2	0	0	0	0	0	**17**
Was Nova fail	0	8	1	0	0	0	0	0	2	1	3	0	0	0	0	0	0	0	0	0	**15**
Foothill College	100%	80%	44%	0%	83%	0%	100%	100%	90%	100%	0%	0%	100%	100%	0%	100%	89%	0%	0%	100%	**86%**
(517) pass	3	4	4	0	10	0	1	1	18	1	0	0	22	1	0	2	17	0	0	1	**85**
fail	0	1	5	0	2	0	0	0	2	0	1	0	0	0	1	0	2	0	0	0	**14**
Galen - Fresno	100%	50%	0%	0%	20%	33%	50%	100%	63%	100%	100%	83%	83%	80%	100%	100%	100%	100%	25%	75%	**63%**
(413) pass	2	1	0	0	2	1	1	4	5	1	4	5	5	4	2	3	2	3	1	6	**52**
fail	0	1	7	0	8	2	1	0	3	0	0	1	1	1	0	0	0	0	3	2	**30**
Galen - Modesto	100%	0%	0%	0%	100%	50%	0%	0%	0%	100%	0%	100%	50%	0%	100%	50%	100%	75%	0%	80%	**70%**
(497) pass	1	0	0	0	2	1	0	0	0	2	0	1	1	0	1	1	2	3	0	4	**19**
fail	0	1	1	0	0	1	0	0	0	0	1	0	1	0	0	1	0	1	0	1	**8**
Galen - Visalia	100%	0%	0%	0%	0%	0%	100%	0%													**40%**
(445) pass	1	0	0	0	0	0	1	0													**2**
fail	0	0	1	0	0	1	0	1													**3**
Grossmont Com Coll	67%	25%	0%	0%	33%	40%	100%	50%	93%	82%	0%	100%	82%	100%	100%	50%	0%	75%	0%	80%	**61%**
(519) pass	14	1	0	0	2	10	2	2	14	9	0	2	14	2	1	2	0	9	0	4	**88**
El Cajon fail	7	3	13	0	4	15	0	2	1	2	0	0	3	0	0	2	0	3	0	1	**56**
Grossmont Health Oc	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	79%	100%	0%	90%	0%	0%	0%	**83%**
(610) pass	0	0	0	0	0	0	0	0	0	0	0	0	4	11	1	0	9	0	0	0	**25**
fail	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	1	1	0	0	0	**5**

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Apr-15	Feb-15	Nov-14	Oct-14	Aug-14	Apr-14	Feb-14	Nov-13	Aug-13	Apr-13	Feb-13	Nov-12	Aug-12	Apr-12	Feb-12	Nov-11	Aug-11	Apr-11	Feb-11	Nov-10	Total
Hacienda La Puente	0%	33%	50%	0%	0%	0%	0%	100%	0%	0%	100%	0%	100%	50%	100%	100%	100%	100%	0%	0%	**50%**
(776) pass	0	1	1	0	0	0	0	2	0	0	1	0	1	2	2	1	1	1	0	0	**13**
fail	2	2	1	0	3	1	1	0	1	0	0	0	0	2	0	0	0	0	0	0	**13**
Heald - Concord	100%	67%	60%	0%	75%	100%	100%	50%	92%	100%	100%	93%	100%	60%	50%	25%	86%	33%	100%	100%	**84%**
(891) pass	2	2	3	0	3	5	4	1	12	11	7	14	2	3	1	1	6	1	1	2	**81**
fail	0	1	2	0	1	0	0	1	1	0	0	1	0	2	1	3	1	2	0	0	**16**
Heald - Hayward	75%	67%	20%	0%	17%	100%	0%	50%	75%	29%	86%	80%	55%	75%	83%	67%	81%	0%	80%	50%	**63%**
(889) pass	6	2	2	0	1	6	0	4	3	2	6	4	6	3	5	4	13	0	4	1	**72**
fail	2	1	8	0	5	0	1	4	1	5	1	1	5	1	1	2	3	0	1	1	**43**
Heald - Roseville	50%	33%	20%	0%	100%																
(911) pass	6	1	1	0	1																
fail	6	2	4	0	0																
Heald - Salida	80%	70%	40%	0%	20%	67%	100%	60%	100%	100%	100%	83%	86%								**73%**
(910) pass	4	7	4	0	2	2	10	6	14	1	6	10	6								**72**
fail	1	3	6	0	8	1	0	4	0	0	0	2	1								**26**
Heald - Stockton	100%	75%	13%	0%	20%	100%	100%	80%	80%	80%	100%	100%	100%	100%	80%	75%	88%	75%	50%	67%	**73%**
(887) pass	1	3	1	0	1	2	1	4	4	4	5	5	1	4	4	6	7	6	1	4	**64**
fail	0	1	7	0	4	0	0	1	1	1	0	0	0	0	1	2	1	2	1	2	**24**
Kaplan - Bakersfield	100%	25%	0%	0%	63%	100%	67%	71%	80%	67%	75%	100%	100%	60%	75%	100%	91%	67%	100%	80%	**75%**
(884) pass	1	1	0	0	5	4	2	10	8	2	6	8	5	3	6	6	10	2	2	4	**85**
fail	0	3	5	0	3	0	1	4	2	1	2	0	0	2	2	0	1	1	0	1	**28**
Kaplan - Clovis	63%	50%	35%	0%	38%	88%	100%	100%	80%	100%	75%	83%	100%	100%	89%	86%	100%	100%	86%	69%	**74%**
(885) pass	5	5	6	0	6	7	5	6	4	5	3	5	12	2	8	6	10	4	6	9	**114**
fail	3	5	11	0	10	1	0	0	1	0	1	1	0	0	1	1	0	0	1	4	**40**
Kaplan - Modesto	71%	57%	5%	0%	57%	95%	100%	88%	90%	81%	100%	94%	87%	77%	78%	88%	65%	100%	100%	71%	**77%**
(499)/(890) pass	10	8	1	0	8	18	13	14	18	13	5	16	13	10	7	22	11	10	7	10	**214**
fail	4	6	20	0	6	1	0	2	2	3	0	1	2	3	2	3	6	0	0	4	**65**
Kaplan - Palm Springs	100%	50%	0%	0%	50%	33%	100%	100%	91%	100%	67%	100%	100%	75%	83%	94%	88%	75%	80%	77%	**82%**
(901) pass	3	1	0	0	1	1	3	8	10	7	6	4	4	6	5	15	7	6	4	10	**101**
fail	0	1	3	0	1	2	0	0	1	0	3	0	0	2	1	1	1	2	1	3	**22**
Kaplan - Riverside	71%	33%	0%	0%	29%	63%	100%	80%	100%	100%	100%	100%	100%	100%	100%	100%	88%	100%	0%	100%	**72%**
(898) pass	5	2	0	0	2	5	3	4	5	2	2	4	1	3	1	2	7	5	0	4	**57**
fail	2	4	6	0	5	3	0	1	0	0	0	0	0	0	0	0	1	0	0	0	**22**
Kaplan - Sacramento	40%	50%	22%	0%	50%	90%	100%	85%	57%	100%	91%	90%	100%	100%	100%	86%	100%	75%	100%	85%	**81%**
(888) pass	2	4	2	0	2	9	7	11	4	4	10	9	5	4	7	6	9	3	14	11	**123**
fail	3	4	7	0	2	1	0	2	3	0	1	1	0	0	0	1	0	1	0	2	**28**
Kaplan - San Diego	75%	29%	0%	0%	67%	50%	100%	100%	90%	75%	100%	100%	100%	100%	100%	82%	75%	80%	100%	80%	**71%**
(899) pass	9	2	0	0	2	3	1	3	9	3	1	7	7	2	3	9	6	8	5	4	**84**
fail	3	5	12	1	1	3	0	0	1	1	0	0	0	0	0	2	2	2	0	1	**34**
Kaplan - Stockton	0%	100%	0%	0%	0%	100%	0%	100%	77%	83%	100%	100%	100%	100%	100%	100%	91%	88%	90%	79%	**90%**
(611) pass	0	2	0	0	0	2	0	7	10	5	11	4	8	3	5	8	10	7	9	15	**106**
fail	0	0	1	0	0	0	0	0	3	1	0	0	0	0	0	0	1	1	1	4	**12**

APPROVED DECEMBER 2010

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Program	Apr-15	Feb-15	Nov-14	Oct-14	Aug-14	Apr-14	Feb-14	Nov-13	Aug-13	Apr-13	Feb-13	Nov-12	Aug-12	Apr-12	Feb-12	Nov-11	Aug-11	Apr-11	Feb-11	Nov-10	Total
Kaplan - Vista	90%	17%	11%	0%	50%	33%	75%	67%	100%	100%	100%	100%	88%	86%	80%	89%	86%	90%	100%	67%	**73%**
(900) pass	9	2	1	0	4	2	6	4	7	6	4	7	14	6	4	8	6	9	6	6	**111**
fail	1	10	8	1	4	4	2	2	0	0	0	0	2	1	1	1	1	1	0	3	**42**
Milan Institute - Indio	44%	0%	0%	0%	17%	50%	50%	67%	0%	100%	100%	86%	50%								**43%**
(906) pass	4	0	0	0	1	1	2	4	0	4	3	6	1	**APPROVED SEPTEMBER 2010**							**26**
fail	5	8	9	0	5	1	2	2	1	0	0	1	1								**35**
Milan Institute - Visalia	83%	21%	20%	0%	21%	0%	80%	81%	78%	0%	100%	67%	100%								**52%**
(907) pass	5	4	1	0	3	0	4	13	7	0	4	4	1	**APPROVED SEPTEMBER 2010**							**46**
fail	1	15	4	2	11	2	1	3	2	0	0	2	0								**43**
Modesto Junior College	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%	0%	100%	86%	0%	100%	100%	**88%**
(526) pass	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	12	0	2	5	**21**
fail	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0	**3**
Monterey Peninsula	100%	33%	25%	0%	44%	0%	100%	100%	92%	0%	0%	100%	92%	0%	0%	0%	100%	100%	0%	67%	**74%**
(527) pass	2	1	2	0	8	0	1	3	11	0	0	2	12	0	0	0	14	2	0	2	**60**
fail	0	2	6	0	10	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	**21**
Moreno Valley College	100%	0%	0%	0%	13%	0%	0%	0%	89%	0%	0%	100%	100%	100%	100%	50%	90%	0%	0%	0%	**48%**
(903) pass	2	0	0	0	2	0	0	0	8	0	0	1	3	1	1	1	9	0	0	0	**28**
fail	0	7	4	0	14	1	1	0	1	0	0	0	0	0	0	1	1	0	0	0	**30**
Mt. Diablo/Loma Vista	75%	70%	12%	0%	55%	50%	100%	89%	80%	79%	87%	67%	100%	73%	63%	100%	100%	100%	60%	100%	**73%**
(500) pass	12	7	2	0	6	2	3	8	8	11	13	4	13	11	5	2	8	6	3	7	**131**
fail	4	3	15	0	5	2	0	1	2	3	2	2	0	4	3	0	0	0	2	0	**48**
National Education Center	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	**0%**
(604) pass	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
fail	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**1**
Newbridge College - SD	100%	0%	50%	0%	33%	0%	33%	33%	43%	60%	25%	100%	100%	100%	100%	67%	100%	100%	100%	100%	**64%**
(Valley Career College) pass	1	0	1	0	1	0	1	2	3	6	1	8	3	1	3	2	5	4	3	4	**49**
(883) fail	0	0	1	0	2	6	2	4	4	4	3	0	0	0	0	1	0	0	0	0	**27**
North Orange Co	57%	25%	0%	0%	20%	53%	0%	79%	100%	100%	100%	86%	50%	83%	100%	0%	0%	85%	100%	100%	**69%**
(495) pass	13	1	0	0	1	10	0	11	1	2	16	6	1	20	3	0	0	11	1	3	**100**
fail	10	3	6	0	4	9	0	3	0	0	0	1	1	4	0	2	0	2	0	0	**45**
North-West - Pomona	33%	50%	0%	0%	0%	0%	100%	67%	75%	0%	100%	80%	100%	0%	0%	100%	100%	100%	0%	33%	**61%**
(420) pass	1	1	0	0	0	0	2	2	3	0	1	4	4	0	0	2	1	1	0	1	**23**
fail	2	1	2	0	2	2	0	1	1	0	0	1	0	1	0	0	0	0	0	2	**15**
North-West - West Covina	100%	25%	0%	0%	0%	100%	100%	0%	100%	100%	100%	0%	0%	0%	100%	100%	75%	0%	100%	100%	**68%**
(419) pass	2	1	0	0	0	1	3	0	1	1	3	0	0	0	1	4	3	0	2	5	**27**
fail	0	3	3	0	1	0	0	0	0	0	0	1	3	1	0	0	1	0	0	0	**13**
Orange Coast	33%	33%	33%	0%	44%	0%	100%	100%	82%	0%	100%	0%	88%	0%	0%	75%	86%	100%	0%	67%	**72%**
(528) pass	1	2	1	0	7	0	1	2	14	0	1	0	15	0	0	3	18	1	0	2	**68**
fail	2	4	2	0	9	0	0	0	3	0	0	0	2	0	0	1	3	0	0	1	**27**
Palomar College	100%	38%	0%	0%	28%	0%	100%	0%	95%	0%	100%	100%	100%	0%	0%	100%	88%	0%	0%	100%	**74%**
(721) pass	2	3	0	0	5	0	1	0	18	0	1	1	16	0	0	4	14	0	0	2	**67**
fail	0	5	3	0	13	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	**24**

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Apr-15	Feb-15	Nov-14	Oct-14	Aug-14	Apr-14	Feb-14	Nov-13	Aug-13	Apr-13	Feb-13	Nov-12	Aug-12	Apr-12	Feb-12	Nov-11	Aug-11	Apr-11	Feb-11	Nov-10	Total
Pasadena City College	67%	33%	0%	0%	18%	0%	0%	100%	100%	0%	0%	100%	94%	0%	0%	0%	100%	0%	0%	100%	**71%**
(529) pass	2	2	0	0	3	0	0	2	8	0	0	1	16	0	0	0	13	0	0	1	**48**
fail	1	4	0	0	14	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	**20**
Pima - Chula Vista	75%	0%	0%	0%	14%	40%	86%	75%	80%	80%	6%	100%	100%	63%	67%	90%	100%	100%	0%	71%	**66%**
(871) pass	6	0	0	0	1	2	6	6	4	4	1	5	3	5	2	9	3	7	0	5	**69**
fail	2	4	8	1	6	3	1	2	1	1	0	0	0	3	1	1	0	0	0	2	**36**
Reedley College	100%	50%	33%	0%	65%	100%	100%	100%	83%	0%	0%	0%	94%	0%	100%	100%	75%	100%	0%	75%	**82%**
(530) pass	2	1	1	0	11	1	1	1	20	0	0	0	31	0	2	4	18	2	0	3	**98**
fail	0	1	2	0	6	0	0	0	4	0	0	0	2	0	0	0	6	0	0	1	**22**
Riverside ROP	63%	29%	20%	0%	13%	0%	100%	83%	77%	100%	100%	100%	97%	80%	80%	90%	83%	50%	0%	100%	**70%**
(498) pass	5	5	1	0	3	0	7	10	17	2	1	1	30	4	4	19	25	1	0	4	**139**
fail	3	12	4	1	20	1	0	2	5	0	0	0	1	1	1	2	5	1	0	0	**59**
Sac City College	100%	67%	67%	0%	60%	50%	100%	0%	96%	0%	0%	100%	100%	0%	100%	100%	94%	0%	0%	0%	**85%**
(532) pass	2	2	6	0	15	1	1	0	25	0	0	1	20	0	1	2	29	0	0	0	**105**
fail	0	1	3	0	10	1	0	0	1	0	0	0	0	0	0	0	2	0	0	0	**18**
San Bernardino Cty ROP	64%	0%	20%	0%	50%	53%	0%	100%	100%	80%	100%	67%	64%	83%	67%	80%	80%	50%	100%	89%	**69%**
(454) pass	7	0	1	0	2	10	0	9	8	8	5	4	9	5	2	4	8	4	1	8	**95**
Hesperia fail	4	2	4	2	2	9	1	0	0	2	0	2	5	1	1	1	2	4	0	1	**43**
San Bernardino Cty ROP	80%	0%	0%	0%	0%	0%	0%	100%	100%	0%	100%										**75%**
Morongo USD pass	4	0	0	0	0	0	0	2	1	0	2							**APPROVED April 2012**			**9**
(913) fail	1	0	1	0	0	1	0	0	0	0	0										**3**
San Diego Mesa	100%	50%	0%	0%	47%	67%	0%	100%	94%	0%	0%	0%	100%	0%	100%	100%	89%	100%	0%	100%	**84%**
(533) pass	2	2	0	0	7	2	0	2	15	0	0	0	19	0	2	4	17	1	0	4	**77**
fail	0	2	1	0	8	1	0	0	1	0	0	0	0	0	0	0	2	0	0	0	**15**
SJVC - Bakersfield	43%	17%	33%	0%	40%	33%	0%	75%	90%	75%	86%	100%	80%	100%	100%	75%	71%	80%	75%	75%	**68%**
(601) pass	3	1	2	0	4	4	0	6	9	3	6	12	4	5	5	3	5	8	3	3	**86**
fail	4	5	4	0	6	8	0	2	1	1	1	0	1	0	0	1	2	2	1	1	**40**
SJVC - Fresno	82%	64%	53%	0%	38%	50%	100%	92%	86%	100%	100%	89%	100%	75%	67%	83%	71%	78%	0%	78%	**76%**
(602) pass	9	7	9	0	3	3	6	11	6	3	7	8	6	3	4	5	5	7	0	7	**109**
fail	2	4	8	0	5	3	0	1	1	0	0	1	0	1	2	1	2	2	0	2	**35**
SJVC - Rancho Cordova	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%	100%	100%	50%	100%	100%	**86%**
(880) pass	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	1	1	1	1	**6**
fail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	**1**
SJVC - Visalia	85%	44%	30%	0%	62%	88%	83%	94%	100%	92%	100%	82%	100%	83%	88%	100%	100%	100%	100%	88%	**82%**
(446) pass	11	7	3	0	8	7	10	17	11	11	10	9	10	5	7	8	5	5	2	7	**153**
fail	2	9	7	0	5	1	2	1	0	1	0	2	0	1	1	0	0	0	0	1	**33**
San Jose City College	83%	56%	50%	0%	0%	100%	100%	100%	89%	0%	93%	100%	90%	50%	100%	100%	87%	100%	93%	50%	**86%**
(535) pass	5	5	8	0	0	21	1	1	16	0	25	4	19	1	12	7	13	4	14	1	**157**
fail	1	4	8	0	2	0	0	0	2	0	2	0	2	1	0	0	2	0	1	1	**26**
Santa Barbara City College	0%	0%	0%	0%	0%	0%	0%	0%	100%												**100%**
(537) pass	0	0	0	0	0	0	0	0	1												**1**
fail	0	0	0	0	0	0	0	0	0												**0**

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Apr-15	Feb-15	Nov-14	Oct-14	Aug-14	Apr-14	Feb-14	Nov-13	Aug-13	Apr-13	Feb-13	Nov-12	Aug-12	Apr-12	Feb-12	Nov-11	Aug-11	Apr-11	Feb-11	Nov-10	Total
Santa Rosa JC	88%	43%	11%	0%	0%	0%	0%	100%	100%	67%	67%	81%	100%	100%	100%	94%	0%	100%	100%	84%	**74%**
(538) pass	7	6	2	0	0	0	0	23	1	2	2	17	1	1	1	17	0	2	2	16	**100**
fail	1	8	16	0	0	0	0	0	0	1	1	4	0	0	0	1	0	0	0	3	**35**
Shasta/Trinity ROP	0%	0%	33%	0%	43%	0%	0%	0%	100%	0%	0%	100%	80%	0%	0%	100%	78%	0%	0%	100%	**75%**
(455) pass	0	0	1	0	3	0	0	0	10	0	0	2	8	0	0	1	7	0	0	1	**33**
fail	0	1	2	0	4	0	0	0	0	0	0	0	2	0	0	0	2	0	0	0	**11**
Southern Cal ROC	0%	20%	0%	0%	21%	67%	100%	100%	68%	100%	0%	33%	88%	0%	100%	100%	89%	100%	0%	33%	**61%**
(612) pass	0	1	0	0	3	2	1	2	13	2	0	1	14	0	3	5	8	2	0	3	**60**
fail	1	4	3	0	11	1	0	0	6	0	0	2	2	1	0	0	1	0	1	6	**39**
Southland College	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	**0%**
(428) pass	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
fail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**0**
Tri Cities ROP	100%	0%	0%	0%	0%	75%	100%	20%	89%	0%	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	**47%**
(877) pass	1	0	0	0	0	3	2	1	8	0	0	0	0	1	0	0	0	2	0	0	**18**
fail	0	2	5	0	7	1	0	4	1	0	0	0	0	0	0	0	0	0	0	0	**20**
UEI - Chula Vista	67%	0%	0%	0%	50%	0%	100%	100%	88%	80%	100%	100%	89%	100%	83%	88%	67%	83%	0%	71%	**77%**
(879) pass	2	0	0	0	3	0	5	7	7	4	4	5	8	2	5	7	2	5	0	5	**71**
fail	1	3	4	0	3	1	0	0	1	1	0	0	1	0	1	1	1	1	0	2	**21**
UEI - El Monte	50%	0%	0%	0%	50%	100%	100%	67%	0%	0%	67%	60%	60%	**APPROVED DECEMBER 2010**							**42%**
(909) pass	1	0	0	0	2	1	1	2	0	0	2	3	3								**15**
fail	1	2	5	0	2	0	0	1	2	3	1	2	2								**21**
UEI - Huntington Park	75%	0%	0%	0%	33%	67%	89%	40%	82%	100%	40%	75%	83%	0%	100%	50%	80%	0%	100%	75%	**58%**
(448) pass	9	0	0	0	2	6	8	2	9	4	2	3	10	0	2	4	4	0	1	3	**69**
fail	3	7	14	0	4	3	1	3	2	0	3	1	2	0	0	4	1	1	0	1	**50**
UEI - LA	0%	0%	0%	0%	0%	0%	0%	100%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	**50%**
(449) pass	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	**2**
fail	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	**2**
UEI - Ontario	0%	33%	0%	0%	0%	50%	0%	33%	100%	75%	100%	86%	100%	100%	67%	70%	83%	67%	0%	100%	**71%**
(450) pass	0	1	0	0	0	1	0	1	2	3	1	6	3	4	2	7	5	2	0	7	**45**
fail	0	2	2	0	3	1	0	2	0	1	0	1	0	0	1	3	1	1	0	0	**18**
UEI - San Diego	0%	0%	0%	0%	0%	100%	0%	100%	0%	100%	80%	100%	80%	100%	70%	65%	100%	82%	67%	79%	**82%**
(451) pass	0	0	0	0	0	1	0	3	0	3	4	11	8	7	7	11	10	9	2	15	**91**
fail	0	0	0	0	0	0	1	0	0	0	1	0	2	0	3	6	0	2	1	4	**20**
UEI - Riverside	83%	0%	25%	0%	0%	67%	100%	**APPROVED April 2013**													**43%**
(917) pass	5	0	1	0	0	2	2														**10**
fail	1	5	3	0	3	1	0														**13**
UEI - Van Nuys	100%	0%	0%	0%	22%	33%	75%	86%	80%	50%	100%	50%	0%	33%	100%	75%	100%	100%	0%	100%	**63%**
(453) pass	2	0	0	0	2	1	3	6	4	1	3	2	0	1	1	6	4	4	0	5	**45**
fail	0	4	4	0	7	2	1	1	1	1	0	2	0	2	0	2	0	0	0	0	**27**
UEI - Gardena	67%	0%	0%	0%	0%	0%	**APPROVED April 2013**														**13%**
(915) pass	2	0	0	0	0	0															**2**
fail	1	3	7	0	1	1															**13**

RDA PRACTICAL EXAMINATION SCHOOL STATISTICS

Program	Apr-15	Feb-15	Nov-14	Oct-14	Aug-14	Apr-14	Feb-14	Nov-13	Aug-13	Apr-13	Feb-13	Nov-12	Aug-12	Apr-12	Feb-12	Nov-11	Aug-11	Apr-11	Feb-11	Nov-10	Total
UEI - Anaheim	0%	0%	0%	0%	0%	0%	APPROVED April 2013														#DIV/0!
(916) pass	0	0	0	0	0	0															0
fail	0	0	0	0	0	0															0
RDA Schools	72%	33%	19%	26%	39%	65%	72%	89%	87%	82%	87%	88%	91%	78%	83%	83%	87%	83%	87%	84%	73%
(ACE) pass	409	211	145	10	327	299	140	280	827	316	390	496	893	286	307	512	811	335	185	774	7,953
fail	160	435	604	29	522	164	54	35	119	71	56	67	84	81	61	106	120	71	27	148	3,014
ADA Education	81%	59%	15%	0%	30%	100%	88%	88%	89%	95%	93%	73%	88%	90%	65%	71%	88%	63%	75%	91%	74%
pass	29	16	5	0	9	1	23	29	32	19	37	29	36	19	13	17	21	12	6	20	373
fail	7	11	29	1	21	0	3	4	4	1	3	11	5	2	7	7	3	7	2	2	130
MIX OJT & ED	79%	32%	17%	0%	33%	68%	92%	94%	89%	79%	91%	75%	89%	89%	65%	70%	86%	71%	83%	63%	70%
(MEO) pass	27	15	5	0	9	17	22	16	33	27	32	27	32	17	11	14	19	12	5	12	352
fail	7	32	25	1	18	8	2	1	4	7	3	9	4	2	6	6	3	5	1	7	151
O-J-T	73%	36%	17%	0%	39%	60%	92%	87%	80%	82%	84%	84%	88%	81%	80%	82%	83%	73%	80%	73%	69%
pass	146	82	39	0	94	100	259	59	160	97	105	117	147	87	95	173	126	82	36	148	2,152
fail	53	145	184	4	148	68	23	9	40	22	20	22	20	21	24	37	26	30	9	55	960
PERCENT PASS	73%	34%	19%	22%	38%	63%	84%	89%	86%	82%	87%	86%	91%	79%	81%	82%	87%	80%	86%	82%	72%
TOTAL PASS	611	324	194	10	439	417	444	384	1052	459	564	669	1108	409	426	716	977	441	232	954	10,830
TOTAL FAIL	227	623	842	35	709	240	82	49	167	101	82	109	113	106	98	156	152	113	39	212	4,255

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	April 30, 2015
TO	Examination Committee and Dental Assisting Council Members, Dental Board of California
FROM	Jana Adams, Dental Assisting Examination Coordinator Dental Board of California
SUBJECT	**JNT 5:** Update on the Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) Occupational Analysis

Staff has been diligently working with the Office of Professional Examination Services (OPES) as we start the Occupational Analysis process. We have signed a contract and have attached the Project Timeline which shows our projected dates of recruitment, focus groups and workshops, pilot studies, and questionnaire and analysis deadlines.

The next step will be to meet with OPES to start our recruitment process. Our meeting is being scheduled for the week of May 18, 2015.

Exhibit A
Attachment I

INTRA-AGENCY CONTRACT AGREEMENT (IAC) #38017
DENTAL BOARD OF CALIFORNIA
REGISTERED DENTAL ASSISTANTS AND REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS
FISCAL YEARS 2014-15 and 2015-16

Project Objectives:	*Identify critical competencies of Registered Dental Assistants (RDA) and Registered Dental Assistants in Extended Functions (RDA-EF) and develop a description of practice for RDA and RDA-EF.*
Proposed Completion Date:	June 2016
Board/Program/Bureau Contact(s):	Sarah Wallace (916) 263-2300
OPES Contact(s):	

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
1. Review Background Information	March 2015	
> Review past OAs		OPES
> Review changes in Law & Practice		OPES
> Identify emerging trends & considerations		OPES
> Communicate upcoming OA to Licensees		Board
> Collect licensee email addresses		Board
2. Develop Job Content and Structure		
> Recruit SMEs for 2-day CA Practice Focus Group	March 2015	Board
> Provide list of SMEs to OPES	June 2015	Board
> Conduct CA Practice Focus Group	**June 19-20, 2015**	OPES
> Recruit SMEs for phone interviews	March 2015	Board
> Provide list of SMEs to OPES	June 2015	Board
> Schedule and conduct phone interviews	**June 22-30**	OPES
> Transcribe interview information	June 2015	OPES
> Develop preliminary list of task and knowledge statements	July 2015	OPES
3. Review Task and Knowledge Statements		
> Recruit SMEs for **first 2-day** workshop	March 2015	Board
> Provide list of SMEs to OPES	July 2015	Board
> Conduct 2-day workshop with SMEs	**July 24-25, 2015**	OPES
> Revise task and knowledge statements	July 2015	OPES
> Recruit SMEs for **second 2-day** workshop	March 2015	Board
> Provide list of SMEs to OPES	August 2015	Board
> Conduct 2-day workshop with SMEs	**August 14-15, 2015**	OPES
> Revise task and knowledge statements	August 2015	OPES
4. Construct and Distribute Pilot Questionnaire		
> Develop demographic items and rating scales	August 2015	OPES
> Prepare Web-based questionnaire for pilot study	August 2015	OPES
> Prepare pre-survey and survey emails for pilot study	August 2015	OPES
> Prepare announcement of OA in newsletter or other media	March - Sept. 2015	Board
> Email questionnaire for pilot study to selected participants	Sept 2015	OPES
> Download pilot questionnaire data files for analysis	Sept 2015	OPES

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
5. Construct andDistributePilot Questionnaire		
> Prepare draft of final questionnaire	Sept 2015	OPES
> Determine sampling plan	Sept 2015	OPES
> Provide master file for mailing labels/email addresses	Sept 2015	OPES
> Prepare final Web-based questionnaire	Oct 2015	OPES
> Assemble and mail questionnaire invitations OR emails	**Oct. 2015**	OPES
6. Data Analysis		
> Download final questionnaire data files	Oct/Nov 2015	OPES
> Convert and merge data files for analysis	Oct/Nov 2015	OPES
> Analyze demographics, task and knowledge ratings	Oct/Nov 2015	OPES
> Develop preliminary description of practice	Oct/Nov 2015	OPES
7. Review Survey Results		
> Recruit SMEs for two 2-day workshops	June 2015	Board
> Provide list of SMEs to OPES	November 2015	Board
> **Conduct 2-day workshop with SMEs**	**Dec. 4-5, 2015**	OPES
> **Conduct 2-day workshop with SMEs**	**Dec. 11-12, 2015**	OPES
> Develop description of practice	December 2015	OPES
8. Submit Validation Report		
> Prepare draft of validation report	January 2016	OPES
> Prepare, print and submit final validation report	January 2016	OPES

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MEMORANDUM

DATE	April 30, 2015
TO	Examination Committee and Dental Assisting Council Members, Dental Board of California
FROM	Jana Adams, Dental Assisting Examination Coordinator Dental Board of California
SUBJECT	**JNT 6:** Discussion and Possible Action Regarding Prep Tooth Placement Prior to 90 Minute Exam Start Time on the RDA Practical Examination

Background

At the Townhall Meeting on March 30, 2015, the educator community requested that the board allow each candidate to inset Prepped Tooth #8 before the 90 minute exam starts. However, after doing research, we found that this has never been allowed during any previous practical exam.

Allowing each candidate to insert the prepped tooth #8 before the 90 minute exam begins causes two negative impacts. The first is that not every single candidate would be prepared to insert the prepped tooth before the exam starts. This is because, per the exam criteria (attached), candidates are required to either "…bring an impression to the exam or take the impression during the test time. No additional time will be given to make the impression during their 1 ½ hour test time and no water will be available in the exam room". Though many of the Kit Renters provide impressions with the typodonts, not every candidate rents the kits.

The second negative impact will affect the start time of the exam. After candidates go through registration and find their exam space, they have to mount their typodonts and receive the prepped tooth #8 from a Board Representative. This would add additional time to the check in process of all 90 candidates taking the exam which would delay start times and effect following exams later in the day.

Staff Recommendations

Candidates are expected to complete all three components, including inserting the prepped tooth #8, during the examination in 90 minutes. During the April exams, staff mentioned, during the opening speech to all candidates, that tooth #8 will typically hang a millimeter or two lower than the gingiva and to make sure to not screw in tooth #8 so tightly that it could strip the screw. Staff then recommended that each candidate start

with inserting tooth #8 so that if any concerns came up, they could be addressed immediately. This seemed to work quite well, as we did not have many complaints about tooth #8.

REGISTERED DENTAL ASSISTANT PRACTICAL EXAMINATION
ADMINISTERED ON OR AFTER JANUARY 1, 2010

ADMISSION TO EXAMINATION

Your notice of admission contains the location, date and time of your Practical Exam. **Your assigned exam date and time are final; no changes in scheduling will be made**.

Failure to appear at the examination will result in forfeiture of your examination fees.

A current, valid driver's license or other official government photo identification, such as a passport, must be presented at check-in to be admitted to the exam. (Driver's licenses must have a current extension and may not be expired.)

No notes, books, notebooks, pictures, tape recorders, other written materials, or extra teeth may be brought into the examination area. Extra teeth or an extra typodont will be confiscated. No persons are allowed into the testing centers except scheduled examinees and test administrators. Cellular phones are prohibited in the examination area.

You will not be admitted into the examination area if you have any of the above-listed items with you or in your possession.

Pursuant to Title 16 of the California Code of Regulations, Section 1080.1 (d) you will be dismissed from the examination if you bring any unauthorized materials into the examination.

ALL KITS AND MATERIALS IN THE EXAM ROOM ARE SUBJECT TO INSPECTION AT ANY TIME.

PROCEDURES TO BE TESTED/GRADING CRITERIA

Three procedures will be tested during the exam. You will be given 1 ½ hours to complete the exam. However, the entire examination process, including registration, grading, and clean-up will take approximately 5 hours.

The general grading criteria used by Examiners to determine each candidate's minimal competence for licensure as an RDA is as follows:

1. Fabrication of a Temporary Crown

An appropriate temporary crown on tooth #8 has been directly fabricated that recreates proximal contact and proper occlusion, but does not extend beyond the margin of the crown preparation.

Candidates may either bring an impression to the examination, or may take an impression(s) during their test time. No additional time will be given to make the impression during their 1 ½ hour test time and no water will be available in the exam room.

The Dental Board will provide the prepared tooth at the exam; candidates must present a typodont with a normal typodont tooth #8.

2. Cementation of a Temporary Crown

Cement temporary crown on tooth #8.

3. Placement of a Temporary Restoration

Placement of a temporary restoration on tooth #19 DO or tooth #30 MOD. The appropriate material is smooth, has sealed margins, and recreates the occlusal anatomy and proximal contact areas of the natural tooth/teeth. Candidates must present a typodont with a Board-approved prepared tooth inserted for tooth #19 DO and/or tooth #30 MOD. If you perform restorations on both tooth #19 and #30 you will fail that procedure.

(12/09)

REQUIRED MATERIALS

Examinees shall wear a uniform, lab coat, closed-toe shoes and shall bring and use gloves, mask, side shields and safety glasses. You will not be admitted into the examination without the proper clinic attire.

Examinees must also provide all necessary armamentarium to perform the procedures to be tested. **Candidates must bring the following to the exam:**

1. Typodont: Model series as listed below with soft flexible gingivae. All teeth must be present and in a condition that will not interfere with your successfully completing the examination.

a. Columbia Dentoform M-PVR660
b. Columbia Dentoform M-PVR860
c. Kilgore Model D95 DP-200

2. Bench Mount must be appropriate for typodont, with adjustable heavy-duty ball joint in the upright rod, pole can be 4", 6", or 8" in length, and base part clamps to a bench top.

3. Prepared Teeth used in the exam will become the property of the Board. **Typodonts must be presented with approved prepared teeth for the temporary restoration, and all other original unrestored typodont teeth.** A prepared tooth for the temporary crown procedure will be supplied by the Board at the exam.

If a typodont or bench mount is deemed unacceptable by an Examiner at any time, it is the examinee's responsibility to provide an acceptable replacement.

4. Other Materials

a) For the temporary crown, only temporary resin acrylic NON-monomer material may be used. **No Snap, Trim, Jet or similar products allowed.**

b) Cement for temporary crown. **No light curing materials allowed.**

c) For the temporary restoration, bring self/auto cure materials to prepare and place a temporary restoration. **No light activating devices will be allowed.**

d) Electrical or cordless trimming devices are acceptable.

(The Board is not responsible for malfunction of handpieces and no additional time is given to candidates if there is equipment failure) **The use of emery boards is prohibited.**

e) Impression material and trays are optional - Candidates may either bring an impression for the typodont they will be using, OR take the impression during their test time – but NO water is available in the exam room and no additional time will be given.

GENERAL PRACTICAL EXAM PROCEDURES

At check-in, typodonts must be presented with all original teeth and approved prepared teeth for the procedures to be tested.

Each examinee is solely responsible for assuring that his or her typodont, bench mount, and armamentarium meet the criteria described under “Required Materials” and that they are in proper working order. Each examinee will be required to set-up his or her own typodont and armamentaria.

If a typodont and/or bench mount is deemed unacceptable by an Examiner at any time, it is the sole responsibility of the examinee to provide an acceptable replacement. Failure to do so will result in failure of the exam.

Instructions about the procedures that must be performed will be provided in the Examination Room.

The following shall be observed by all applicants; failure to do so is cause for dismissal from and failure of the exam:

1. The maxillary and mandibular arches may not be separated from each other.
2. The procedures may not be performed in any other manner than would be performed on a patient. For example, the typodont may not be worked on when it is upside down, opened flat or the jaws separated, or as though working from the throat.
3. Examinees will not be allowed to use the equipment, instruments, or materials belonging to other examinees or the testing facility.
4. Examinees may not talk or in any way help each other.
5. Examinees may not leave their work areas or the exam room without permission, and shall occupy the space assigned to them throughout the exam.

GRADING

After performing the designated procedures, candidates must wait in a designated secured area during grading, then return to the examination room to clean-up and retrieve their kits. Examinees will not be allowed to leave the secure area to make phone calls, obtain snacks, etc.

The approximate time from the beginning of the exam to actual dismissal is **5 hours**. After examinees are escorted from the exam area, two grading Examiners will independently evaluate and score each of the tested procedures without observing or discussing each other's evaluation.

For each procedure, you will be issued one of two grades: either 55% (fail) or 75% (pass). In order to pass, you are required to attain 75% on each of the tested procedures. If not, you must file another application to take the entire exam again during the next open filing period and pay the required fees.

EQUIPMENT RENTAL

The Dental Board of California is not involved with nor derives any benefit from the rental or sale of equipment or materials by schools or private parties. The Dental Board assumes no responsibility for the availability, condition, or cost of any supplies or equipment provided to applicants for the examination by schools or private parties.

Applicants are solely responsible for bringing all required equipment and materials to the examination, and for assuring that they are in good working order.

The Dental Board does not approve or endorse any preparatory classes for the examination.

NOTICE OF RESULTS

Results will be mailed 6 weeks after the **LAST** day of testing. Candidates may not phone for exam results, as exam results cannot be given out over the phone.

IMPORTANT:

Effective July 1, 2002, California law requires all examinees who pass the RDA Practical and Written Examinations to provide a copy of the yellow coronal polish card and a copy of the radiation safety certificate to the Dental Board in order to be issued an RDA license. Business and Professions Code Section 1752.1 (d)

A registered dental assistant licensed on and after January 1, 2010, shall provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal. The license of a registered dental assistant who does not provide evidence of successful completion of that course shall not be renewed until evidence of course completion is provided.

Also, licenses will not automatically be issued once you pass both exams. The Dental Board must first complete its criminal history investigation of each applicant.

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MEMORANDUM

DATE	April 30, 2015
TO	Examination Committee and Dental Assisting Council Members, Dental Board of California
FROM	Jennifer Casey, Dental Assisting Educational Program Analyst Dental Board of California
SUBJECT	**JNT 7A:** Discussion and Possible Action Regarding the Following Agenda Items Requested by the California Association of Dental Assisting Teachers (CADAT): A. Discussion and Possible Action Regarding the Processing of Formal Education Candidate Applications Specific to Program Director Verification of Graduation

Background

In the past, Board staff has allowed candidates with incomplete applications to sit for the Registered Dental Assistant (RDA) practical examination. In an effort to streamline staff processes, incomplete applications that are received during the filing period are now being returned to the candidates to decrease the amount of time staff spends processing applications that are not going to be completed in the near future.

Board staff had previously accepted a list of candidates who have successfully completed a Board-approved program from the program director. To ease the burden this has caused on staff, having to copy the list and match these lists up with each candidate's file, we are no longer accepting one letter to cover multiple candidates. A list or letter from the program director showing the graduation date and certifying that the candidate has met the educational requirements will only be accepted if a copy of the letter is provided with each candidate's application.

Application Requirements

Candidates are expected to submit a complete application, during the open filing period, prior to being scheduled for the examination. When applying for RDA licensure through the education pathway the following is required:

- Complete *Application for RDA Examination and Licensure (Qualification through Graduation from Board-Approved RDA Programs Only)*
- Proof of graduation from a Board-approved RDA program, which could be any of the following:

    - Complete page 2 of the application with original signature from the dean or authorized official and affixed with the school seal. If the date of the signature precedes the graduation date, the application will be deemed deficient until proof of graduation has been received. This is the only deficiency that will not result in the return of the application, unless other deficiencies are also present. However, the candidate will not be scheduled for the examination until or unless the Board receives proof of graduation.
    - Copy of the candidate's certificate of completion from a Board-approved RDA program
    - Letter from the program director on official letterhead showing the graduation date and certifying that the student has completed the Board-approved RDA program
- Copy of Infection Control course (8 hour) certificate (only if education was completed prior to July 1, 2009)
- Copy of Radiation Safety course certificate (only if education was completed prior to July 1, 2009)
- Copy of Coronal Polishing course certificate (only if education was completed prior to July 1, 2009)
- Copy of Dental Practice Act course certificate (only if education was completed prior to July 1, 2009)
- Copy of current Basic Life Support card issued by the American Red Cross or American Heart Association
- Copy of complete and processed Live Scan form
- Check or money order for $80 ($20 application fee and $60 practical exam fee)
- *Optional:* Copy of Pit and Fissure Sealants course certificate (only if education was completed prior to July 1, 2009)

Incomplete Applications

Pursuant to California Code of Regulations, Title 16, Section 1076(b) incomplete applications shall be returned to the applicant together with a statement setting forth the reason for returning the application. An incomplete application is any application missing one or more of the required items above, when applicable. As noted above, if the dean or authorized official certifies that a candidate is on track to graduate within 30 days, the application will be deemed deficient until confirmation of graduation is received by the Board. An application with only proof of graduation as a deficiency should not be returned to the candidate; however, the candidate will not be scheduled for the RDA practical examination until or unless proof of graduation is received. If any other required items are missing from the application, it will be deemed incomplete and returned to the candidate.

After the filing period has closed, we will, as a courtesy, continue to accept complete applications and schedule candidates if the examination site has availability. The goal is to fill as many spaces as possible and not to turn away candidates who have proven they meet the required qualifications.

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MEMORANDUM

DATE	April 30, 2015
TO	Examination Committee and Dental Assisting Council Members, Dental Board of California
FROM	Jana Adams, Dental Assisting Examination Coordinator Dental Board of California
SUBJECT	**JNT 7B:** Discussion and Possible Action to Modify all Registered Dental Assisting (RDA) Examination Application Filing Periods to Meet the Needs of the June Graduates Annually

This item was requested by the California Association of Dental Assisting Teachers (CADAT). A representative from this organization will be available at the meeting for comments.

Currently, Staff has been surveying out Program Directors for graduation dates in order to plan accordingly for the future. Many programs have responded which is giving us good information so far.

However, if AB 178 is signed by the governor and becomes a law, there could be a moratorium placed on the Registered Dental Assisting Examination which could take effect as soon as July 1, 2015. If that happens, staff will start researching new filing period dates after the moratorium is lifted.

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MEMORANDUM

DATE	April 30, 2015
TO	Examination Committee and Dental Assisting Council Members, Dental Board of California
FROM	Jana Adams, Dental Assisting Examination Coordinator Dental Board of California
SUBJECT	**JNT 7C:** Discussion and Possible Action Regarding the Development and Distribution of the RDA Practical Examination Evaluation Criteria to the Educators as Requested During the August, November, and December 2014 and February 2015 Meeting

This item was requested by the California Association of Dental Assisting Teachers (CADAT). A representative from this organization will be available at the meeting for comments.

This matter was discussed at the Stakeholder meeting with Assembly and Senate Business and Professions Committee Staff. The action item in response to this issue was for Board Staff to start researching what other Boards provide to their candidates (i.e. handbooks, booklets, etc.).

We have attached the information sheet (in the Joint 6 Memorandum) that each candidate receives after they have been scheduled for an examination and we will be reporting our findings at a future Board Meeting.

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MEMORANDUM

DATE	April 30, 2015
TO	Examination Committee and Dental Assisting Council Members, Dental Board of California
FROM	Jana Adams, Dental Assisting Examination Coordinator Dental Board of California
SUBJECT	**JNT 8:** Discussion and Possible Action Regarding the Following Agenda Items Requested by Joan Greenfield of J. Productions

These items were requested by Joan Greenfield of J. Productions. She will be available at the meeting for comments.

A. Discussion and Possible Action Regarding Separation of the Clinical and Restorative Portions of the RDAEF2 Examinations.

Ms. Greenfield requested this item because she said there have been prior request for this separation and would like for a decision to be made.

B. Discussion and Possible Action Regarding Consideration of having the RDAEF examination given at each of the provider's classroom sites on the last day of the course and, possibly given on two days in a row so that candidates who might fail one of the section(s) of the examination may repeat it the following day.

Ms. Greenfield requested this item because she said it appears to have become more difficult to obtain test-sites for the RDAEF examination. Also, there is different equipment used depending on the exam site (i.e. different hand piece connections, different attachment/connection systems for the typodont, etc.).

Ms. Greenfield explained that the RDAEF examination involves both a simulated clinical examination on typodonts, as well as a clinical examination on a live patient. This portion of the examination requires a candidate, patient and a supervising dentist to be available during the examination. To her knowledge, there aren't any other dental professional examinations that require the coordination of a candidate, patient, and dentist to be available, with the possibility of having to travel hundreds of miles to an outside test-site. This could present a problem because the patient will typically have had a tooth prepared for a crown and have been wearing a temporary restoration for

several months. If the examination is months after the program is completed, that leaves the patient in a provisional restoration much longer than would normally occur in a dental practice. However, by having the examiners come to a program site on the last weekend of the course you would also elevate the need and cost of obtaining a facility contract.

Ms. Greenfield also proposed to change the examination protocol by having the examination on two consecutive days in order to accommodate a candidate that might fail any portion of the examination. Currently several dental regional examination companies (such as W.R.E.B) have adopted this policy. This policy allows the candidate to re-take the examination the following day and also provides immediate feedback to all candidates.

C. Discussion and Possible Action Regarding Having at least two RDAEF2s on the examination committee.

Ms. Greenfield said that for many years, there were two individuals that had obtained their RDAEF license that participated in the RDAEF examination process. Now that we have more individuals who have obtained their license as an RDAEF2, it is time to appointment at least two new individuals to the RDAEF examination committee.

DENTAL ASSISTING COUNCIL

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NOTICE OF DENTAL ASSISTING COUNCIL MEETING AGENDA

Thursday, May 14, 2015

Upon Conclusion of Joint Dental Assisting Council and Examination Committee Meeting

Crowne Plaza San Francisco Airport
1177 Airport Blvd., Burlingame, CA 94010
650-342-9200 (Hotel) or 916-263-2300 (Board Office)

Members of the Dental Assisting Council

Chair - Judith Forsythe, RDA
Vice Chair - Anne Contreras, RDA
Pamela Davis-Washington, RDA
Teresa Lua, RDAEF
Tamara McNealy, RDA
Emma Ramos, RDA
Bruce Whitcher, DDS

Public comments will be taken on agenda items at the time the specific item is raised. The Council 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 Council Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Council 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 M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

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

1. Call to Order/Roll Call/Establishment of Quorum

2. Approval of the February 26, 2015 Dental Assisting Council Meeting Minutes

3. Dental Assisting Program Licensure and Permit Statistics

4. Update Regarding Dental Board Sunset Review
    - Board Responses to Current Issues Identified in 2015 Legislative Overview Hearings

- Stakeholder Meeting with Senate Business and Professions and Assembly Business and Professions Committee Staff
- Responses to Current Issues Identified in the Legislative Oversight Background Report and March 23, 2015 Legislative Oversight Hearing;
- Assembly Bill 178 and Assembly Bill 179 – Dental Board of California Sunset Review Legislation

5. Discussion and Possible Action Regarding Students of Registered Dental Assisting Educational Programs that Close and Whether Other Board-Approved Registered Dental Assisting Educational Programs May Integrate those Students into their Curriculum

6. Discussion and Possible Action Regarding the Side-by Side Comparison of the Commission on Dental Accreditation (CODA) Accreditation Standards for Dental Assisting Educational Programs and the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Regarding Dental Assisting Educational Programs

7. Discussion and Possible Action Regarding Streamlining the Program Application Process for Registered Dental Assisting Educational Programs with Multiple Campuses

8. Discussion and Possible Action Regarding Ultrasonic Scaling Requirements and the Orthodontic Assistant Permit Course Requirements

9. Update on the June 19, 2015 Dental Assisting Council Regulatory Workshop and Draft Regulatory Language for the Dental Assisting Comprehensive Rulemaking Package

10. Update on the Dental Assisting Program Re-Evaluations and Site Visits

11. Discussion and Possible Action Regarding the Issuance of Course Completion Certificates to Students Who Fail to Graduate from a Board-Approved Registered Dental Assistant Program that Does Not Have Stand-Alone Course Approval

12. Discussion and Possible Action Regarding the Implementation of AB 1174 (Bocanegra, Chapter 662, Statutes of 2014)

13. Discussion and Possible Action Regarding the Applicability of:
    - Health and Safety Code, Division 104, Part 1, Chapter 4, Article 5 Regarding Radiologic Technologists,
    - California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4Relating to Special Requirements for the Use of X-Ray in the Healing Arts
    - California Code of Regulations, Title 16, Sections 1014 and 1014.1Relating to Radiation Safety Course Requirements for the Dental Board of California

14. Public Comment for Items Not on the Agenda
    The Council may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

15. Council Member Comments for Items Not on the Agenda
    The Council may not discuss or take action on any matter raised during the Council Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

16. Adjournment

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DENTAL ASSISTING COUNCIL MEETING MINUTES

Thursday, February 26, 2015
Doubletree by Hilton
1646 Front Street, San Diego, CA 92101
DRAFT

Members Present
Chair - Judith Forsythe, RDA
Vice Chair - Anne Contreras, RDA
Teresa Lua, RDAEF
Tamara McNealy, RDA
Emma Ramos, RDA
Bruce Whitcher, DDS

Members Absent
Pamela Davis-Washington, RDA

1. **Call to Order/Roll Call/Establishment of Quorum**
   Judith Forsythe, Chair of the Dental Assisting Council, called meeting to order at 2:38 pm. Roll was called and a quorum established.

2. **Approval of the November 26 and December 15, 2014 Dental Assisting Council Meeting Minutes**
   A comment was made that LaDonna Drury-Klein's name was misspelled. M/S/C (McNealy/Contreras) to approve as amended the November 26th and December 15, 2014 minutes of the Dental Assisting Council meetings.

   Support: Contreras, Forsythe, Lua, McNealy, Ramos, Whitcher. **Oppose:** 0
   Abstain: 0

   The motion passed unanimously.

3. **Overview of the Dental Assisting Educational Program and Course Application Process and Site Visits**
   Jana Adams, Staff Services Analyst, reviewed the information provided. There was discussion regarding a streamlined process for schools with multiple campuses and the same curriculum. Ms. McNealy requested the matter of changes to the application for Educational Programs be brought up at a future meeting. There was no public comment.

4. **Discussion and Possible Action Regarding the Status of Dental Assisting Program and Course Applications**
   Ms. Wallace gave an overview of the information provided. She mentioned that more than 30 applications have been approved and received since the last Board meeting. There was no public comment.

5. Dental Assisting Program Licensure and Permit Statistics

Jana Adams, Staff Services Analyst, gave an overview of the information provided. There was no public comment.

6. Update on the Registered Dental Assistant (RDA) Practical Examination

Ms. Wallace gave an overview of the information provided. She stated that in addition to the items mentioned in the memorandum, in an effort to promote clear communication, a letter was sent to educators, a newsletter is planned for the Spring, information is being added and updated on the Dental Board website and a YouTube video is being considered. Zannia Delling, J and Z Dental, commented that at examinations in the past, the prep tooth has been placed in the typodont for the candidates. There was discussion regarding the prep tooth that must be removed from the typodont and then re-placed in the typodont by the candidates. Ms. McNealy suggested educating the candidates on how to assess the quality of the materials to be used in the examination.

7. Update on the 2015 RDAEF Examination Dates

Ms. Adams gave an overview of the information provided. Ms. Contreras asked how many candidates are tested. Ms. Wallace answered 30 per day. There was no public comment.

8. Staff Report on the December 15, 2014 Dental Assisting Council Workshop

Ms. Adams gave an overview of the information provided. There was no public comment.

9. Discussion and Possible Action Regarding the Side-by-Side Comparison of the Commission on Dental Accreditation (CODA) Accreditation Standards for Dental Assisting Education Programs and the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Regarding Dental Assisting Educational Programs

This item was tabled for discussion at a future meeting in order to give Dental Assisting Council members an opportunity to review the information provided at the meeting. Dr. Gagliardi asked that the Council consider emailing the information provided to the CODA representatives, Dr. Sharon Tooks and Ms. Patrice Renfrow.

10. Discussion and Possible Action Regarding Staff's Findings Related to the Credit Towards Work Experience from a Dental Assisting Program in a Postsecondary Institution Approved by the Department of Education as Provided by Business and Professions Code § 1752.1

Ms. Adams gave an overview of the information provided. M/S/C (Lua/McNealy) to recommend that the Board include a provision in the Dental Assisting comprehensive rulemaking package, for credit toward work experience, on a week for week basis, for applicants with training and internship work obtained from a postsecondary institution approved by the Department of Education or a board approved educational program.

Support: Contreras, Forsythe, Lua, McNealy, Ramos, Whitcher. **Oppose:** 0
Abstain: 0
There was no public comment. The motion passed unanimously.

11. Update Regarding the Spring 2015 Dental Assisting Educator Newsletter

Ms. Wallace gave an overview of the information provided. There was no public comment.

12. Public Comment for Items Not on the Agenda

Ms. Delling commented that she would like to see an item on the agenda to discuss the typodonts used for the practical examination and an agenda item to discuss the language used on the candidates' results grading sheets.

13. Council Member Comments for Items Not on the Agenda

Ms. McNealy requested a future agenda item regarding the streamlining of the application process for institutions with the same curriculum at multiple campuses.

14. Adjournment

Ms. Forsythe adjourned the Council meeting at 3:32pm.

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MEMORANDUM

DATE	April 23, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Jennifer Casey, Dental Assisting Educational Program Analyst Dental Board of California
SUBJECT	**DAC 3:** Dental Assisting Program Licensure and Permit Statistics

The following table provides current statistics by **license** type as of April 14, 2015.

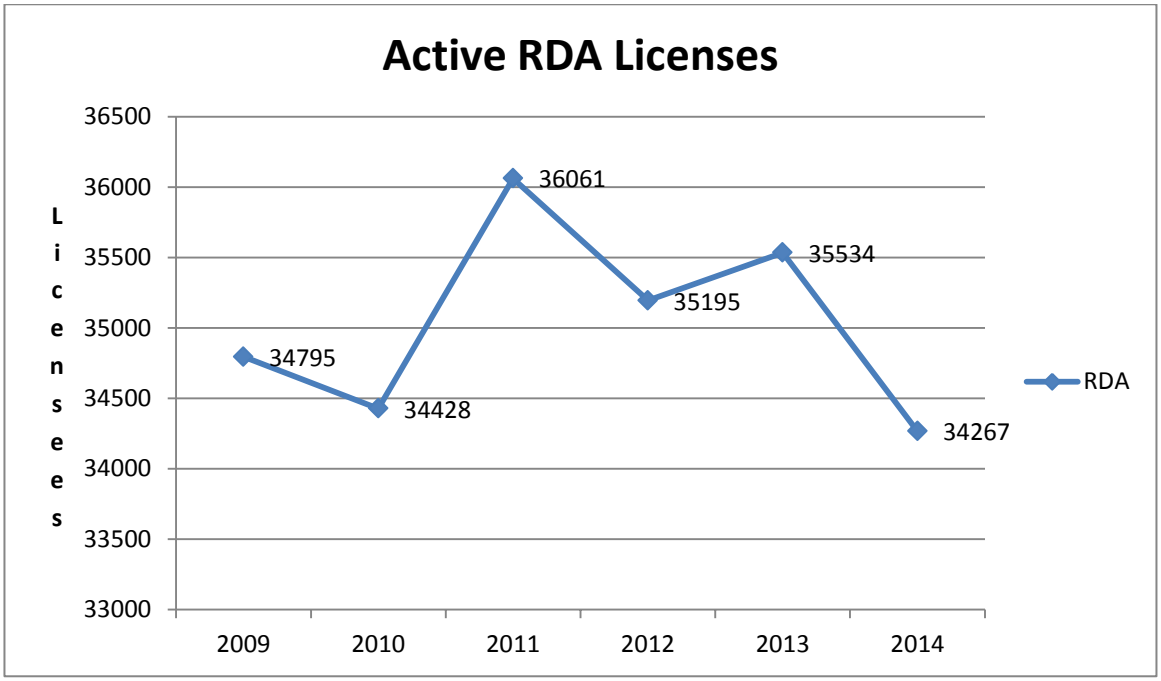
License Type	Registered Dental Assistant (RDA)	RDA in Extended Functions (RDAEF)	Total Licenses
Active	34,260	1,379	35,639
Inactive	8,207	119	8,326
Renewal in Process	549	9	558
Fingerprinting Hold	686	30	716
Delinquent	9,412	175	9,587
Suspended No Coronal Polish/X-ray	1,279	0	1,279
Total Current Population	54,393	1,712	56,105
Total Cancelled Since Implementation	37,907	199	38,106

Fingerprinting hold: licensees did not answer or marked no on the fingerprint question on the renewal form, or they did not sign their renewal form
Delinquent: expired licenses that have not been renewed
Suspended no coronal polish/x-ray: licenses that are suspended due to licensee not submitting proof of coronal polish or radiation safety course completion
New RDAEF licenses issued since January 1, 2010 = 255
Existing RDAEF licenses enhanced since January 1, 2010 = 161

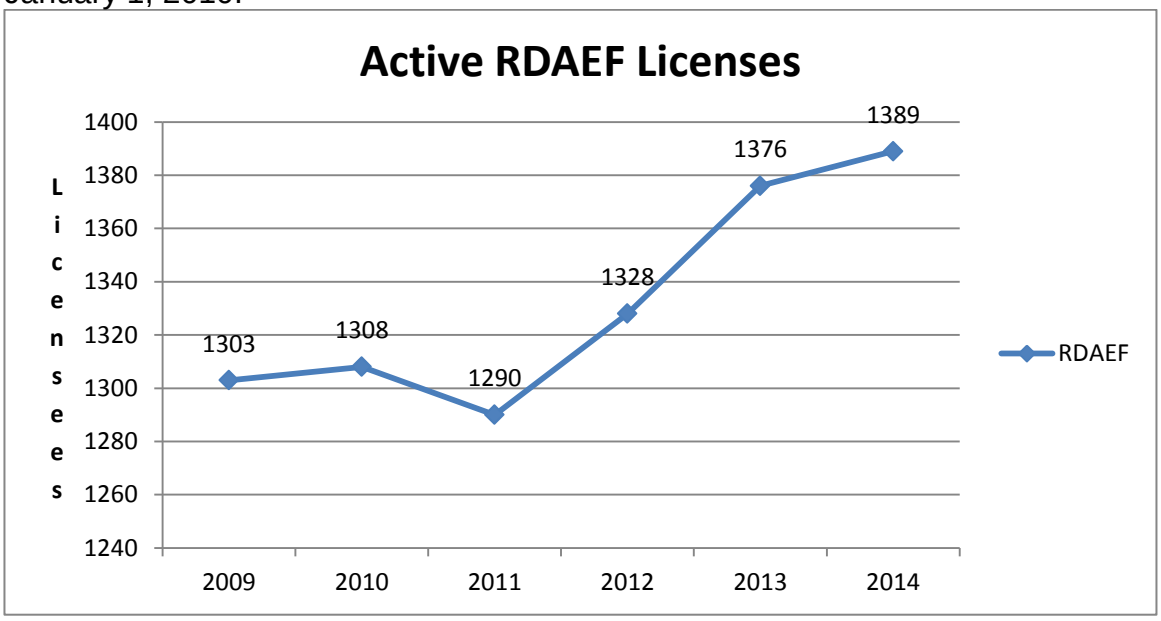
The following table provides current statistics by **permit** type as of April 14, 2015.

Permit Type	Dental Sedation Assistant (DSA)	Orthodontic Assistant (OA)
Active	30	283
Inactive	0	2
Renewal in Process	0	2
Fingerprinting Hold	0	0
Delinquent	2	8
Total Current Population	32	295
Total Cancelled Since Implementation	0	0

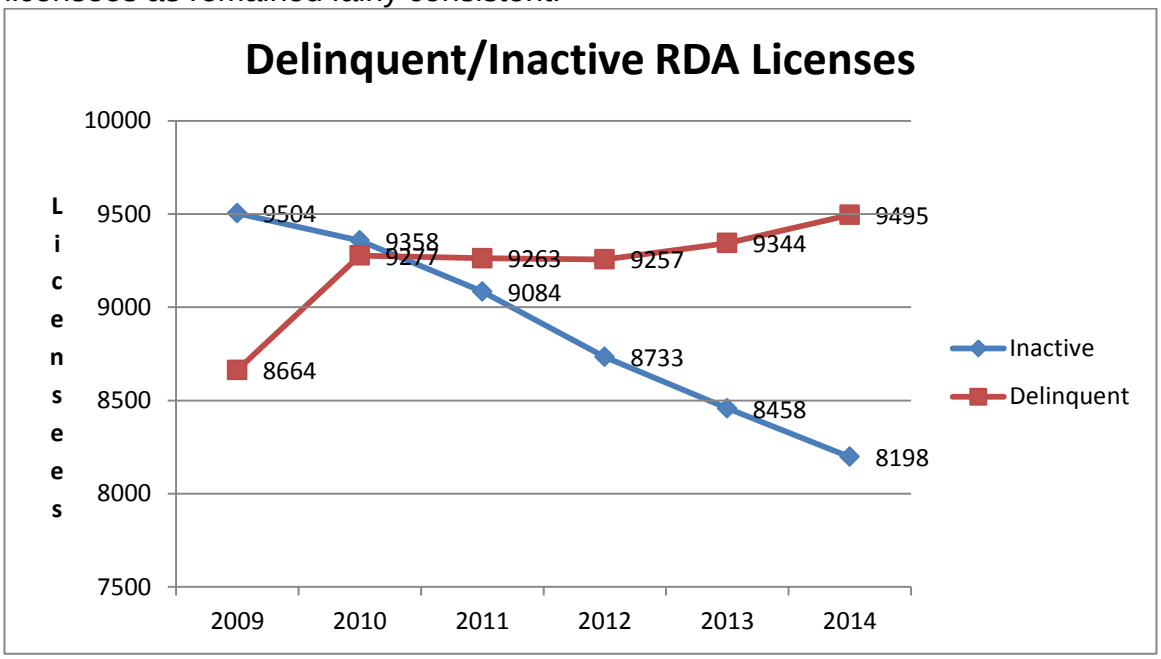
The following graph displays the number of active RDA licenses from 2009 to 2014. There was a 1% decrease in the number of licensees in 2010. In 2011 there was an increase of 5% in the number of active licensees. In 2012 the number of active licensees decreased 2.5% and increased 1% in 2013. There was a 1.04% decrease in 2014.



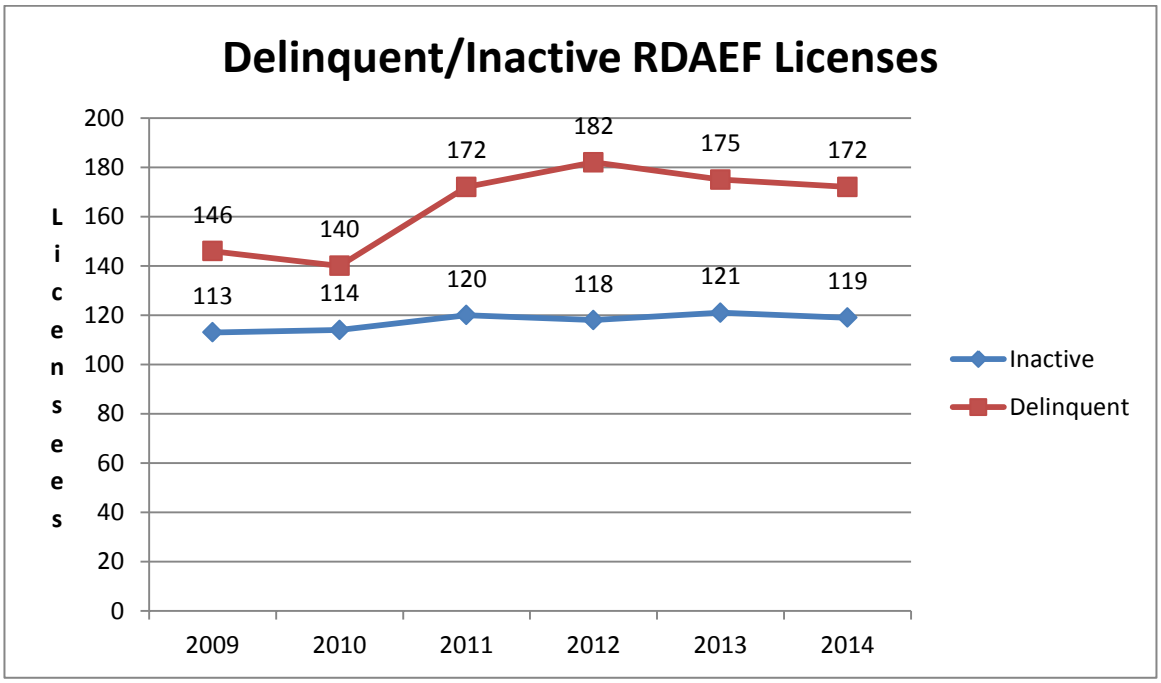
The following graph shows the number of active RDAEF licenses from 2009 to 2014. There has been an increase of 6.6% in the number of active licensees since 2009. This may be attributed to the enhancement of the allowable duties that went into effect on January 1, 2010.



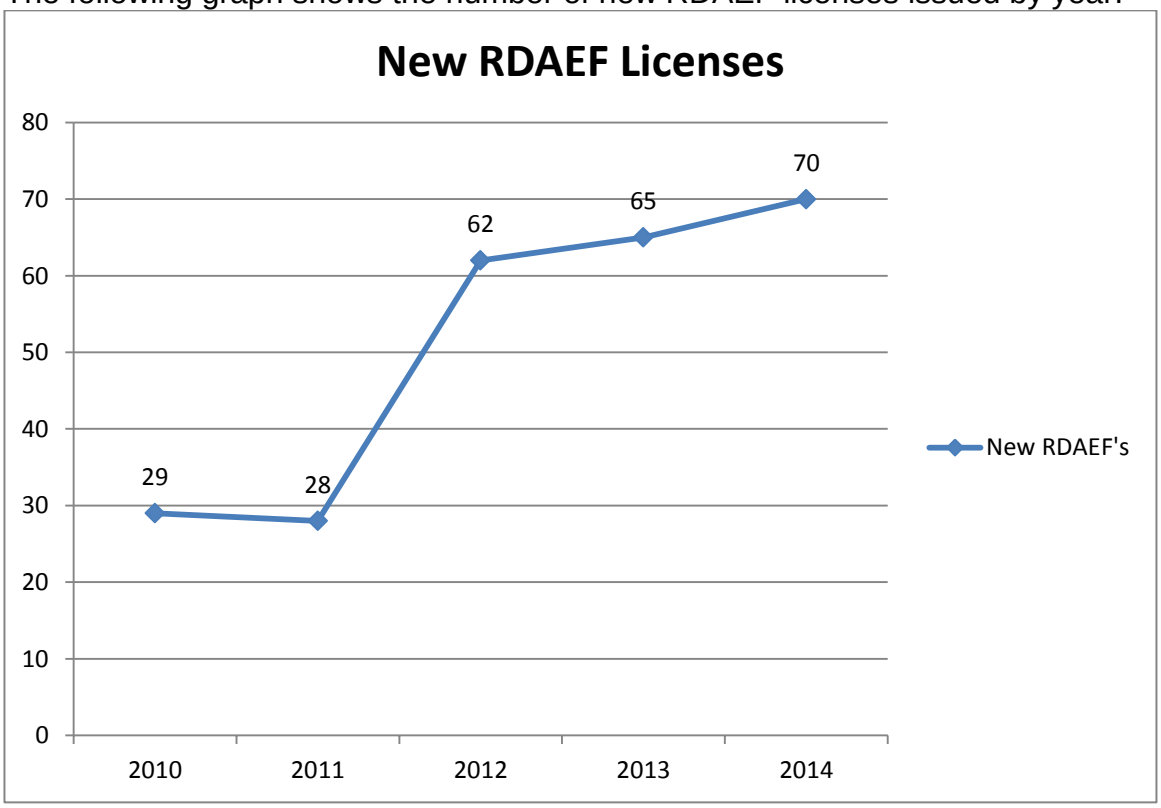
The following graph displays the number of inactive and delinquent licensees from 2009 to 2014. There was an increase of 7% for delinquent licenses between 2009 and 2010. In 2010 the number of inactive and delinquent licensees was very similar. Since 2010 the number of inactive licensees has decreased 16%, while the number of delinquent licensees as remained fairly consistent.



The following graph displays the number of delinquent and inactive RDAEF licensees from 2009 to 2014. There was an increase of 19% in the number of delinquent licenses between 2010 and 2011. The number of inactive licensees has remained fairly consistent.



The following graph shows the number of new RDAEF licenses issued by year.



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MEMORANDUM

DATE	May 7, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	**DAC 4: Update Regarding Dental Board Sunset Review**

Responses to Current Issues Identified in the Legislative Oversight Background Report and March 23, 2015 Legislative Oversight Hearing:

At the February 2015 meeting, members were notified that the Board's Sunset Review hearing would take place on March 23, 2015. On or around March 10, 2015, Board staff received the draft "Background Paper and Current Sunset Review Issues" from the Legislative Oversight Committees. In the draft, Committee staff outlined 18 issues and requested that the Board respond in person, on March 18th, to the following issues:

- #2 relating to dental assistants
- #3 relating to the dentistry fund
- #7 relating to the Occupational Analysis for the practical examination
- #15 and 16, relating to enforcement.

The Committees requested that the remainder of the 18 issues be addressed in a follow-up report submitted to the Legislative Oversight Committees 30 days after the hearing. The Board's "Response to the Legislative Oversight Committees' Background Paper and Current Sunset Review Issues for the Dental Board of California" was submitted electronically on April 27, 2015.

Board President Fran Burton, Vice President Dr. Bruce Whitcher, Executive Officer Karen Fischer, Assistant Executive Officer Sarah Wallace, and Enforcement Chief Theresa Lane attended the hearing and provided testimony on the above mentioned items. (A link to the hearing was sent to all Board and Dental Assisting Council members after the hearing.)

The Board's response to the 18 issues identified by the Legislature is included in this agenda item for review and discussion. The good news is that the [Committees] Staff Recommendation is that the licensing and regulation of the dental profession continue

to be regulated by the current Board members in order to protect the interests of the public; and be reviewed again in four years – 2020.

Stakeholder Meeting with Senate Business and Professions and Assembly Business and Professions Committee Staff:

After the testimony was received from the dental assisting community at the Board's March 23, 2015 Sunset Review in front of the Senate and Assembly Business and Professions Committees, the Committee staff requested a stakeholder meeting to discuss the concerns that were brought forth at the hearing. The stakeholders present for the meeting on April 3, 2015 include the California Association of Dental Assisting Teachers (CADAT), the Foundation for Allied Dental Education (FADE), and the California Dental Assistants Association (CDAA), and the California Dental Association (CDA). Additionally, John Valencia and Addie Meyers from Wilke, Fleury, Hoffelt, Gould & Birney, LLP, attended representing CADAT, FADE, and CDAA.

Board representatvies included Fran Burton, Board President, Judith Forsythe, Dental Assisting Council Chair, Tamara McNealy, Karen Fischer, and Sarah Wallace. The discussion centered around the requests submitted by John Valencia on behalf of CADAT and CDAA (please see the attached memorandum included in JNT 3).

AB 178 (Bonilla) Board of Vocational Nursing and Psychiatric Technicians od the State of California, AB 179 (Bonilla) Hearing Arts:

As a result of the Board's March 23, 2015 Sunset Review hearing, Assembly Member Bonilla is sponsoring two bills: AB 178 and AB 179. The following provides a brief synopsis of what the bills do and copies of the bill language are included in the Board meeting materials as part of the Legislative and Regulatory Committee materials:

AB 179 (When signed by the Governor, it will take effect January 1, 2016)

- Extends the Dental Board of California until January 1, 2020.
- Amends BPC Section 726 to exempt other healing arts licensees from treating spouses or domestic partners
- Increases fee caps – (Bonilla amended this to say that the Board can't raise the initial license or renewal fee above $650 until January 1, 2016; and above $800 until January 1, 2018 through the regulatory process)
- Authorizes the Board to collect email addresses from licensees

AB 178 (Urgency legislation)

- Puts a moratorium on the Board administering the RDA practical examination until the Board can conduct an occupational analysis in order to determine whether or not the practical examination should be revised or eliminated permanently.
- Declares this legislation urgent and will become effective immediately upon the Governor's signature.

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MEMORANDUM

DATE	May 5, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Jennifer Casey, Dental Assisting Educational Program Analyst Dental Board of California
SUBJECT	**DAC 5:** Discussion and Possible Action Regarding Students of Registered Dental Assisting Educational Programs that Close and Whether Other Board-Approved Registered Dental Assisting Educational Programs May Integrate those Students into their Curriculum

Background

With the recent closure of Corinthian Colleges, including Heald and Everest Colleges, a number of Board-approved registered dental assistant (RDA) programs have closed. The students that were enrolled in these programs at the time of the closure are now displaced. This has brought up the question as to whether or not students of Board-approved dental assisting educational programs should be allowed to transfer from one Board-approved program to another Board-approved program if the program's accreditation agency allows them to do so based on the student's transcripts.

Page two (2) of the current *Application for RDA Examination and Licensure (Qualification through Graduation from Board-Approved RDA Programs Only)* (Attachment 1) requests the completion of a certification and declaration from the dean or authorized official of the Board-approved program or a copy of the diploma or certificate of program completion from the educational institution. The dean or authorized official would declare under penalty of perjury that they have personally reviewed the institution's records and confirmed the dates of enrollment in the program and the total number of hours the student has completed or is expected to complete by the date declared.

Council Action Requested

Staff requests the Council take the following action:

- Discuss whether or not the issue of students transferring between Board-approved programs is relevant for the purposes of the RDA application.

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MEMORANDUM

DATE	April 24, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Michael Placencia, Legislative & Regulatory Analyst Jennifer Casey, Dental Assisting Educational Program Analyst
SUBJECT	**DAC 6:** Discussion and Possible Action Regarding the Side-by-Side Comparison of the Commission on Dental Accreditation (CODA) Accreditation Standards for Dental Assisting Education Programs and the California Code of Regulations, Title 16, Division 10, Chapter 3, Article 2, Regarding Dental Assisting Educational Programs

Background

The American Dental Association's Commission on Dental Accreditation's mission serves the oral health care needs of the public through the development and administration of specific standards that foster continuous quality improvement of dental and dental related educational programs.

These specific standards were developed by the American Dental Association's Commission on Dental Accreditation (CODA) for the following reasons:

- to protect the public;
- to serve as a guide for dental assisting program development;
- to serve as a stimulus for the improvement of established programs;
- to provide criteria for the evaluation of new and established programs; and
- to protect enrolled students.

In order for a dental assisting program to receive accredited status from CODA, it must be evaluated in such a way by CODA's staff to ensure compliance to these strict standards.

At the December 15, 2014 Dental Assisting Council (Council) meeting, Dr. Sherin Tooks, Director of the American Dental Association's Commission on Dental Accreditation, gave a general overview of the accreditation process and stated CODA was an accrediting organization that is recognized by the United States Department of Education. Patrice Renfrow, Manager of CODA's Allied Dental Education, presented on dental assisting accreditation, standards, policies and procedures, and the documents used to assess and continually monitor programs.

Additionally at the meeting, the Council appointed councilmembers Tamara McNealy and Emma Ramos (subcommittee) to work with staff to compare the CODA *Accreditation Standards for Dental Assisting Education Programs* and CODA *Evaluation and Operational Policies and Procedures* with California's Code of Regulations, Title 16 (code section) by means of a side-by-side analysis. The project began with code section 1070 and progressed through 1070.1, and 1070.2.

Staff worked closely with the subcommittee to create a side-by-side comparison in an effort to determine if CODA's accreditation standards and policies fully encompass the Board's requirements for Approval of Registered Dental Assistant Educational Programs.

At the February 26, 2015 Board Meeting, staff hand-carried the CODA side-by-side report to the meeting. This item was tabled for discussion at a future meeting in order to give Council members an opportunity to review the information provided at the meeting in its entirety.

From April 1st to the present day, staff worked directly with Dr. Lorraine Gagliardi, California Association of Dental Assisting Teachers (CADAT) representative, to re-tool the report. Dr. Gagliardi provided the Board an additional document titled, *Commission on Dental Accreditation, Evaluation & Operational Policies & Procedures*, which effectively shed light on CODA's equivalency to code sections specific to the realm of Dental Assisting. This document, coupled with CODA's *Standards for Dental Assisting Education Programs*, brings greater cohesion to code section 1070.2(b) as discussed in the analysis portion of this agenda item.

The findings of this project are enclosed in the attached report (Attachment 2). A legend was also created with shading logic, Attachment 1, and was utilized throughout the entire report to present clarity to the Council.

Staff Analysis

When reviewing the findings, the Council may notice that all of the California Code of Regulation code sections considered in the side-by-side analysis with the Commission on Dental Accreditation's *Accreditation Standards for Dental Assisting Education Programs* and *Evaluation and Operational Policies and Procedures* appear to be congruent. Those pertaining specifically to the Dental Board of California were identified within the report as exclusive provisions.

Code section 1070.2(b) states that, the Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. Because CODA's standards and policies appear to be equivalent with California's provisions, CODA-accredited dental assisting schools located in California may warrant an amended application, site visit, and reevaluation process, as allowed in code section 1070.2(b).

An amended application process for California dental assisting programs that are CODA-accredited may simplify the application process for the program directors and faculty as well as decrease the processing time for Board staff.

The amended application should be incorporated by reference in the upcoming dental assisting comprehensive regulatory package. The amended application process may include, but certainly should not be limited to, an application that incorporates and relies upon documents that the program would have previously completed for CODA accreditation. These CODA-specific documents could potentially be any of the following:

- Proof of Provisional Approval status by the Commission
- A copy of the institutional self-study
- A copy of the Final Site Visit Report

The Registered Dental Assistant (RDA) Application for Approval by the Dental Board of California would still require applications for course approval in Radiation Safety, Coronal Polish, Pit and Fissure Sealants, and any other courses required of an RDA educational program.

Utilization of CODA's reports and surveys would prevent duplication of efforts for both the program director and Board staff, making the application, site visit, and reevaluation processes more efficient and less burdensome for all parties involved.

Staff Recommendation

Staff has determined that the American Dental Association's Commission on Dental Accreditation, *Standards for Dental Assisting Education Programs* and *Evaluation and Operational Policies and Procedures* are equitable to California Code of Regulations, Title 16, Code Sections 1070, 1070.1, and 1070.2. The findings from the accrediting agency could be utilized to streamline the application, site visit, and reevaluation process for current CODA-accredited Registered Dental Assistant Educational Programs.

Staff recommends utilizing CODA's findings directly from the initial accreditation report, Self-Study, Annual Survey, and the Final Site Visit Report as specified in California Code of Regulations Title 16 1070.2(b) in lieu of conducting its own investigations when appropriate.

Additionally, the acceptance of CODA's findings would decrease the fiscal impact on the Board with a more streamlined curriculum review process and the necessity to conduct site visits.

The amended application and reevaluation processes will need to be implemented via the regulatory process. Therefore, staff recommends including such a provision in the dental assisting comprehensive rulemaking package which is expected to be initiated at a Council meeting in the near future.

Council Action Requested

The Council may accept or reject staff's recommendation to include amended application, site visit, and reevaluation processes for CODA-accredited dental assisting schools in California via the regulatory process.

Attachment 1: Project Color Definitions

	Dental Board of California exclusive provision, **not applicable** to side-by-side comparison
	Congruent, between Commission on Dental Accreditation and California Code of Regulations

Attachment 2: Side-by-Side Comparison

California Code of Regulations	Section	CODA		Congruent
General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
The criteria in subdivisions (b) to (j), inclusive, shall be met by a dental assisting program or course and all orthodontic assisting and dental sedation assisting permit programs or courses to secure and maintain approval by the Board as provided in this Article.	1070 (a)(1)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
The Board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval or denial of approval.	1070 (a)(2)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
Program and course records shall be subject to inspection by the Board at any time.	1070 (a)(3)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
The Board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this Article or any other requirement in the Act.	1070 (a)(4)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the Board.	1070 (a)(5)	Admission of students must be based on specific published criteria, procedures and policies that include a high-school diploma or its equivalent, or post-secondary degree.	Standard[1] 2-1	**YES**
The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period which exceeds the length of the program. When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.	1070 (a)(6)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
The program or course director shall possess a valid, active, and current license issued by the Board or the dental hygiene committee. The program or course director shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:	1070 (b)	The program administrator must be a Dental Assisting National Board "Certified Dental Assistant" or dentist licensed to practice in the state of the program location*, with occupational experience in the application of fourhanded dentistry principles, either as a dental assistant or working with a chairside assistant.	Standard[1] 3-2	**YES**
Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.	1070 (b)(1)			
Informing the Board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.	1070 (b)(2)	Any changes must be approved by the Commission prior to implementation. Approved CODA programs are required to submit an extensive annual self-study report; every other year the report is more extensive. Programs with recommendations identified are required to submit progress reports, at six month intervals; evidence of compliance must be met within 18 month time frame if program is less than two years in length. Annual reports request information regarding: Administration, program and matrix design, curriculum delivery modes, outcome assessment, enrollment and graduates, student cost, financial support, faculty, curriculum. Certain reporting criteria are required to be reported immediately at the time of change.	EOPP[2] pg 76	**YES**

[1]Commission on Dental Accreditation, "Accreditation Standards for Dental Assisting Education Programs," February 6, 2015
[2]Commission on Dental Accreditation, "Evaluation Operational Policies Procedures," February 1, 2015.

Attachment 2: Side-by-Side Comparison

California Code of Regulations	Section	CODA		Congruent
General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.	1070 (b)(3)	Dental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation. CODA exceeds CCR requirement for Program Director and didactic faculty members with Baccalaureate degree. Standard 3-5, All faculty members must possess evidence of instruction in educational methodology from a recognized provider or accredited institution (Accreditation institutions identified in Standard 1-5, Department of Education). CCR: in addition to licensure and experience, requires teaching methodology; however, does not specify provider	Standard[1] 1-5, 3-5	**YES**
Course faculty and instructional staff shall be authorized to provide instruction by the program or course director at the educational facility in which instruction is provided.	1070 (c)	Faculty providing didactic instruction must have earned at least a baccalaureate degree or be continuously enrolled in a baccalaureate degree* program at an institution that grants four-year degrees. CODA standard 3-7, laboratory, preclinical, clinical faculty must hold a current dental assisting credential required by the state in addition to National Board CDA Credential.	Standard[1] 3-6, 3-7	**YES**
No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years, and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010, shall not be required to have held such a permit for two years in order to instruct in the subject area.	1070 (d)	Dental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment… Faculty providing didactic instruction must have earned at least a baccalaureate degree or be continuously enrolled in a baccalaureate degree program at an institution that grants four-year degrees.	Standard[1] 3-5, 3-6	**YES**
A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.	1070 (e)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.	1070 (f)	The program must provide adequate and appropriately maintained facilities to support the purpose/mission of the program and which are in conformance with applicable regulations. Intent in this section further clarifies by stating, "The physical facilities and equipment effectively accommodate the schedule, the number of students, faculty and staff, and include appropriate provisions to ensure health and safety for patients, students, faculty and staff. The facilities permit attainment of program goals." This Standard applies to all sites where students receive instruction.	Standard[1] 4-1	**YES**

[1]Commission on Dental Accreditation, "Accreditation Standards for Dental Assisting Education Programs," February 6, 2015
[2]Commission on Dental Accreditation, "Evaluation Operational Policies Procedures," February 1, 2015.

Attachment 2: Side-by-Side Comparison

California Code of Regulations	Section	CODA		Congruent
General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this Section shall preclude a dental office that contains the equipment required by this Section from serving as a location for laboratory instruction.	1070 (f)(1)	Instruments and appropriate models and armamentaria must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures including: Diagnostic, Operative, Surgical, Periodontal, Orthodontic, Removable and fixed prosthodontics, endodontic.	Standard[1] 4-6	**YES**
Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.	1070 (f)(2)	Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. Students must have a minimum of 300 hours of clinical experience. 4.3-(g) Additionally mentions 'One treatment area per five students enrolled in the program is considered minimal.'	Standard[1] 2-21, 4-4, 4-3(g)	**YES**
Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.	1070 (f)(2)(A)	Each treatment area must contain functional equipment including: Power-operated chair(s) for treating patients in a supine position, Dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization, Air and water syringe, Adjustable dental light, High and low speed handpieces Oral evacuating equipment, and work surface for the chairside assistant.	Standard[1] 4-2, 4-3(a) through 4-3(g)	**YES**
Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.	1070 (f)(2)(B)	Each treatment area must accommodate an operator and a patient as well as the student and faculty.	Standard[1] 4-4	**YES**
Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.	1070 (f)(2)(C)	Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. Students must have a minimum of 300 hours of clinical experience. CODA Standard 2-8, 2-9, 2-10, prior to performing these skills/functions in a clinical setting, students must demonstrate knowledge of, and laboratory/preclinical competence in the program facility.	Standard[1] 2-8, 2-9, 2-10, 2-21	**YES**

[1]Commission on Dental Accreditation, "Accreditation Standards for Dental Assisting Education Programs," February 6, 2015
[2]Commission on Dental Accreditation, "Evaluation Operational Policies Procedures," February 1, 2015.

Attachment 2: Side-by-Side Comparison

California Code of Regulations	Section	CODA		Congruent
General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
The program or course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing, and sterilizing all armamentarium.	1070 (g)	The sterilizing area must include sufficient space for preparing, sterilizing and storing instruments. The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious disease(s) must be made available to applicants for admission and patients.	Standard[1] 4-5, 5-1	**YES**
A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.	1070 (h)	The program must establish and enforce preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies; these protocols must be provided to all students, faculty and appropriate staff; faculty, staff and students must be prepared to assist with the management of emergencies. All students, faculty and support staff must be currently certified in basic life support procedures, including cardiopulmonary resuscitation with an Automated External Defibrillator (AED), prior to the direct provision of patient care.	Standard[1] 5-3, 5-4	**YES**
A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:	1070 (i)	The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical and behavioral sciences, preclinical and clinical practice. Curriculum must be sequenced to allow assimilation of foundational content in oral anatomy; basic chairside skills, medical emergencies, confidentiality and privacy regulations, infection control, sterilization, and occupational safety precautions, procedures and protocols prior to any patient contact or clinical experiences. Content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies and program's goals and objectives.	Standard[1] 2-5, 2-21, 2-23, 2-25	**YES**
Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.	1070 (i)(1)			
Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.	1070 (i)(2)			
Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, and a description of each of the grades that may be assigned during evaluation procedures.	1070 (i)(3)			
If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.	1070 (j)(1)	The dental assisting faculty must plan, approve, supervise, and evaluate the student's clinical experience.	Standard[1] 2-24, 2-24(a) through 2-24(f)	**YES**
The program or course director, or a designated faculty member, shall be responsible for selecting extramural dental facility and evaluating student competence before and after the clinical assignment.	1070 (j)(2)	The program administrator retains authority and responsibility for the student.	Standard[1] 2-24(b)	**YES**

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California Code of Regulations	Section	CODA		Congruent
General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.	1070 (j)(3)	Student Evaluation - Objective student evaluation methods must be utilized to measure all defined course objectives to include: Didactic, laboratory, preclinical and clinical content, Specific criteria for measuring levels of competence for each component of a given procedure, Expectation of student performance elevates as students progress through the curriculum.	Standard[1] 2-7, 4-10	**YES**
There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.	1070 (j)(4)	It is preferable and, therefore recommended, that the educational institution provide physical facilities and equipment which are adequate to permit achievement of the program's objectives. If the institution finds it necessary to contract for use of an existing facility for laboratory, preclinical and/or clinical education, then the following conditions must be met in addition to all existing standards.	Standard[1] 4-10, 4-10(a) through 4-10(f)	**YES**
Educational Program and Course Definitions and Instructor Ratios	**§1070.1**			
As used in this Article, the following definitions shall apply:				
"Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.	1070.1 (a)	Indicates any instruction in which students receive supervised experience in performing functions on patients. Clinical performance of the functions is evaluated by faculty according to predetermined criteria.	Standards[1] Definitions pg 7	**YES**
"Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.	1070.1 (b)	Refers to lectures, demonstrations or other instruction without active participation by students.	Standards[1] Definitions pg 7	**YES**
"Extramural dental facility" means any clinical facility utilized by a Board-approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program and in which dental treatment is rendered.	1070.1 (c)	CODA Instructional Annual Report Identifies extramural sites as dental offices (general/specialty), dental clinic. Standards 2-21 through 2-28 cover Clinical Externship Experience Policy Statement on Accreditation of Off-Campus Sites	Standard[1] 4-10, EOPP[2] pg 86	**YES**
"Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.	1070.1 (d)	Laboratory or Preclinical Instruction : Indicates instruction in which students receive experience under faculty supervision, performing functions using materials, study models, makikins or other simulation methods; student performance is evaluated by faculty according to predetermined criteria.	Standards[1] Definitions pg 8	**YES**
"Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.	1070.1 (e)			
"Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.	1070.1 (f)	Laboratory or Preclinical Instruction : Indicates instruction in which students receive experience under faculty supervision, performing functions using materials, study models, makikins or other simulation methods; student performance is evaluated by faculty according to predetermined criteria.	Standards[1] Definitions pg 8, 2-10	**YES**
Approval of Registered Dental Assistant Educational Programs	**§1070.2**			
All Registered Dental Assistant (RDA) programs in California shall apply for and receive Board approval prior to operation.	1070.2 (a)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		

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Attachment 2: Side-by-Side Comparison

California Code of Regulations	Section	CODA		Congruent
General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. All programs accredited by the American Dental Association Commission on Dental Accreditation (Commission) shall submit to the Board after each site visit a copy of the final report of the Commission's findings within 30 days of the final report issuance. New programs approved by the Commission shall apply to the Board and shall submit proof of Provisional Approval status by the Commission, a copy of the institutional self study, and applications for Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site-evaluate a program.	1070.2 (b)	Policy on State Board Participation During Site Visits	EOPP[2] pg 69	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**
If the program is granted the status of "Approved with Reporting Requirements" from the Commission, the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of "Approval without Reporting Requirements" is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.	1070.2 (c)	Accreditation status definition section. An accreditation classification need to provide satisfactory evidence to provide satisfactory evidence of compliance within 18 months if a program is between one and two years in length or two years if the program is two years in length. Accreditation can be withdrawn if deficiencies are not rectified. The commission is able to grant extensions as they see fit. 'With Approval' section talked about as well in same given section.	Standards[1] Definitions, 2-8, 2-10	**YES**
In order for a registered dental assistant program to secure and maintain approval by the Board, it shall meet the requirements of Sections 1070 and 1070.1 and the requirements contained in this Section.	1070.2 (d)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
A program shall notify the Board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the Board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.	1070.2 (d)(1)	…Changes that must be reported at least thirty (30) days prior to a regularly scheduled, semi-annual Review Committee meeting and must be reviewed by the appropriate Review Committee and approved by the Commission prior to the implementation…Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair.	EOPP[2] pg 76-77, Standard[1] 2-10	**YES**
Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.	1070.2 (d)(2)	There must be an active advisory committee to serve as a liaison between the program, local dental and allied dental professionals and the community. Dentists and dental assistants must be equally represented. CODA: advisory board appointment terms are staggered and responsibilities defined to provide new input as well as continuity.	Standard[1] 1-7, and intent section, "The purpose of the advisory committee is to provide a mutual exchange of information for program enhancement, meeting program and community needs, standards of patient care, and scope of practice.	**YES**
Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of Sections 1070 and 1070.1, the following requirements shall be met:	1070.2 (d)(3)	The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision...	Standard[1] 3-2, 3-5	**YES**

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General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
By January 1, 2012, each faculty member shall have completed a course or certification program in educational methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.	1070.2 (d)(3)(A)	Dental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation. Faculty providing didactic instruction must have earned at least a baccalaureate degree or be continuously enrolled in a baccalaureate degree* program at an institution that grants four-year degrees.	Standard[1] 1-2, 3-5, 3-6	**YES**
The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the administration of the program including the following:	1070.2 (d)(3)(B)	The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision.	Standard[1] 3-2	**YES**
Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.	1070.2 (d)(3)(B)(i)	The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision. The program administrator must have the authority and responsibilities for: Budget preparation, fiscal administration, curriculum development and coordination, Selection and recommendation of individuals for faculty appointment and promotion. Supervision and evaluation of faculty Determining faculty teaching assignments and schedules. Determining admissions criteria and procedures Scheduling use of program facilities. Development and responsibilities to maintain CODA accreditation compliance and documentation.	Standard[1] 3-2, 3-2(a) through 3-2(i)	**YES**
Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.	1070.2 (d)(3)(B)(ii)	The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision...	Standard[1] 3-2	**YES**
Maintaining copies of minutes of all advisory committee and staff meetings for not less than five years.	1070.2 (d)(3)(B)(iii)	The program must document its compliance with institutional polishing and applicable regulations of local, state and federal agencies…	Standard[1] 5-1	**YES**
The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1.	1070.2 (d)(3)(C)	The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.	Standard[1] 1-4	**YES**
The program shall have sufficient financial resources available to support the program and to comply with this Section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of Board approval of the program.	1070.2 (d)(4)	The institution must demonstrate stable financial resources to ensure support of the dental assisting program's stated mission, goals and objectives on a continuing basis.	Standard[1] 1-2, 1-5	**YES**

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General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and the remaining hours utilized in clinical instruction in extramural dental facilities. No more than 20 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties. Programs whose demonstrated total hours exceed 800 and who meet all the instructional requirements in this Section, may utilize the additional instructional hours as deemed appropriate for program success. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.	1070.2 (d)(5)	Curriculum management - The curriculum must be structured on the basis of, a minimum of, 900 instructional hours at the postsecondary level that includes 300 clinical practice hours.	Standard[1] 2-4	**YES**
In addition to the requirements of Section 1070 with regard to extramural instruction:	1070.2 (d)(6)	Where graduates of a CODA-accredited program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions. Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.	Standard[1] 2-10, 2-21, 2-22	**YES**
No more than 25 percent of extramural clinical instruction shall take place in a specialty dental practice.	1070.2 (d)(6)(A)			
Program faculty shall visit each extramural dental facility at least once every ten clinical days.	1070.2 (d)(6)(B)			
Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:	1070.2 (d)(7)	Minimum competence discussion occurs throughout the provisions and specifically under the general definitions. Intent under 2-2, "Policies ensure that advanced standing credit is awarded based on equivalent coursework, knowledge, and/ or experience that meets or exceeds content required in the curriculum and results in equivalent student competence. The curriculum may be structured to allow individual students to meet performance standards specified for graduation in less than the required length as well as to provide the opportunity for students who require more time to extend the length of their instructional program. The curriculum design may provide maximum opportunity for students to continue their formal education with minimum duplication of learning experiences."	Standard[1] 2 - Educational Program	**YES**
The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operatory, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one set of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of a CAD machine and patient monitoring equipment specific to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment or CAD machine.	1070.2 (d)(7)(A)	The location and number of general use equipment such as lathes, model trimmers, dremmels, handpieces, vibrators, and other devices as well as dental materials, instruments, trays, mixing bowls, spatulas, etc. allows each student the access needed to develop proficiency in performing procedures. Examples of evidence to demonstrate compliance may include: Outlets for electrical equipment are available in the laboratory. Sinks and plaster control devices are adequate in number to promote cleanliness and efficiency. Adequate ventilation (exhaust) Placement and storage location of equipment, supplies, instruments and materials that is conducive to efficient and safe utilization. Student stations that are designed and equipped for students work while seated including sufficient ventilation and lighting, necessary utilities, storage space and an adjustable chair, Documentation of compliance with applicable local, state and federal regulations.	Standard[1] 4-9 (Intent)	**YES**

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General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.	1070.2 (d)(7)(C)	Instructional aids and equipment, and institutional learning resources are provided and include access to a diversified collection of current dental, dental assisting and multidisciplinary literature and references necessary to support teaching, student learning needs, services, and research. All students, including those receiving education at a distance site, are provided access to learning resources.	Standard[1] 4-13 (Intent and Examples)	**YES**
Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.	1070.2 (d)(7)(D)	The program must establish and enforce preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies.	Standard[1] 5-3	**YES**
Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.	1070.2 (d)(8)	The position of the program in the institutions administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation. Examples of evidence to demonstrate compliance may include institutions program review.	Standard[1] 3-1	**YES**
Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control, and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content and prior to performances or activities involving patients.	1070.2 (d)(8)(A)	Curriculum content must be sequenced to allow assimilation of foundational knowledge and skills necessary to ensure patient safety, and opportunity for students to develop the knowledge and skills necessary to ensure patient, student, faculty, and staff safety when performing or assisting in clinical procedures involving patients, including student partners. Programs that admit students in phases, including modular or open-entry shall provide content in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with, and required for patient treatment, prior to any other program content and/ or performances of activities involving preclinical/clinical activities.	Standard[1] 2-5, 5-1	**YES**
All programs shall provide students with additional instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) prior to the student's performance of procedures on patients.	1070.2 (d)(8)(B)	The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies… Policies must be provided to students, faculty, and appropriate support staff and continuously monitored for compliance.	Standard[1] 5-1	**YES**

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General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b)(11) and (b)(12) of this Section, programs shall include the following content:	1070.2 (d)(9)	Where graduates of a CODA-accredited program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies…	Standard[1] 5-1, 2-10	**YES**
Instruction in radiation safety that meets all of the requirements of Cal. Code Regs., Title 16, Sections 1014 and 1014.1.	1070.2 (d)(9)(A)			
Instruction in coronal polishing that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.4.	1070.2 (d)(9)(B)			
Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.3.	1070.2 (d)(9)(C)			
A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the Board as equivalent. The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.	1070.2 (d)(9)(D)	All students, faculty and support staff must be currently certified in basic life support procedures, including cardiopulmonary resuscitation with an Automated External Defibrillator (AED), prior to the direct provision of patient care.	Standard[1] 5-4	**YES**
Instruction in infection control that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.6.	1070.2 (d)(9)(E)	The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies including… hazardous matierals and bloodborne and infectious diseases.	Standard[1] 5-1	**YES**
Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing education courses.	1070.2 (d)(9)(F)	The program must demonstrate effectiveness in creating an academic environment that supports ethical and professional responsibility to include: Legal and Ethical Aspects of Dentistry	Standard[1] 2-19(b), 2-10	**YES**
A program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:	1070.2 (d)(10)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
A course in the removal of excess cement with an ultrasonic scaler, that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.	1070.2 (d)(10)(A)	The curriculum must include content at the in-depth level in dental materials. Students must demonstrate knowledge of the properties, and competence in the uses and manipulation of, dental materials to include: Dental Cements.	Standard[1] 2-15, 2-15(c)	**YES**
An orthodontic assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument, and shall be no less than 51 hours, including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction.	1070.2 (d)(10)(B)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
A dental sedation assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.8.	1070.2 (d)(10)(C)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
A Registered Dental Assisting educational program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a certificate or certificates of completion to the graduate. The certificate holder shall be deemed an eligible candidate for the permit examination process as having met all educational requirements for the permit examination.	1070.2 (d)(10)(D)	**DENTAL BOARD OF CALIFORNIA EXCLUSIVE PROVISION**		
General didactic instruction shall include, at a minimum, the following:	1070.2 (d)(11)	The program must provide adequate and appropriately maintained learning resources to support the goals and objectives of the program.	Standard[1] 4-13	**YES**
Principles of general anatomy, physiology oral embryology tooth histology and head-neck anatomy.	1070.2 (d)(11)(A)	The dental science aspect of the curriculum must include content at the familiarity level in: a. Oral pathology, b. General anatomy and physiology, c. Microbiology…	Standard[1] 2-13 (a) through (c)	**YES**

[1]Commission on Dental Accreditation, "Accreditation Standards for Dental Assisting Education Programs," February 6, 2015
[2]Commission on Dental Accreditation, "Evaluation Operational Policies Procedures," February 1, 2015.

Attachment 2: Side-by-Side Comparison

California Code of Regulations	Section	CODA		Congruent
General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
Principles of conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.	1070.2 (d)(11)(B)	Where graduates of a CODA-accredited program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical objectives for the additional dental assisting skills and functions. Students must demonstrate laboratory/preclinical competence in performing these skills in the program facility prior to clinical practice.	Standard[1] 2-10, 2-18, 2-20	**YES**
Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016, as well as principles of the Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, risk management, and professional codes of ethical behavior.	1070.2 (d)(11)(C)	The program must demonstrate effectiveness in creating an academic environment that supports ethical and professional responsibility to include: Psychology of patient management and interpersonal communication Legal and ethical aspects of dentistry.	Standard[1] 2-19, 2-19(a)&(b)	**YES**
Principles of infection control, waste management, and hazardous communication requirements in compliance with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. Instruction in infection control shall meet the education requirements set forth in Section 1070.6(e).	1070.2 (d)(11)(D)	The program must document its compliance with institutional policy and applicable regulations of local, state, and federal agencies… Policies must be provided to students, faculty, and appropriate support staff and continuously monitored for compliance.	Standard[1] 5-1	**YES**
Principles related to pharmacology and biomedical sciences including nutrition and microbiology.	1070.2 (d)(11)(E)	Dental science content provides the student with an understanding of materials used in intra-oral and laboratory procedures, including experience in their manipulation; an understanding of the development, form and function of the structures of the oral cavity and of oral disease; pharmacology as they relate to dental assisting procedures; and scientific principles of dental radiography.	The dental science aspect of the curriculum must include content at the familiarity level in Standard[1] 2-13, 2-13(a) through 2-13(e) and 2-13(e)(i) through 2-13(e)(vi)	**YES**
Principles of medical-dental emergencies and first aid management.	1070.2 (d)(11)(F)	Drugs and agents used to treat dental-related infection. Management of dental and medical emergencies	Standard[1] 2-13(e)(vi), 2-18	**YES**
Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.	1070.2 (d)(11)(G)	These standards apply to any dental assisting program operating an on-site or distance site clinic which provides comprehensive dental care to patients (e.g., diagnosis and treatment planning, operative and/or surgical procedures). The program must conduct a formal system of quality assurance for the patient care program that demonstrates evidence of: Standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria, An ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided Examples of evidence to demonstrate compliance may include: Description of the quality assurance process for the patient care program Samples of outcomes assessment measures to assess patients' perceptions of quality care, i.e., patient satisfaction surveys and results Results of patient records review and use of results to improve patient care program	Standard[1] 2-8, 2-10, 2-19, Patient Care Services Standard 6 (6-1), Intent and examples under 6-1(a)&(b)	**YES**

[1]Commission on Dental Accreditation, "Accreditation Standards for Dental Assisting Education Programs," February 6, 2015
[2]Commission on Dental Accreditation, "Evaluation Operational Policies Procedures," February 1, 2015.

Attachment 2: Side-by-Side Comparison

California Code of Regulations	Section	CODA		Congruent
General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
Principles and protocols of special needs patient management, the psychology and management of dental patients, and overall interpersonal relationships.	1070.2 (d)(11)(I)	The program must demonstrate effectiveness in creating an academic environment that supports ethical and professional responsibility to include: a. Psychology of patient management and interpersonal communication, and b. Legal and ethical aspects of dentistry.	Standard[1] 2-19	**YES**
Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.	1070.2 (d)(11)(J)	Instruments and appropriate models and armamentaria must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures including: Diagnostic, Operative, Surgical, Periodontal, Orthodontic, Removable and fixed prosthodontics, and Endodontic.	Standard[1] 4-6, 4-6(a) through 4-6(g)	**YES**
Principles, protocols, manipulation, use, and armamentaria for contemporary dental materials used in general and specialty dentistry.	1070.2 (d)(11)(K)	The curriculum must include content at the in-depth level in dental materials. Students must demonstrate knowledge of the properties, and competence in the uses and manipulation of, dental materials.	Standard[1] 2-15, 2-15(a) through 2-15(i)	**YES**
Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.	1070.2 (d)(11)(L)	Curriculum content must include didactic and laboratory/preclinical objectives in: essential dental assisting skills, chairside dental assisting functions, and advanced/expanded dental assisting functions. 2-13: The dental science aspect of the curriculum must include content at the familiarity level in: ... d. Nutrition	Standard[1] 2-8, 2-9, 2-10, 2-13, 2-18 (e)	**YES**
Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.	1070.2 (d)(11)(M)	Instruments and appropriate models and armamentaria must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures including: operative/surgical…	Standard[1] 4-6, 4-6(b), 4-6(c)	**YES**
Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.	1070.2 (d)(11)(N)	Curriculum content must include didactic and laboratory/preclinical objectives in: essential dental assisting skills, chairside dental assisting functions, and advanced/expanded dental assisting functions.	Standard[1] 2-8, 2-9, 2-10	**YES**
All content for instruction in radiation safety as set forth in Cal. Code Regs., Title 16, Section 1014.1.	1070.2 (d)(11)(O)	Where graduates of a CODA-accredited program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state.	Standard[1] 2-10	**YES**
All content for instruction in coronal polishing as set forth in Cal. Code Regs., Title 16, Section 1070.4.	1070.2 (d)(11)(P)	Advanced/expanded dental assisting functions, Perform polishing of coronal surfaces of teeth	Standard[1] 2-10(d)	**YES**
All content for instruction in the application of Pit and Fissure Sealants as set forth in Cal. Code Regs., Title 16, Section 1070.3.	1070.2 (d)(11)(Q)	Advanced/expanded dental assisting functions, Pit and fissure sealant application performing	Standard[1] 2-10(e)	**YES**
Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.	1070.2 (d)(12)	The curriculum must include content at the in-depth level in dental materials. Students must demonstrate knowledge of the properties, and competence in the uses and manipulation of dental materials…	Standard[1] 2-15	**YES**

[1]Commission on Dental Accreditation, "Accreditation Standards for Dental Assisting Education Programs," February 6, 2015
[2]Commission on Dental Accreditation, "Evaluation Operational Policies Procedures," February 1, 2015.

Attachment 2: Side-by-Side Comparison

California Code of Regulations	Section	CODA		Congruent
General Provisions Governing All Dental Assistant Educational Programs and Courses	**Title 16 CCR §1070**	**Text**	**Document**	**Yes/No**
Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.	1070.2 (d)(13)	Objective student evaluation methods must be utilized to measure all defined course objectives to include: a. Didactic, laboratory, preclinical and clinical content, b. Specific criteria for measuring levels of competence for each component of a given procedure, c. Expectation of student performance elevates as students progress through the curriculum.	Standard[1] 2-7	**YES**

[1]Commission on Dental Accreditation, "Accreditation Standards for Dental Assisting Education Programs," February 6, 2015
[2]Commission on Dental Accreditation, "Evaluation Operational Policies Procedures," February 1, 2015.

Commission on Dental Accreditation

Accreditation Standards for Dental Assisting Education Programs

Accreditation Standards for Dental Assisting Education Programs

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Accreditation Standards for Dental Assisting Education Programs

Document Revision History

Date	Item	Action
February 1, 2013	*Accreditation Standards for Dental Assisting Education Programs*	*Adopted*
August 9, 2013	*Revised Accreditation Status Definition*	*Adopted and Implemented*
January 1, 2014	*Accreditation Standards for Dental Assisting Education Programs*	*Implemented*
August 1, 2014	*Intent Statement Modified: Standard 2-5*	*Adopted and Implemented*
February 6, 2015	*Revised Standard 2-2*	*Adopted and Implemented*

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Standard

Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.

Commission on Dental Accreditation
Adopted August 2012

ACCREDITATION STATUS DEFINITIONS

1. <u>Programs That Are Fully Operational:</u>
Approval *(without reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval *(with reporting requirements*): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause.

Reaffirmed: 8/10, 7/05; Revised: 1/99; Adopted: 1/98

2. <u>Programs That Are Not Fully Operational</u>: A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is "initial accreditation." When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program's accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification "initial accreditation" is granted based upon one or more site evaluation visit(s).

Reaffirmed: 8/10; Revised: 7/08; Adopted: 2/02

<u>3. Other Accreditation Actions:</u>
Discontinued: An action taken by the Commission on Dental Accreditation when a program voluntarily discontinues its participation in the accreditation program and no longer enrolls a first year class.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program's accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a

specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution's legal counsel be consulted regarding how and when to advise applicants and students of the Commission's accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Withdraw: An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission's decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Reaffirmed: 8/10, 7/07, 7/01; CODA: 12/87:9

Denial: An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

Adopted: 8/11

Preface

The Accreditation Standards for Dental Assisting Education Programs have been developed for the following reasons: (1) to protect the public, (2) to serve as a guide for dental assisting program development, (3) to serve as a stimulus for the improvement of established programs, (4) to provide criteria for the evaluation of new and established programs, and (5) to protect enrolled students. To be accredited by the Commission on Dental Accreditation a dental assisting program must meet the standards set forth in this document. These standards are national in scope and represent the minimum requirements for accreditation. It is expected that institutions that voluntarily seek accreditation will recognize the ethical obligation of complying with the spirit as well as the letter of these standards.

The importance of academic freedom is recognized by the Commission; therefore, the standards are stated in terms which allow an institution flexibility in the development of an educational program. The Commission encourages curricular experimentation, development of institutional individuality, and achievement of excellence without establishment of uniformity. No curriculum has enduring value, and a program will not be judged by conformity to a given type.

Programs and their sponsoring institutions are encouraged to provide for the educational mobility of students through articulation arrangements and career laddering (e.g., between dental assisting education programs and dental hygiene education programs). Institutions and programs are also strongly encouraged to develop mechanisms to award advanced standing for students who have completed coursework at other educational programs accredited by the Commission on Dental Accreditation or by use of appropriate qualifying and proficiency examinations.

The Commission on Dental Accreditation

From the early 1940's until 1975, the Council on Dental Education was the agency recognized as the national accrediting organization for dentistry and dental-related educational programs. On January 1, 1975, the Council on Dental Education's accreditation authority was transferred to the Commission on Dental Accreditation and Dental Auxiliary Education Programs, an expanded agency established to provide representation of all groups affected by its accrediting activities.
In 1979, the name of the Commission was changed to the Commission on Dental Accreditation.

The Commission is comprised of 30 members. It includes a representative of the American Dental Assistants Association (ADAA) and other disciplines accredited by the Commission as well as public representatives.

Specialized Accreditation

Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the board communities of interest. The Commission on Dental Accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs which provide basic preparation for licensure or certification in dentistry and the related disciplines.

Dental Assisting Accreditation

In 1957, the Council on Dental Education sponsored the first national workshop on dental assisting. Practicing dentists, dental educators and dental assistants participated in the workshop during which recommendations pertaining to education and certification of dental assistants were formulated. These recommendations were considered in developing the first "Requirements for an Accredited Program in Dental Assisting Education" which were approved by the House of Delegates of the American Dental Association in 1960. The accreditation standards have been revised five times—in 1969, 1973, 1979, 1991 and 1998—to reflect the dental profession's changing needs and educational trends.

In an effort to provide the communities of interest with appropriate input into the latest revision of the standards, the Commission on Dental Accreditation utilized the following procedures: appointing an ad hoc committee, holding open hearings and distributing widely a draft of the proposed revision of the standards for review and comment. Prior to approving the revised standards in July 1998, the Commission carefully considered comments received from all sources. The revised accreditation standards were implemented in January 2000.

Prior to 1960, the ADAA approved courses of training for dental assistants, varying in length from 104 clock hours to two academic years. Subsequent to the adoption in 1960 of the first accreditation standards, the Council on Dental Education granted "provisional approval" to those programs approved by the ADAA which were at least one academic year in length until site visits could be conducted. Thus 26 programs appeared on the first list of accredited dental assisting programs published in 1961.

Statement of General Policy

Maintaining and improving the quality of dental assisting education is a primary aim of the Commission on Dental Accreditation. In meeting its responsibilities as a specialized accrediting agency recognized by the dental profession and the United States Department of Education, the Commission on Dental Accreditation:

1. Evaluates dental assisting education programs on the basis of the extent to which program goals, institutional objectives and approved accreditation standards are met.

2. Supports continuing evaluation of and improvements in dental assisting education programs through institutional self-evaluation.

3. Encourages innovations in program design based on sound educational principles.

4. Provides consultation in initial and ongoing program development.

As a specialized accrediting agency, the Commission relies on an authorized institutional accrediting agency's evaluation of the institution's objectives, policies, administration, financial and educational resources and its total educational effort. The Commission's evaluation will be confined to those factors which are directly related to the quality of the dental assisting program. In evaluating the curriculum in institutions that are accredited by a recognized regional accrediting agency, the Commission will concentrate on those courses which have been developed specifically for the dental assisting program and core courses developed for related disciplines. When an institution has been granted an accreditation status or candidate for accreditation status by a regional agency, the Commission will accept that status as evidence that the general studies courses included in the dental assisting curriculum meet accepted standards, provided the level and content of such courses are appropriate for the discipline.

This entire document constitutes the Accreditation Standards for Dental Assisting Education Programs. Each standard is numbered (e.g., 1-1,1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. Expanded guidance in the form of examples to assist programs in better understanding and interpreting the must statements within the standards follow. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

Definitions of Terms Used in Dental Assisting Accreditation Standards

The terms used in this document indicate the relative weight that the Commission attaches to each statement. Definitions of these terms are provided.

Standard: Offers a rule or basis of comparison established in measuring or judging capacity, quantity, quality, content and value; criterion used as a model or pattern.

Must: Indicates an imperative need, duty or requirement; an essential or indispensable item; mandatory.

Intent: Intent statements are presented to provide clarification to the dental assisting education programs in the application of and in connection with compliance with the Accreditation Standards for Dental Assisting Education Programs. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

Examples of evidence to demonstrate compliance may include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

Clinical Competence: The achievement of a predetermined level of special skill derived from education and experience in the clinical setting.

Clinical Instruction: Indicates any instruction in which students receive supervised experience in performing functions on patients. Clinical performance of the functions is evaluated by faculty according to predetermined criteria.

Clinical Experience: Clinical experiences that exceed the basic clinical education requirements of the program and that are provided to enhance the basic clinical education. Experiences may be provided in an on-campus comprehensive dental clinic and/or in extramural dental offices or clinics. Students are supervised and evaluated by both faculty and non-program personnel according to predetermined learning objectives and evaluation criteria.

Competence: The level of knowledge and skill determined by the program and required of students/new graduates in performing dental assisting functions.

Competency evaluation: Assessment of skill level related to specific performance objective

Didactic Instruction: Refers to lectures, demonstrations or other instruction without active participation by students.

Distance Education: As defined by the United States Department of Education, distance education is "an educational process that is characterized by the separation, in time or place, between instructor and student. The term includes courses offered principally through the use of (1) television, audio or computer transmission; (2) audio or computer conferencing; (3) video cassettes or disks; or (4) correspondence."

Familiarity: A simplified knowledge for the purposes of orientation and recognition of general principles.

HIPAA: Health Insurance Portability and Accountability Act

In-depth: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

Institution: The post-secondary entity that directly sponsors the dental assisting program and provides immediate administration and local leadership.

Instruction: Describes any teaching, lesson, rule or precept; details of procedure; directives.

Laboratory/Preclinical Competence: The achievement of a predetermined level of special skill derived from laboratory/preclinical instruction.

Laboratory or Preclinical Instruction: Indicates instruction in which students receive experience under faculty supervision, performing functions using materials, study models, manikins or other simulation methods; student performance is evaluated by faculty according to predetermined criteria.

The Commission's accreditation standards have been stated, purposefully, in terms which allow flexibility, innovation and experimentation. Regardless of the method(s) used to provide instruction, the Commission expects that each accredited program will comply with the spirit as well as the letter of the accreditation standards.

STANDARD 1 – INSTITUTIONAL EFFECTIVENESS

Planning and Assessment

1-1 The program must demonstrate its effectiveness through a formal and ongoing planning and outcomes assessment process that is systematically documented and annually evaluated. This process must include the following:

a. Dental assisting program goals that include, but are not limited to student outcomes that are consistent with the goals of the sponsoring institution and appropriate to dental assisting education;
b. Time-table for implementation that indicates roles and responsibilities of all participants;
c. Methods to assess goals and provide outcomes that include, but are not limited to, measures of student achievement;
d. Review and analysis of compiled data obtained from assessment methods, and related conclusions;
e. Findings and conclusions are used for program improvement, and for revisions to the overall planning and outcomes assessment process.

Intent:
Outcomes assessment planning is broad-based, systematic, and designed to promote achievement of the program's stated goals and objectives. Through this process, evaluation and improvement of the educational quality of the program is monitored.

Examples of evidence to demonstrate compliance may include the bulleted points below:

a. Dental assisting program goals that include, but are not limited to, student outcomes, that are consistent with the goals of the sponsoring institution and appropriate to dental assisting education:

- The program's purpose and goals are consistent with the sponsoring institution's mission and strategic plan and appropriate to dental assisting education.
- The Commission on Dental Accreditation expects each program to regularly examine and re-define its goals and objectives as necessary, based on the current needs of the program and that one program goal is to comprehensively prepare competent individuals in the discipline.
- Long and short-term goals that address program growth, promotion, and outreach; admissions; faculty recruitment, qualifications and development; financial resources; on-site patient care and treatment; needs of local community and liaison mechanism.
- Established benchmarks with rationale provided

b. A time-table for implementation that indicates roles and responsibilities of all participants:

- Schedule for planning that coincides with strategic planning timetable of larger institution
- Names, titles, and responsibilities of those individuals involved in the planning and outcomes assessment process
- Meeting minutes

c. Methods to assess goals and provide outcomes that include, but are not limited to, measures of student achievement:

- Periodic analyses to measure the validity of established admission criteria and procedures
- Audit of faculty qualifications and participation in professional development opportunities
- Community needs surveys
- Assessment of attrition rates in relation to admissions criteria
- Clinical externship, graduate, employer surveys
- Employment data
- State and national certification examinations and/or licensure rates
- Consideration of individual course examinations and completion

d. Review and analysis of data obtained from assessment methods, and related conclusions:

- The expertise of institutional research personnel is utilized
- Interpretations of data and correlations with program objectives are provided
- Data comparisons with established benchmarks and national averages
- Spread sheets, scores, percentage pass-rates

e. Findings and conclusions are used for program improvement, and for changes to the planning and outcomes assessment process:

- Meeting minutes that describe suggested changes and implementation
- Curriculum revisions
- Budget changes or re-allocations
- Goals revisions or eliminations and/or appropriate additions
- Descriptions of future strategies with time-table

Financial Support

1-2 The institution must demonstrate stable financial resources to ensure support of the dental assisting program's stated mission, goals and objectives on a continuing basis. Resources must be sufficient to ensure adequate and qualified faculty and staff, clinical and laboratory facilities, equipment, supplies, reference materials and teaching aids that reflect technological advances and current professional standards.

Examples of evidence to demonstrate compliance may include:

- Program's mission, goals and objectives
- Institutional strategic plan
- Previous and current-year revenue and expense statements for the past three years
- Revenue and expense projections for the program for the next three to five years

1-3 The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

1-4 The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.

Examples of evidence to demonstrate compliance for DA 1-3 and DA 1-4 may include:

- Written agreement(s)
- Contract(s)/Agreement(s) between the institution/program and sponsor(s) related to facilities, funding, faculty financial support

Institutional Accreditation

1-5 Programs must be sponsored by institutions of post-secondary education which are accredited by an agency recognized by the United States Department of Education.

Intent:
Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, private schools and recognized federal service training centers which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program.

Examples of evidence to demonstrate compliance may include:

- Accreditation (or candidate status) from a recognized institutional (regional, national or state) accrediting agency such as: Commission on Higher Education, Middle States Association of Colleges and Schools; Commission on Institutions of

Higher Education, New England Association of Schools and Colleges; Commission on Technical and Career Institutions, New England Association of Schools and Colleges; Commission on Institutions of Higher Education, North Central Association of Colleges and Schools; Commission on Colleges, Northwest Association of Schools and Colleges; Commission on Colleges, Southern Association of Colleges and Schools; Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges; Accrediting Commission for Senior Colleges and Universities, Western Association of Schools and Colleges; Accrediting Bureau of Health Education Schools; Accrediting Commission of Career Schools and Colleges of Technology; Accrediting Commission of the Distance Education and Training Council; The Council on Occupational Education; Accrediting Council for Independent Colleges and Schools

1-6 All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

Intent:
This standard is not applicable to designated extended campus facilities. Co-sponsoring or affiliated institution allow dental assisting program students to utilize all resources available to their regularly enrolled students, e.g., bookstore, library, health center fitness facility, etc. as defined in an affiliation agreement.*

***See DA Standard 4-10**

Examples of evidence to demonstrate compliance may include:
- Formal affiliation agreement(s) with termination clause

Community Resources

1-7 There must be an active advisory committee to serve as a liaison between the program, local dental and allied dental professionals and the community. Dentists and dental assistants must be equally represented.

Intent:
The purpose of the advisory committee is to provide a mutual exchange of information for program enhancement, meeting program and community needs, standards of patient care, and scope of practice.

Examples of evidence to demonstrate compliance may include:
- Membership responsibilities are defined and terms staggered to provide both new input and continuity

- Diverse membership with consideration given to student representation, recent graduate(s), public representation, and a profile of the local dental community.
- Responsibilities of program representatives on the committee are defined in writing.
- The program administrator, faculty, and appropriate institution personnel participate as non-voting members. Meeting minutes are maintained and distributed to committee members

STANDARD 2 – EDUCATIONAL PROGRAM

Admissions

2-1 Admission of students must be based on specific published criteria, procedures and policies that include a high-school diploma or its equivalent, or post- secondary degree.

Intent:
The dental assisting program is based on a science-oriented program of study and skill development offered at the post-secondary level that requires critical thinking, psychomotor skills, and ethical reasoning.

The program administrator and faculty, in cooperation with appropriate institutional personnel establish admissions criteria and procedures which are non-discriminatory, contribute to the quality of the program, and allow selection of adult students with the potential to successfully complete the program. Published promotional materials and website information related to student recruitment and admissions comply with the Commission's "Policy on Principles of Ethics in Programmatic Advertising and Student Recruitment".

Examples of evidence to demonstrate compliance may include:

Criteria and Selection Process:

- There is an established admissions committee which includes the program administrator, representatives of the program faculty, general education faculty who teach dental assisting students and counseling staff.
- Previous college academic performance and/or performance on standardized national scholastic tests are utilized for criteria in selecting students.
- High school class rank
- Cumulative grade point averages in previous education with particular attention given to grades in science subjects

Academic Strengthening:

- If academic strengthening is needed to meet basic admission criteria or to proceed satisfactorily through the curriculum, the institution and program should have the resources necessary to assist students.
- Academic strengthening occurs prior to entry into the program courses.

2-2 Admission of students with advanced standing must be based on the same criteria required of all applicants admitted to the program. The program must ensure that advanced standing credit awarded is based on equivalent didactic, laboratory and preclinical content and student achievement.

Intent:
Policies ensure that advanced standing credit is awarded based on equivalent coursework, knowledge, and/ or experience that meets or exceeds content required in the curriculum and results in equivalent student competence. The curriculum may be structured to allow individual students to meet performance standards specified for graduation in less than the required length as well as to provide the opportunity for students who require more time to extend the length of their instructional program. The curriculum design may provide maximum opportunity for students to continue their formal education with minimum duplication of learning experiences.

Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.

Examples of evidence to demonstrate compliance may include:
- Policies and procedures for advanced standing
- Results of appropriate qualifying or challenge examinations
- Course equivalency or other measures to demonstrate equal scope and level of knowledge
- Copies of transcripts
- Articulation agreement
- Equivalency determination by a nationally recognized transcript evaluator

2-3 The program must demonstrate that student enrollment numbers are proportionate to the number of faculty, availability of appropriate classroom, laboratory, and clinical facilities, equipment, instruments, and supplies.

Intent:
In determining the maximum number of dental assisting students enrolled in a program, including off-campus sites, hybrid, or on-line courses, careful consideration is given to ensure that the number of students does not exceed the program resources

including, as appropriate, financial support, scheduling options, facilities, equipment, and faculty.

Examples of evidence to demonstrate compliance may include:

- Blueprints or floor plan
- Number of clinical stations
- Schedule for use of facility
- Budget
- Radiographic units
- Equipment and instrument inventory list
- Comprehensive faculty assignment schedule

Curriculum Management

2-4 The curriculum must be structured on the basis of, a minimum of, 900 instructional hours at the postsecondary level that includes 300 clinical practice hours.

Intent:
Instructional hours should include didactic, laboratory, preclinical, and clinical content required in the standards. Curriculum content not required by the standards accordingly increases the length of the program. Clinical practice hours assisting a dentist are obtained in a facility that provides comprehensive dental treatment.

Examples of evidence to demonstrate compliance may include:
- Institutional catalogue with program requirements
- Schedule of classes
- Tracking mechanism for clinical externship hours
- Official student roster with positive attendance hours

2-5 The curriculum must be designed to reflect the interrelationship of its biomedical sciences, dental sciences, clinical and behavioral sciences, preclinical and clinical practice. Curriculum must be sequenced to allow assimilation of foundational content in oral anatomy; basic chairside skills, medical emergencies, confidentiality and privacy regulations, infection control, sterilization, and occupational safety precautions, procedures and protocols prior to any patient contact or clinical experiences. Content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies and program's goals and objectives.

Intent:
Curriculum content must be sequenced to allow assimilation of foundational knowledge and critical thinking skills necessary to ensure patient safety, and opportunity for students to develop the knowledge and skills necessary to ensure patient, student, faculty, and staff safety when performing or assisting in clinical procedures involving patients, including student partners.

Programs that admit students in phases, including modular or open-entry shall provide content in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with, and required for patient treatment, prior to any other program content and/ or performances of activities involving preclinical/clinical activities.

Instruction

2-6 Written documentation of each course in the curriculum must be provided to students at the start of each course and include:

a. The course title, number, description, faculty presenting course and contact information
b. Course content outline including topics to be presented
c. Specific instructional objectives for each topic presented
d. Learning experiences with associated assessment mechanisms
e. Course schedule including time allocated for didactic, laboratory, and clinical learning experiences
f. Specific evaluation procedures for course grade calculation

Examples of evidence to demonstrate compliance may include:

- Course syllabus
- Rubrics for grade calculation
- Institutional grading policies
- Course knowledge and/or skill assessments
- Competencies

Student Evaluation

2-7 Objective student evaluation methods must be utilized to measure all defined course objectives to include:

a. Didactic, laboratory, preclinical and clinical content
b. Specific criteria for measuring levels of competence for each component of a given procedure
c. Expectation of student performance elevates as students progress through the curriculum

Examples of evidence to demonstrate compliance may include:

- Rubric for grading
- Evaluation criteria to measure progress for didactic, laboratory, preclinical and course objectives
- Skills assessments
- Grading policies for multiple assessment attempts

Preclinical Instruction

Essential Dental Assisting Skills

2-8 Curriculum content must include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions. Prior to performing these skills/functions in a clinical setting, students must demonstrate knowledge of, and laboratory/preclinical competence in the program facility.

a. Take/review and record medical and dental histories
b. Take and record vital signs
c. Assist with and/or perform soft tissue extra/intra oral examinations
d. Assist with and/or perform dental charting
e. Manage infection and hazard control protocol consistent with published professional guidelines
f. Prepare tray set-ups for a variety of procedures and specialty areas
g. Seat and dismiss patients
h. Operate oral evacuation devices and air/water syringe
i. Maintain clear field of vision including isolation techniques
j. Perform a variety of instrument transfers
k. Utilize appropriate chairside assistant ergonomics
l. Provide patient preventive education and oral hygiene instruction
m. Provide pre-and post-operative instructions prescribed by a dentist
n. Maintain accurate patient treatment records
o. Identify and respond to medical and dental emergencies

Chairside Dental Assisting Functions

2-9 Curriculum content must include didactic and laboratory/preclinical objectives in the following dental assisting skills and functions. Prior to performing these skills/functions in a clinical setting, students must demonstrate knowledge of, and laboratory/preclinical competence in the program facility.

a. Assist with and/or apply topical anesthetic and desensitizing agents
b. Assist with and/or place and remove rubber dam
c. Assist with and/or apply fluoride agents
d. Assist with and/or apply bases, liners, and bonding agents
e. Assist with and/or place, fabricate, and remove provisional restorations
f. Assist with and/or place and remove matrix retainers, matrix bands, and wedges
g. Assist with and/or remove excess cement or bonding agents
h. Assist with a direct permanent restoration
i. Fabricate trays, e.g., bleaching, mouthguard, custom
j. Preliminary impressions

k. Clean and polish removable dental appliances

Advanced/Expanded Dental Assisting Functions

2-10 Where graduates of a CODA-accredited program are authorized to perform additional functions defined by the program's state-specific dental board or regulatory agency, program curriculum must include content at the level, depth, and scope required by the state. Further, curriculum content must include didactic and laboratory/preclinical objectives for the additional dental assisting skills and functions. Students must demonstrate laboratory/preclinical competence in performing these skills in the program facility prior to clinical practice.

Intent:
Functions allowed by the state dental board or regulatory agency for dental assistants are taught and evaluated at the depth and scope required by the state. The inclusion of additional functions does not compromise the length and scope of the educational program or content required in the Accreditation Standards.

Examples of evidence may include but are not limited to:

a. Place and/or remove retraction cord
b. Take final impressions
c. Place, pack, finish restorations
d. Perform polishing of coronal surfaces of teeth
e. Perform pit and fissure sealant application
f. Perform cement removal
g. Perform restoration polishing
h. Perform monitoring and/or administration of Nitrous Oxide-Oxygen analgesia
i. Remove sutures
j. Perform pulp vitality tests
k. Place and remove periodontal dressing
l. Perform orthodontic functions

2-11 Students must demonstrate competence in the knowledge at the familiarity level in dental practice management:

a. Computer and dental software
b. Business ethics and jurisprudence
c. Business oral and written communications
d. Inventory systems and supply ordering
e. Maintenance and retention of business records
f. Management of patient information
g. Recall systems

Biomedical Sciences

2-12 The biomedical science aspect of the curriculum must include content at the in-depth level in bloodborne pathogens and hazard communications standards and content must be integrated throughout the didactic, preclinical, laboratory and clinical components of the curriculum.

Intent:
The biomedical sciences provide a basic understanding of body structure and function; disease concepts; and dietary considerations of the dental patient.

Dental Sciences

Intent:
Dental science content provides the student with an understanding of materials used in intra-oral and laboratory procedures, including experience in their manipulation; an *understanding of the development, form and function of the structures of the oral cavity and of oral disease; pharmacology as they relate to dental assisting procedures; and scientific principles of dental radiography.*

2-13 The dental science aspect of the curriculum must include content at the familiarity level in:

- **a. Oral pathology**
- **b. General anatomy and physiology**
- **c. Microbiology**
- **d. Nutrition**
- **e. Pharmacology to include:**
    - **i. Drug requirements, agencies, and regulations**
    - **ii. Drug prescriptions**
    - **iii. Drug actions, side effects, indications and contraindications**
    - **iv. Common drugs used in dentistry**
    - **v. Properties of anesthetics**
    - **vi. Drugs and agents used to treat dental-related infection**

2-14 The dental science aspect of the curriculum must include content at the in-depth level in oral anatomy.

Intent:
Content in oral anatomy should include oral histology and oral embryology

2-15 The curriculum must include content at the in-depth level in dental materials. Students must demonstrate knowledge of the properties, and competence in the uses and manipulation of, dental materials to include:

a. **Gypsum**
b. **Restorative materials**
c. **Dental cements**
d. **Impression materials**
e. **Acrylics and or thermoplastics**
f. **Waxes**
g. **Fabrication of casts, temporary crown and/or bridge**
h. **Abrasive agents used to polish coronal surfaces and appliance**
i. **Study casts/occlusal registrations**

2-16 The curriculum must include content at the in-depth level in dental radiology. Students must demonstrate knowledge and skills to produce diagnostic dental image surveys on manikins. Prior to exposing dental images on patients, students must demonstrate competence in:

a. **Radiation health protection techniques,**
b. **Processing procedures,**
c. **Anatomical landmarks and pathologies,**
d. **Mounting survey of dental images, and**
e. **Placing and exposing dental images on manikins**

2-17 Prior to exposing dental images during extramural clinical assignments, students must demonstrate competence, under faculty supervision, in exposing diagnostically acceptable full-mouth dental image surveys on a minimum of two patients in the program, or contracted facility.

Clinical and Behavioral Sciences

2-18 The curriculum must include didactic content at the in-depth level to include:

a. **General dentistry**
b. **Dental specialties**
c. **Chairside assisting**
d. **Dental-related environmental hazards**
e. **Preventive dentistry**
f. **Management of dental and medical emergencies**

Intent:
Content provides background for preclinical and clinical experiences.

2-19 The program must demonstrate effectiveness in creating an academic environment that supports ethical and professional responsibility to include:

a. **Psychology of patient management and interpersonal communication**
b. **Legal and ethical aspects of dentistry**

Intent:
Faculty, staff and students should know how to draw on a range of resources such as professional codes, regulatory law and ethical theories to guide judgment and action for issues that are complex, novel, ethically arguable, divisive or of public concern.

Examples of evidence may include:
- Faculty, student, staff membership and participation in dental professional organizations, e.g., American Dental Assistants Association, American Dental Education Association, American Dental Association
- Professional Code of Conduct
- State Dental Practice Act
- Student Handbook
- Professional and ethical expectations

2-20 The dental assisting program must provide opportunities and encourage students to engage in service and/or community-based learning experiences.

Intent:
Community-based experiences are essential to develop dental assistants who are responsive to the needs of a culturally diverse population.

Examples of evidence may include:
- Service hours
- Volunteer activities

Clinical Externship Experience

2-21 Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. Students must have a minimum of 300 hours of clinical experience.

Examples of evidence to demonstrate compliance may include:
- Attendance logs
- Time-sheets
- Clinical rotation schedule
- Student journals

2-22 Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.

2-23 The major portion of the students' time in clinical assignments must be spent assisting with, or participating in, patient care.

2-24 The dental assisting faculty must plan, approve, supervise, and evaluate the student's clinical experience, and the following conditions must be met:

- **a. A formal agreement exists between the educational institution and the facility providing the experience**
- **b. The program administrator retains authority and responsibility for the student**
- **c. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program.**
- **d. The facility accommodates the scheduling needs of the program**
- **e. Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students**
- **f. Expectations and orientation are provided to all parties prior to student assignment**

2-25 Students must maintain a record of their activities in each clinical assignment.

2-26 During the clinical phase of the program, program faculty must conduct seminars periodically with students for discussion of clinical experiences.

Intent:
Seminar discussions provide students with opportunities to share clinical experiences with other students and faculty.

2-27 When clinical experience is provided in extramural facilities, dental assisting faculty must visit each facility to assess student progress. Budgetary provisions must be made to support faculty travel.

2-28 Objective evaluation criteria must be utilized by faculty and office or clinical personnel to evaluate students' competence in performing specified procedures during clinical experience.

STANDARD 3 – ADMINISTRATION, FACULTY AND STAFF

3-1 The program must be a recognized entity within the institution's administrative structure which supports the attainment of program goals.

Intent:
The position of the program in the institutions administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.

Examples of evidence to demonstrate compliance may include:
- Institutional organizational flow chart
- Short and long-range strategic planning documents
- Examples of program and institution interaction to meet program goals
- Dental assisting representation on key college or university committees
- Institutions program review

Program Administrator

3-2 The program administrator must have a full-time commitment to the institution and an appointment which provides time for program operation, evaluation and revision. The program administrator must have the authority and responsibilities for:

a. Budget preparation
b. Fiscal administration
c. Curriculum development and coordination
d. Selection and recommendation of individuals for faculty appointment and promotion
e. Supervision and evaluation of faculty
f. Determining faculty teaching assignments and schedules
g. Determining admissions criteria and procedures
h. Scheduling use of program facilities
i. Development and responsibilities to maintain CODA accreditation compliance and documentation

Intent:
The program administrator's teaching contact hours and course responsibilities are less than a full-time instructor who does not have administrative responsibilities or as defined by the collective bargaining agreement of the institution or state teachers association. The program administrator's teaching contact hours and course responsibilities allow sufficient time to fulfill assigned administrative responsibilities.

3-3 The program administrator must be a Dental Assisting National Board "Certified Dental Assistant" or dentist licensed to practice in the state of the program location*, with occupational experience in the application of fourhanded dentistry principles, either as a dental assistant or working with a chairside assistant.

Intent:
*A dental hygienist appointed after January 1, 2000, would be eligible for such an appointment after acquiring the "Certified Dental Assistant" credential offered by the Dental Assisting National Board and obtaining occupational experience in the application of clinical chairside dental assisting involving fourhanded dentistry. *A dentist currently licensed in the United States who has obtained a teaching dispensation from the state that grants him/her the ability to practice dentistry as defined by the state's dental practice act within a teaching institution, is exempt from this requirement.*

3-4 The program administrator must have a minimum of a baccalaureate degree or be currently enrolled in a baccalaureate degree program with completion scheduled on or before, January 1, 2014. The program administrator must have had instruction in educational theory and methodology, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.

Examples of evidence to demonstrate compliance may include:
- Curriculum vitae
- Documented evidence of instruction in educational methodology from a recognized provider or accredited institution. Instruction may occur through recognized continuing education providers, online courses, seminars, conferences or meetings
- Transcripts to document progress toward or degree completion

Faculty

3-5 Dental assisting faculty must have background in and current knowledge of dental assisting, the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation,

Intent:
Dental assisting faculty have current knowledge at an appropriate level for the subject they teach, educational theory and methodology, and if applicable, in distance education techniques and delivery. Licensed dentists who provide supervision in the facility as required by the state dental practice act, who are not evaluating students, should have qualifications that comply with the state's dental practice act, and are calibrated with program policies and protocols, goals and objectives.

Examples of evidence may include:

- Documented evidence of instruction in educational methodology from a recognized provider or accredited institution. Instruction may occur through recognized continuing education providers, online courses, seminars, conferences or meetings
- Transcripts
- Certificate of completion

3-6 Faculty providing didactic instruction must have earned at least a baccalaureate degree or be continuously enrolled in a baccalaureate degree* program at an institution that grants four-year degrees.

Intent:
*Effective January 1, 2018 all faculty who provide didactic instruction to dental assisting students will have earned at least a baccalaureate degree. *Military program faculty with a rank of staff sergeant, E5, or non-commissioned officer are exempt.*

Examples of evidence to demonstrate compliance may include:

- Transcript(s)
- Educational plan to pursue degree with anticipated schedule of completion
- Registration receipt and/or fee statement for course(s)

3-7 Laboratory, preclinical and clinical faculty must hold any current dental assisting credential required by the state in addition to a Dental Assisting National Board "Certified Dental Assistant" credential*.

Intent:
Faculty members teaching additional or expanded dental assisting functions should be credentialed appropriately in those functions as required by the state. Faculty who are state-licensed dentists are not required to obtain additional certification. Licensed dental hygiene faculty who teach dental radiography would be eligible to teach dental radiography to dental assisting students without obtaining additional certification.

Examples of evidence to demonstrate compliance may include:

- Copy of certification certificate or card
- Copy of license or dental credential
- Clinical faculty have recent experience in the application of four-handed dentistry principles
- Curriculum vitae

3-8 The number of faculty positions must be sufficient to implement the program's goals and objectives. The faculty/student ratio during radiography and clinical practice sessions must not exceed one instructor to six students. During laboratory and preclinical instruction in dental materials and chairside assisting procedures, the faculty/student ratio must not exceed one instructor for each twelve students.

Intent:
Student contact hour loads allow sufficient time for class preparation, student evaluation and counseling, development of subject content and appropriate evaluation criteria and methods, and professional development. Student partner-patients are not counted as students when calculating the ratio.

Examples of evidence to demonstrate compliance may include:
- Class schedules reflecting faculty/student ratio
- Listing of ratios for laboratory, preclinical and clinical courses

3-9 Opportunities must be provided for program faculty to continue their professional development.

Intent:
Time is provided for professional association activities, research, publishing and/or practical experience.

Examples of evidence to demonstrate compliance may include:
- Each faculty member is provided release time and financial support to attend at least one national or regional conference or workshop related to dental assisting education each year.
- Formal in-service for full and part-time faculty are held regularly.
- The program/institution provides periodic in-service workshops for faculty designed to provide an orientation to program policies, goals, objectives and student evaluation procedures.

3-10 Faculty must be ensured a form of governance that allows participation in the program and institution's decision-making process.

Intent:
There are opportunities for program faculty representation on institution-wide committees and the program administrator is consulted when matters directly related to the program are considered by committees that do not include program faculty.

3-11 A defined evaluation process must exist that ensures objective measurement of the performance of each faculty member.

Intent:
An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.

Examples of evidence to demonstrate compliance may include:

- The faculty evaluation system includes student, administration and peer evaluation to help identify areas of strengths and weaknesses for each faculty member.
- Measurement mechanism(s) address teaching, scholarship and service.
- The evaluations are communicated to each faculty member.

Support Staff

3-12 Institutional support personnel must be assigned to facilitate program operation.

Examples of evidence to demonstrate compliance may include:

- Secretarial and clerical staff are assigned to assist the administrator and faculty in preparing course materials, typing correspondence, maintaining student records, and providing supportive services for student recruitment activities and admissions.
- The secretarial personnel are located in an area which is readily accessible to the faculty.
- There are support services to assist the faculty in ordering supplies and equipment, maintaining and distributing equipment, and providing other instructional aid assistance.
- Services of maintenance and custodial staff ensure that the unique requirements of the program facilities are met.
- The program faculty and students have access to available institutional specialists such as those in the areas of curriculum, testing, computer usage, counseling and instructional resources equal to that of other programs.

STANDARD 4 – EDUCATIONAL SUPPORT SERVICES

4-1 The program must provide adequate and appropriately maintained facilities to support the purpose/mission of the program and which are in conformance with applicable regulations.

Intent:
The physical facilities and equipment effectively accommodate the schedule, the number of students, faculty and staff, and include appropriate provisions to ensure health and safety for patients, students, faculty and staff. The facilities permit attainment of program goals. This Standard applies to all sites where students receive instruction.

Clinical Facilities

4-2 A clinical facility must be available for students to obtain required experience with faculty supervision.

4-3 Each treatment area must contain functional equipment including:

a. Power-operated chair(s) for treating patients in a supine position
b. Dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization.
c. Air and water syringe
d. Adjustable dental light
e. High and low speed handpieces
f. Oral evacuating equipment
g. Work surface for the chairside assistant

Examples of evidence to demonstrate compliance may include:
- One treatment area per five students enrolled in the program is considered minimal
- Floor plan

4-4 Each treatment area must accommodate an operator and a patient as well as the student and faculty.

4-5 The sterilizing area must include sufficient space for preparing, sterilizing and storing instruments.

4-6 Instruments and appropriate models and armamentaria must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures including:

a. Diagnostic
b. Operative
c. Surgical
d. Periodontal
e. Orthodontic
f. Removable and fixed prosthodontics
g. Endodontic

Examples of evidence to demonstrate compliance for DA 4-2 through 4-6 may include:

- List of equipment
- List of instruments

Radiography Facilities

4-7 A radiography facility must accommodate initial instruction and practice required for students to develop competence in exposing and processing dental images with faculty supervision.

4-8 Each radiography area must provide equipment for faculty supervision and effective instruction to accommodate several students simultaneously that include:

a. Dental radiography units which meet applicable regulations
b. Radiographic teaching manikins
c. Radiographic view boxes and/or monitors
d. Processing units with darkroom capacity or digital equipment
e. Multiple sets of image receptor holding devices
f. Radiation-monitoring devices are provided for students and faculty (according to state regulations)
g. Lead aprons and cervical collars for each unit
h. Counter with sink
i. Dental chair or unit

Intent:
The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment.

Laboratory Facilities

4-9 A sufficient multipurpose laboratory facility must be provided for effective instruction which allows for required laboratory activities and can accommodate all scheduled students simultaneously. There must be an appropriate number of student stations, equipment, supplies, instruments and space for individual student performance of laboratory procedures with faculty supervision.

Intent:
The location and number of general use equipment such as lathes, model trimmers, dremmels, handpieces, vibrators, and other devices as well as dental materials, instruments, trays, mixing bowls, spatulas, etc. allows each student the access needed to develop proficiency in performing procedures.

Examples of evidence to demonstrate compliance may include:
- Outlets for electrical equipment are available in the laboratory.
- Sinks and plaster control devices are adequate in number to promote cleanliness and efficiency.
- Adequate ventilation (exhaust)
- Placement and storage location of equipment, supplies, instruments and materials that is conducive to efficient and safe utilization
- Student stations that are designed and equipped for students work while seated including sufficient ventilation and lighting, necessary utilities, storage space and an adjustable chair
- Documentation of compliance with applicable local, state and federal regulations.

Extended Campus Laboratory/Clinical Facilities

4-10 It is preferable and, therefore recommended, that the educational institution provide physical facilities and equipment which are adequate to permit achievement of the program's objectives. If the institution finds it necessary to contract for use of an existing facility for laboratory, preclinical and/or clinical education, then the following conditions must be met in addition to all existing standards.

a. There is a formal agreement between the educational institution and agency or institution providing the facility.
b. The program administrator retains authority and responsibility for instruction.
c. All students receive instruction and practice experience in the facility.
d. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the educational program.
e. Availability of the facility accommodates the scheduling needs of the program.
f. Notification for termination of the contract ensures that instruction will not be interrupted for currently enrolled students.

Intent:
This standard applies to sites off-campus used for laboratory, preclinical and/or clinical education. All students assigned to a particular facility are expected to receive instruction and practice experience in that facility. This standard is not applicable to dental offices/clinic sites used for clinical/externship practice experience.

Examples of evidence to demonstrate compliance may include:
- Contract with extended campus facilities
- Course and faculty schedules for the off-campus site
- Affiliation agreements and policies/objectives of off-campus site

Classroom Space

4-11 Classroom space must be provided for, and be readily accessible to, the program.

Examples of evidence to demonstrate compliance may include:
- Classroom size accommodates the number of students enrolled in each class.
- Classrooms are designed and appropriately equipped for effective instruction.

Office Space

4-12 Office space must be provided for the program administrator and faculty.

Examples of evidence to demonstrate compliance may include:
- Privacy for student counseling
- A private office for the program administrator
- Student and program records stored to ensure confidentiality and safety

Learning Resources

4-13 The program must provide adequate and appropriately maintained learning resources to support the goals and objectives of the program.

Intent:
Instructional aids and equipment, and institutional learning resources are provided and include access to a diversified collection of current dental, dental assisting and multidisciplinary literature and references necessary to support teaching, student learning needs, services, and research. All students, including those receiving education at a distance site, are provided access to learning resources.

Examples of evidence to demonstrate compliance may include:
- A diversified and current collection may include: anatomy and physiology, anesthesia and pain control, applied psychology, current concepts of dental assistant utilization, dental and oral anatomy, dental materials, diet and nutrition,

emergencies, ethics and jurisprudence, history of dentistry, microbiology, operative dentistry, oral health education, oral histology, oral pathology, pharmacology, practice management, preventive dentistry, radiology and radiation safety, sterilization and infection control, tooth morphology and the recognized dental specialties.

- References on educational methodology and medical and dental dictionaries and indices are available.
- Skeletal and anatomic models and replicas, sequential samples of laboratory procedures, slides, films, video and other media which depict current techniques and projection equipment are available for instruction.
- A wide range of electronic resources, printed materials and instructional aids and equipment are available for utilization by students and faculty including: current and back issues of major scientific and professional journals related to dentistry and dental assisting/dental hygiene/dental laboratory technology; a diversified collection of current references on dentistry and related subjects.
- There is a mechanism for program faculty to periodically review and select current titles and instructional aids of acquisition.
- Facility hours and policies are conducive to faculty and student use.
- Student access to a virtual library

Student Services

4-14 There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

Intent:
These policies and procedures protect the students as consumers; provide avenues for appeal and due process; ensure that student records accurately reflect work accomplished, and are maintained in a secure manner; ensure confidentiality of and access to student records is followed; ensure student participation when appropriate. The institution provides services to the allied dental students equal to those available to other students.

Examples of evidence to demonstrate compliance may include:

- Personal, academic and career counseling of students
- Appropriate information about the availability of financial aid and health services
- Student advocacy
- Information about further educational opportunities
- Ethical standards and policies to protect the students as consumers and avenues for appeal and due process
- Student records accurately reflect work accomplished during the program and are maintained in a secure manner.
- Policies concerning confidentiality of and access to student records are followed.

4-15 The program must provide a mechanism to facilitate student remediation when indicated.

Intent:
Students are provided with opportunities to successfully complete the program without compromising the integrity of the program.

Examples of evidence to demonstrate compliance may include:
- Policies and procedures for early identification of "at-risk" students
- Counseling and support services
- Scheduled remediation time
- Skills lab
- Tutor or mentoring program

STANDARD 5 – HEALTH AND SAFETY PROVISIONS

Infectious Disease/Radiation Management

5-1 The program must document its compliance with institutional policy and applicable regulations of local, state and federal agencies including, but not limited to, radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all students, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious disease(s) must be made available to applicants for admission and patients.

Intent:
The dental assisting program should establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.

Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing and retaking radiographs on patients, consistent with current, accepted dental practice.

Policies and procedures should be in place to provide for a safe environment for patients, students, faculty and staff. The confidentiality of information pertaining to the health status of each individual is strictly maintained.

This Standard applies to all program sites where laboratory and clinical education is provided.

Examples of evidence to demonstrate compliance may include:
Infectious Disease Management
- Written protocols on preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste
- Program policy manuals
- Compliance with applicable state and/or federal regulations
- Established post-exposure guidelines as defined by the Centers for Disease Control and Prevention
- Non-discriminatory admissions criteria

Radiation Management
- The program has developed and adheres to a policy on the use of ionizing radiation including criteria for patient selection, frequency of exposing radiographs on patients and retaking radiographs consistent with current accepted dental practice.
- Radiographs are exposed for diagnostic purposes, not solely to achieve instructional objectives.

- All radiographs exposed on patients are utilized while patient care is being provided for integration of radiography with clinical procedures.

5-2 Students, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, hepatitis B and tuberculosis prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and dental personnel.

Examples of evidence to demonstrate compliance may include:
- Forms
- Documentation
- Immunization records
- Declination forms

Emergency Management

5-3 The program must establish and enforce preclinical/clinical/laboratory protocols and mechanisms to ensure the management of emergencies; these protocols must be provided to all students, faculty and appropriate staff; faculty, staff and students must be prepared to assist with the management of emergencies.

Examples of evidence to demonstrate compliance may include:
- Emergency equipment, including oxygen, is readily accessible and functional.
- Instructional materials
- Written protocol
- Emergency kit
- Safety devices and equipment are installed and functional.
- A first aid kit for use in managing clinic and/or laboratory accidents is accessible.

5-4 All students, faculty and support staff must be currently certified in basic life support procedures, including cardiopulmonary resuscitation with an Automated External Defibrillator (AED), prior to the direct provision of patient care.

Examples of evidence to demonstrate compliance may include:
- Documentation of current certification in basic life support procedures maintained by the program for students, faculty and support staff involved in the direct provision of patient care.
- Documentation for anyone who is medically or physically unable to perform such services.

STANDARD 6 – PATIENT CARE SERVICES

THIS STANDARD APPLIES WHEN A PROGRAM HAS AN ON-SITE CLINIC AND PROVIDES DENTAL CARE.

Intent:
These standards apply to any dental assisting program operating an on-site or distance site clinic which provides comprehensive dental care to patients (e.g., diagnosis and treatment planning, operative and/or surgical procedures).

6-1 The program must conduct a formal system of quality assurance for the patient care program that demonstrates evidence of:

a. Standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria
b. An ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided

Examples of evidence to demonstrate compliance may include:
- Description of the quality assurance process for the patient care program
- Samples of outcomes assessment measures to assess patients' perceptions of quality care, i.e., patient satisfaction surveys and results
- Results of patient records review and use of results to improve patient care program

6-2 The program must develop and distribute to appropriate students, faculty, staff and each patient a written statement of patients' rights.

6-3 Patients accepted for dental care must be advised of the scope of dental care available at the dental assisting program facilities. Patients must also be advised of their treatment needs and appropriately referred for the procedures that cannot be provided by the program.

COMMISSION ON DENTAL ACCREDITATION

Evaluation & Operational Policies & Procedures

COMMISSION ON DENTAL ACCREDITATION

EVALUATION AND OPERATIONAL POLICIES AND PROCEDURES MANUAL

TABLE OF CONTENTS

I. INTRODUCTION AND GENERAL INFORMATION

A. PURPOSE OF THIS MANUAL

This manual provides information about the Commission on Dental Accreditation's accreditation policies and procedures for all institutions sponsoring dental, allied dental and advanced dental education programs. It contains background information on the Commission and its accreditation policies, as well as specific information to assist programs in attaining accreditation and in preparing for on-site reviews. The information in this manual applies to all dental education programs (predoctoral dental, advanced dental specialty, advanced general dentistry, dental assisting, dental hygiene and dental laboratory technology) except where specifically noted. Dates following each policy refer to the date of the Commission action to Adopt, Revise or Reaffirm the policy. A reference noted as CODA: 7/00;4 indicates that additional information can be found on page four (4) of the Commission's July 2000 minutes.

B. HISTORY AND AUTHORITY OF THIS COMMISSION

The Commission on Dental Accreditation, the successor of the Council on Dental Education which had conducted the accreditation program since 1937, began operating in 1975. Although the Commission has conducted all accreditation activities since it was formed in 1975, the Council on Dental Education (now known as the Council on Dental Education and Licensure) was the first accrediting body for dentistry and the related dental disciplines. All accreditation policy that had been used by the Council was adopted by the Commission in 1975 and became Commission policy even though some pre-1975 policy continues to be referenced in Council action and minutes. The Commission serves as the only nationally-recognized accrediting body for dentistry and the related dental fields. The Commission receives its accreditation authority from the acceptance of the dental community and by being recognized by the United States Department of Education (USDE), a governmental agency.

The Commission has participated in governmental recognition since 1952 when the U. S. Commissioner of Education was first required to publish a list of "nationally recognized accrediting agencies." USDE has established recognition requirements that an accrediting agency must meet in order to be recognized and conducts reviews for continued recognition at five-year intervals.

1. American Dental Association Bylaws

Section 130 Duties: The ADA Bylaws describe the duties of the Commission on Dental Accreditation as follows:

a. To formulate and adopt requirements and guidelines for the accreditation of dental, advanced dental and allied dental educational programs.
b. To accredit dental, advanced dental and allied dental educational programs.
c. To provide a means for appeal from an adverse decision of the accrediting body of the Commission to a separate and distinct body of the Commission whose membership shall be totally different from that of the accrediting body of the Commission.
d. To submit an annual report to the House of Delegates of this Association and interim reports, on request, and the Commission's annual budget to the Board of Trustees of the Association.
e. To submit the Commission's articles of incorporation and rules and amendments thereto to this Association's House of Delegates for approval by vote either through or in cooperation with the Council on Dental Education and Licensure.

Section 120. Power To Adopt Rules (excerpt): The Commission on Dental Accreditation shall have the authority to make corrections in punctuation, grammar, spelling, name changes, gender references, and similar editorial corrections to the *Rules* of the Commission on Dental Accreditation which do not alter its context or meaning without the need to submit such editorial corrections to the House of Delegates. Such corrections shall be made only by a unanimous vote of the Commission on Dental Accreditation members present and voting.

2. Rules Of The Commission On Dental Accreditation:

Article I. MISSION

The Commission on Dental Accreditation serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.

Article II. BOARD OF COMMISSIONERS

Section l. LEGISLATIVE AND MANAGEMENT BODY: The legislative and management body of the Commission shall be the Board of Commissioners.

Section 2. COMPOSITION: The Board of Commissioners shall consist of:

Four (4) members shall be selected from nominations open to all trustee districts from the active, life or retired members of this association, no one of whom shall be a faculty member working more than one day per week of a school of dentistry or a member of a state board of dental examiners or jurisdictional dental licensing agency. These members shall be nominated by the Board of Trustees and elected by the American Dental Association House of Delegates.

Four (4) members who are active, life or retired members of the American Dental Association shall be selected by the American Association of Dental Boards from the active membership of that body, no one of whom shall be a member of a faculty of a school of dentistry.

Four (4) members who are active, life or retired members of the American Dental Association shall be selected by the American Dental Education Association from its active membership. These members shall hold positions of professorial rank in dental schools accredited by the Commission on Dental Accreditation and shall not be members of any state board of dental examiners.

The remaining Commissioners shall be selected as follows: one (1) certified dental assistant selected by the American Dental Assistants Association from its active or life membership, one (l) licensed dental hygienist selected by the American Dental Hygienists' Association, one (l) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (l) student selected jointly by the American Student Dental Association and the Council of Students of the American Dental Education Association, one (1) dentist for each ADA recognized dental specialty who is board certified in the respective special area of practice and is selected by the respective specialty sponsoring organization, one (1) dentist representing postdoctoral general dentistry who is jointly appointed by the American Dental Education Association and the Special Care Dentistry Association and four (4) consumers who are neither dentists nor allied dental personnel nor teaching in a dental or allied dental education institution and who are selected by the Commission, based on established and publicized criteria. In the event a Commission member sponsoring organization fails to select a Commissioner, it shall be the responsibility of the

Commission to select an appropriate representative to serve as a Commissioner. A member of the Standing Committee on the New Dentist (when assigned by the ADA Board of Trustees) and the Director of the Commission shall be ex-officio members of the Board without the right to vote.

Section 3. TERM OF OFFICE: The term of office of the members of the Board of Commissioners shall be one four (4) year term except that the member jointly selected by the American Dental Education Association and the American Student Dental Association shall serve only one two (2) year term.

Section 4. POWERS:

A. The Board of Commissioners shall be vested with full power to conduct all business of the Commission subject to the laws of the State of Illinois, these *Rules* and the *Constitution and Bylaws* of the American Dental Association.

B. The Board of Commissioners shall have the power to establish rules and regulations not inconsistent with these *Rules* to govern its organization and procedures.

Section 5. DUTIES:

A. The Board of Commissioners shall prepare a budget at its winter meeting each year for carrying on the activities of the Commission for the ensuing fiscal year and shall submit said budget to the Board of Trustees of the American Dental Association for funding in accordance with Chapter XIV of the *Bylaws* of the American Dental Association.

B. The Board of Commissioners shall submit an annual report of the Commission's activities to the House of Delegates of the American Dental Association and interim reports, on request, to the Board of Trustees of the American Dental Association.

C. The Board of Commissioners shall appoint special committees of the Commission for the purpose of performing duties not otherwise assigned by these *Rules*.

D. The Board of Commissioners shall appoint consultants to assist in developing accreditation standards and conducting accreditation evaluations, including on-site reviews of predoctoral, advanced dental educational and allied dental educational programs and to assist with other duties of the Commission from time to time as needed.

Section 6. MEETINGS:

A. REGULAR MEETINGS: There shall be two (2) regular meetings of the Board of Commissioners each year.

B. SPECIAL MEETINGS: Special meetings of the Board of Commissioners may be called at any time by the Chairman of the Commission. The Chairman shall call such meetings on request of a majority of the voting members of the Board provided at least ten (10) days notice is given to each member of the Board in advance of the meeting. No business shall be considered except that provided in the call unless by unanimous consent of the members of the Board present and voting.

C. LIMITATION OF ATTENDANCE DURING MEETINGS: In keeping with the confidential nature of the deliberations regarding the accreditation status of individual educational

programs, a portion of the meetings of the Commission, and its committees shall be designated as confidential, with attendance limited to members, the American Dental Association Trustee Liaison, selected staff of the Commission and affiliated accreditors. During this part of the meeting, only confidential accreditation actions may be considered.

Section 7. QUORUM: A majority of the voting members of the Board of Commissioners shall constitute a quorum.

Article III. APPEAL BOARD

Section 1. APPEAL BOARD: The appellate body of the Commission shall be the Appeal Board which shall have the authority to hear and decide appeals filed by predoctoral and advanced dental educational and allied dental educational programs from decisions rendered by the Board of Commissioners of the Commission denying or revoking accreditation.

Section 2. COMPOSITION: The Appeal Board shall consist of four (4) permanent members. The four (4) permanent members of the Appeal Board shall be selected as follows: one (1) selected by the Board of Trustees of the American Dental Association from the active, life or retired membership of the American Dental Association giving special consideration whenever possible to former members of the Council on Dental Education and Licensure, one (l) member selected by the American Association of Dental Boards from the active membership of that body, one (1) member selected by the American Dental Education Association from the active membership of that body and one (l) consumer member who is neither a dentist nor an allied dental personnel nor teaching in a dental or allied dental educational program and who is selected by the Commission, based on established and publicized criteria. In addition, a representative from either an allied or advanced education discipline would be included on the Appeal Board depending upon the type and character of the appeal. Such special members shall be selected by the appropriate allied or specialty organization. Since there is no national organization for general practice residencies and advanced education programs in general dentistry, representatives of these areas shall be selected by the American Dental Education Association and the Special Care Dentistry Association. One (l) member of the Appeal Board shall be appointed annually by the Chairman of the Commission to serve as the Chairman and shall preside at all meetings of the Appeal Board. If the Chairman is unable to attend any given meeting of the Appeal Board, the other members of the Appeal Board present and voting shall elect by majority vote an acting Chairman for that meeting only. The Director of the Commission shall provide assistance to the Appeal Board.

Section 3. TERM OF OFFICE: The term of office of members on the Appeal Board shall be one four (4) year term.

Section 4. MEETINGS: The Appeal Board shall meet at the call of the Director of the Commission, provided at least ten (10) days notice is given to each member of the Appeal Board in advance of the meeting. Such meetings shall be called by the Director only when an appeal to the appellate body has been duly filed by a predoctoral or advanced dental educational or allied dental educational program.

Section 5. QUORUM: A majority of the voting members of the Appeal Board shall constitute a quorum.

Section 6. VACANCIES:

A. In the event of a vacancy in the membership of the Appeal Board of the Commission, the Chairman of the Commission shall appoint a member of the same organization, or in the case of a consumer of the general public, possessing the same qualifications as established by these Rules, to fill such vacancy until a successor is selected by the respective representative organization.
B. If the term of the vacated position has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is appointed, the successor member shall be eligible for a new, consecutive four-year term. If fifty percent (50%) of more of the vacated term remains to be served at the time of the appointment, the successor member shall not be eligible for another term.

Article IV. ACCREDITATION PROGRAM

Section l. ACCREDITATION STANDARDS: The Commission, acting through the Board of Commissioners, shall establish and publish specific accreditation standards for the accreditation of predoctoral and advanced dental educational and allied dental educational programs.

Section 2. EVALUATION: Predoctoral and advanced dental educational and allied dental educational programs shall be evaluated for accreditation status by the Board of Commissioners on the basis of the information and data provided on survey forms and secured by the members of, and consultants to, the Board of Commissioners during site evaluations.

If the Board of Commissioners decides to deny, for the first time, accreditation to a new educational program or to withdraw accreditation from an existing program, the Board of Commissioners shall first notify the educational program of its intent to deny or withdraw accreditation. Such notice, together with announcement of the date of the next meeting of the Board of Commissioners, shall be sent to the educational program by certified mail, return receipt requested, within fourteen (14) days following the intent to deny or withdraw decision of the Board of Commissioners. Within thirty (30) days after receipt of such notice, the educational program may, in writing, request a hearing before the Board of Commissioners at its next meeting. Within fifteen (15) days after receipt of the request, the Board of Commissioners shall schedule a hearing and notify the educational program of the date, time and place of such hearing. A request for a hearing due to the Board of Commissioner's decision to deny for the first time, accreditation to a new program, shall automatically stay the decision to deny accreditation. In the event the educational program that has been denied initial accreditation for the first time does not make a timely request for a hearing, the Board of Commissioners' findings and proposed decision to deny accreditation shall become final.

Section 3. HEARING: Upon completion of an evaluation for accreditation status, the Board of Commissioners shall notify the predoctoral, advanced or allied dental educational program (hereinafter called "educational program") of its findings and decision regarding the program's accreditation status. Two types of hearings can be held to review the appropriateness of the decision made by the Commission:

A. CHALLENGE: This type of hearing is available to a program/institution that wishes to challenge the decision of the Commission to change its accreditation status or to a new program that wishes to challenge the decision of the Commission to deny, for the first time, initial accreditation. When an institution/program believes that the Commission has made an error in judgment, a hearing may be requested. The hearing before the Commission would be held at the next regularly scheduled meeting. Representatives of the institution/program may

present arguments that the Commission, based on the information available when the decision was made, made an error in judgment in determining the accreditation status of the program. The educational program need not appear in person or by its representatives at the hearing. Legal counsel may represent the educational program at the hearing. During the hearing, the educational program may offer evidence and argument in writing or orally or both tending to refute or overcome the factual findings of the Board of Commissioners. The Director of the Board of Commissioners must receive any written evidence or argument at least thirty (30) days prior to the hearing. No new information regarding correction of the deficiencies may be presented.

B. SUPPLEMENT: An institution/program may request a hearing in order to supplement written information, which has already been submitted to the Commission. A representative of the institution would be permitted to appear in person before the Commission to present this additional information.

When a hearing to provide supplemental information is desired, a written request is to be made to the Director of the Commission thirty (30) days prior to the meeting. The chairman and the Director of the Commission determine the disposition of the request and inform the requestor of the date, hour and amount of time which will be allocated for the hearing.

Section 4. APPEAL: In the event the final decision of the Board of Commissioners is a denial or withdrawal of accreditation, the educational program shall be informed of this decision within fourteen (14) days following the Commission meeting. Within fourteen (14) days after receipt of the final decision of the Board of Commissioners, the educational program may appeal the decision of the Board of Commissioners by filing a written appeal with the Director of the Board of Commissioners. The filing of an appeal shall automatically stay the final decision of the Board of Commissioners. The Appeal Board of the Commission shall convene and hold its hearing within sixty (60) days after the appeal is filed. The educational program filing the appeal may be represented by legal counsel and shall be given the opportunity at such hearing to offer evidence and argument in writing or orally or both tending to refute or overcome the findings and decision of the Board of Commissioners. No new information regarding correction of the deficiencies may be presented with the exception of review of new financial information if all of the following conditions are met: (i) The financial information was unavailable to the institution or program until after the decision subject to appeal was made. (ii) The financial information is significant and bears materially on the financial deficiencies identified by the Commission. The criteria of significance and materiality are determined by the Commission. (iii) The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's or program's failure to meet the Commission's standard pertaining to finances. An institution or program may seek the review of new financial information described in this section only once and any determination by the Commission made with respect to that review does not provide a basis for an appeal. The educational program need not appear in person or by its representative at the appellate hearing. The Appeal Board may make the following decisions: to affirm, amend, remand, or reverse the adverse actions of the Commission. A decision to affirm, amend or reverse the adverse action is implemented by the Commission. In a decision to remand the adverse action for further consideration, the Appeal Board will identify specific issues that the Commission must address. The Commission must act in a manner consistent with the Appeal Board's decisions or instructions. The Appeal Board shall advise the appellant educational program of the Appeal Board's decision in writing by registered or certified mail. The decision rendered by the Appeal Board shall be final and binding. In the event the educational program does not file a timely appeal of the Board of Commissioners' findings and decision, the Board of Commissioners' decision shall become final.

Section 5. HEARING AND APPEAL COSTS: If a hearing is held before the Board of Commissioners, the costs of the Commission respecting such hearing shall be borne by the Commission. If an appeal is heard by the Appeal Board, the costs of the Commission respecting such appeal shall be shared equally by the Commission and the appellant educational program filing the appeal except in those instances where equal sharing would cause a financial hardship to the appellant. However, each educational program shall bear the cost of its representatives for any such hearing or appeal.

Article V. OFFICERS

Section l. OFFICERS: The officers of the Commission shall be a Chair, Vice-Chair and a Director and such other officers as the Board of Commissioners may authorize. The Chair and Vice-Chair shall be elected by the members of the Commission. The Chair and Vice-Chair shall be active, life or retired member of the American Dental Association.

Section 2. DUTIES: The duties of the officers are as follows:

A. CHAIR: The Chair shall preside at all meetings of the Board of Commissioners.

B. VICE-CHAIR: If the Chair is unable to attend any given meeting of the Board of Commissioners, the Vice-Chair shall preside at the meeting. If the Vice-chair is unable to attend the meeting, the other members of the Board of Commissioners present and voting shall elect by majority vote an acting chair for the purpose of presiding at that meeting only.

C. DIRECTOR: The Director shall keep the minutes of the meetings of the Board of Commissioners, prepare an agenda for each meeting, see that all notices are duly given in accordance with the provisions of these *Rules* or as required by law, be the custodian of the Commission's records, and in general shall perform all duties incident to the office of Director.

Article VI. MISCELLANEOUS

The rules contained in the current edition of "Sturgis Standard Code of Parliamentary Procedures" shall govern the deliberations of the Board of Commissioners and Appeal Board in all instances where they are applicable and not in conflict with the *Rules* or the previously established rules and regulations of the Board of Commissioners.

Article VII. AMENDMENTS

These *Rules* may be amended at any meeting of the Board of Commissioners by majority vote of the members of the Board present and voting subject to the subsequent approval of the House of Delegates of the American Dental Association.

Revised: 8/10, 10/02, 10/97, 10/87, 11/82; Reaffirmed: 8/12

Adopted by the Commission on Dental Accreditation, February 1, 2002. Approved by the ADA House of Delegates, October 2002. Revisions adopted by the Commission on Dental Accreditation, August 2010. Approved by the ADA House of Delegates, October 2010. Revision of Mission Statement adopted by the Commission on Dental Accreditation, August 2012. Approved by the ADA House of Delegates, October 2012.

3. Governing Law And Venue Policy: Any court action challenging an adverse accreditation decision made by the Commission or otherwise pertaining to these Evaluation and Operational Policies and Procedures (EOPP) shall be governed by and construed in accordance with the laws of Illinois, without regard to where the challenge arises and without regard to conflict of laws principles. Any suit pertaining to EOPP shall be brought in the state or federal courts sitting in Chicago, Illinois, each party subject to the EOPP waiving any claim or defense that such forum is not convenient or proper. Each such party further agrees that any such court shall have *in personam* jurisdiction over it and consents to service of process in any manner authorized by Illinois law.

Revised: 8/10; Reaffirmed: 8/12; Adopted: 7/07

C. SCOPE AND DECISIONS

The Commission on Dental Accreditation is concerned with the educational quality of dental, allied dental and advanced and specialty dental education programs in the United States. The Commission accredits more than 1300 programs in the disciplines within its purview, conducting all aspects of the accreditation process. Through its accreditation activities, the Commission attempts to foster educational excellence, supports programmatic self-improvement and assures the general public of the ongoing availability of quality dental care. These goals are an integral part of a process of evaluation which combines on-site visits with regular review of written and quantitative data. Decisions on accreditation status are the sole responsibility of the Commission. Neither Commission staff, site visitors, independent consultants, individual members of the Commission, nor any other agents of the Commission are empowered to make or modify accreditation decisions.

The Commission formulates and adopts accreditation standards for the accreditation of predoctoral dental education programs, advanced and specialty dental education programs and allied dental education programs.

The Commission, in fulfilling its accreditation responsibilities, focuses on the educational results or outcomes of the programs for which it has authority, as well as on the process used to obtain these results. During its review process, the Commission evaluates programs in relation to predetermined standards. These accreditation standards afford educational institutions latitude and flexibility in program development and implementation. In evaluating the educational process, the Commission applies the established accreditation standards for each discipline uniformly to all programs. All accreditation actions are based on and directly linked to the educational standards or required accreditation policies.

The Commission shares routinely with other accrediting agencies and state licensing agencies information about the status of and any adverse actions taken against any accredited program. Likewise, the Commission receives information about the accreditation actions taken by other accrediting agencies. In accord with established procedure, staff reviews that information and makes note of actions taken at those institutions that also sponsor a Commission-accredited program. When a new program seeks initial accreditation, information regarding the sponsoring institution's accreditation status must be provided. If any potential problems are revealed, staff seeks additional clarifying information and presents that information to the Commission, usually at its next regularly scheduled meeting. If the Commission were notified by the Department of Education of a potential problem at an institution sponsoring an education program accredited by the Commission on Dental Accreditation, that issue would be addressed immediately.

Revised: 8/14; Reaffirmed: 8/12, 8/10

D. UNITED STATES DEPARTMENT OF EDUCATION

The United States Department of Education (USDE) periodically publishes a list of Nationally Recognized Accrediting Agencies and Associations, which is used to determine eligibility for U.S. federal funding or government assistance under certain legislation. Agencies and associations included on the USDE list are those determined to be the reliable authorities in evaluating the quality of education offered by educational institutions or programs. In order for institutions to become eligible for federal funds, the accrediting agency for that institution must be recognized by USDE. The authority and recognition responsibility of USDE is governed by the Higher Education Act (HEA) of 1965, as amended. This legislation is periodically reauthorized, usually at five-year intervals. Following each reauthorization, the Department promulgates new Procedures and Criteria for Recognition of Accrediting Agencies. The Secretary of Education requires the Commission on Dental Accreditation to submit to USDE the standards, policies and procedures used in its evaluation program. Periodic reviews by USDE are conducted to determine the Commission's continued eligibility for recognition. The Commission on Dental Accreditation has been recognized since the first recognition list was published in 1952.

Policy On Communication With The United States Department Of Education (USDE):

As required by the USDE, the Commission will forward to the USDE Secretary annually the following:

- Copies of all Annual Report(s);
- Copies, updated annually, of its directory of accredited programs;
- A summary of the Commission's major accrediting activities during the previous year, if requested by the Secretary of Education; and
- Any proposed changes in the Commission's policies, procedures, or accreditation standards that might alter the Commission's scope of recognition or compliance with the requirements of this part of the USDE recognition criteria.

Revised: 8/10; Reaffirmed: 8/12. 7/07, 7/01; CODA: 7/96:23

E. PHILOSOPHY OF ACCREDITATION

The Commission believes that its first responsibility is accountability to the public. The Commission fulfills its responsibility to the public by ensuring that the programs under its purview meet the established educational standards, that Commission policies are applied impartially, and that the Commission follows established procedures to obtain input from a broad constituency and allow for due process. Further, representatives from the public are members of the Commission and its Review Committees, and public comment is regularly solicited on the accreditation standards as well as the educational programs accredited by the Commission.

Reaffirmed: 8/12; Adopted: 8/10

1. Accreditation Standards: The Commission on Dental Accreditation evaluates the educational quality of dental and dental-related programs in the United States. All 50 states plus Puerto Rico and the District of Columbia recognize the Commission's authority to accredit dental and dental-related education programs in the dental and dental-related disciplines. The Commission on Dental Accreditation has developed accreditation standards for each of the disciplines within its purview. The standards, which are the basis for accreditation actions, are reviewed periodically and revised as necessary (see Policy and Procedures for Development and Revision of Accreditation Standards). Documents for each discipline are available from the Commission office upon request. In addition, each dental and dental-related educational program defines its own goals and objectives for preparing members of the dental team. The

extent to which a program meets its own goals and objectives is also considered by the Commission.

Reaffirmed: 8/10

2. Accreditation Cycle: The Commission on Dental Accreditation formally evaluates programs at regular intervals. Comprehensive site visits based on a self-study are routinely conducted every seven years. Programs in the specialty of oral and maxillofacial surgery are site visited at five-year intervals. Programs found to be in full compliance with the accreditation standards are awarded the accreditation classification of Approval Without Reporting Requirements. Programs not in full compliance with the accreditation standards are awarded the accreditation classification of Approval With Reporting Requirements.

Revised: 1/98, 1/99; Reaffirmed: 8/12, 8/10, 7/05; Adopted: 7/97, 7/96

F. RECIPROCAL AGREEMENT WITH THE COMMISSION ON DENTAL ACCREDITATION OF CANADA

The reciprocal accreditation arrangement between the Commission on Dental Accreditation and the Commission on Dental Accreditation of Canada (CDAC) has been maintained and expanded since its adoption in 1956. Under the reciprocal agreement, each Commission recognizes the accreditation of educational programs in specified categories accredited by the other agency. Under this arrangement, the Commissions agree that the educational programs accredited by the other agency are equivalent to their own and no further education is required for eligibility for licensure. Commissioners and staff of the accrediting agencies will regularly attend the meetings of the other agency and its standing committees. In addition, Commissioners and/or staff will participate annually in at least one site visit conducted by the other agency. The Commissions believe that this cross-participation is important in maintaining an understanding of the accreditation processes in each country and in ensuring that the accreditation processes in each country continue to be equivalent.

The following educational programs are included in the scope of the reciprocal agreement.

- Predoctoral dental education
- Dental hygiene
- Level II dental assisting
- All nine (9) ADA recognized advanced specialty education programs

The following statement is used in each issue of the List of Accredited Advanced Education Programs and in each issue of the List of Accredited Dental Education Programs:

> Canadian Programs
> By reciprocal agreement, programs that are accredited by the Commission on Dental Accreditation of Canada are recognized by the Commission on Dental Accreditation. However, individuals attending dental programs in one country and planning to practice in another country should carefully investigate the requirements of the licensing jurisdiction where they wish to practice.
>
> By reciprocal agreement, Level II Dental Assisting and Dental Hygiene programs that are accredited by the Commission on Dental Accreditation of Canada are recognized by the Commission on Dental Accreditation.

Revised: 2/15; 7/91; Reaffirmed: 8/12, 8/10, 7/07, 1/03, 7/01; CODA: 1/97:03, 1/94:4-5

G. INTEGRITY

Integrity is expected**.** In its relationships with the Commission, a program shall demonstrate honesty and integrity. By seeking accreditation or re-accreditation, the program agrees to comply with Commission requirements, policies, guidelines, self-study requirements, decisions and requests.

- In the accreditation process, the program shall be completely candid, providing all pertinent information; and
- With due regard for the rights of individual privacy, the program shall provide the Commission with access to all parts of its operations, and with complete and accurate information about the program's affairs, including reports of other accrediting, licensing and auditing agencies, as requested.

The program's failure to report honestly, by presenting false information, by omission of essential information or by distortion of information with the intent to mislead, constitutes a breach of integrity, in and of itself. If it appears to the Commission that the program has violated the principles of integrity in the materials submitted to the Commission or in any other manner that requires immediate attention, an investigation will be made, and the program will be offered an opportunity to respond to suspected violations. The Commission will ordinarily withdraw accreditation from a program, after due notice, if:

- The Commission concludes that the program has engaged in illegal conduct or is deliberately misrepresenting itself or presenting false information to the faculty, staff, students, the public or the Commission; or
- The program fails to provide fully and truthfully all pertinent information and materials requested by the Commission.

The Commission may immediately withdraw accreditation if it deems that action to be the most appropriate way to address the issue.

Reaffirmed: 8/12, 8/10; Adopted: 7/08

H. DEVELOPMENT OF ADMINISTRATIVE AND OPERATIONAL POLICY STATEMENTS

The purpose of the Commission on Dental Accreditation as described in its *Rules* and in the American Dental Association (ADA) *Bylaws* is (1) to formulate and adopt requirements and guidelines for the accreditation of predoctoral and advanced dental educational and allied dental education programs and (2) to accredit predoctoral and advanced dental educational and allied dental education programs. It is frequently necessary for the Commission to develop policy statements in the process of conducting its business. Such policy may be accreditation related, administrative or operational. The intended audience of a policy statement may be the accredited programs, the broader educational community, the dental community, the general public or some other more specialized audience.

Although policy statements adopted by the Commission may serve a variety of purposes, the procedures which precede adoption are very similar. Comment from all potentially affected communities will generally be obtained by circulating the proposed policy to the appropriate discipline-related Review Committees and, on occasion, to those organizations traditionally viewed as partners in the accreditation process. Some circumstances dictate even wider circulation to a broader community to provide the Commission with the information it needs in order to take action. Although the issue may have come from a specific discipline, the Commission may determine that the issue may affect a broader community and provide guidance to staff for further development of the issue. While the Commission may elect to circulate policy for comment, it is not required to do so. Operational policy, such as that related to

Commission and Review Committee meetings or policies and procedures related to the accreditation of programs, are the purview of the Commission's standing committee on Outcome Assessment, and may not be sent out for comment

Reaffirmed: 8/12, 8/10

1. Procedure: The following procedure is used when basic policy statements are developed:

1. An issue or concern surfaces during or between meetings and is placed on the agenda for the next meeting of the Commission.
2. If an issue surfaces between meetings, it is automatically placed on the next agenda.
3. If an issue surfaces during a meeting, the Commission determines whether or not the issue will be considered further at the next meeting.
4. Staff studies the issue, gathers information from appropriate sources and develops a draft policy statement for circulation to all potentially affected Review Committees.
5. The recommendations of each affected Review Committee on the draft policy statement are forwarded to the Commission. The Commission may take action on the statement in one of the following ways:
   - The statement may be ruled unnecessary and rejected;
   - The statement may be referred back to staff for further work (additional study or redrafting) which should be clearly specified; or
   - The statement may be adopted, with or without amendments.

If adopted, the policy statement is included in the appropriate compilation of Commission policy statements. In general, the following occurs:

- Accreditation-related policies are included in the Commission's *Evaluation and Operational Policies and Procedures Manual*.
- Accredited programs will be informed of the new policy, usually through an article posted in the Accreditation Area of the Commission's website.

Revised: 2/15; Reaffirmed: 8/12, 8/10

2. Staff Protocol For Drafting Policy Reports: The staff member:

1. Receives writing assignment and determines which staff should be involved in the assignment;
2. Conducts preliminary planning meeting;
3. Develops framework (e.g., outline, notes) for report;
4. Prepares an executive summary that clearly delineates the exact charge to the Review Committee(s). This approach will be taken on policies considered by more than one Review Committee (1500's);
5. Circulates the framework to the Director and managers (those determined at time of assignment);
6. Conducts staff meeting to resolve substantive differences, if necessary;
7. Drafts report;
8. Circulates draft report to the Director and managers for review & comment; requests reviewers to highlight strong concerns; and
9. Conducts staff meeting to resolve any substantive differences in comments received (if necessary).

Revised: 7/06; 7/97; Reaffirmed: 8/12, 8/10, 7/07, 7/01; CODA: 5/88:5

II. REVIEW COMMITTEES AND BOARD OF COMMISSIONERS

A. REVIEW COMMITTEES AND REVIEW COMMITTEE MEETINGS

1. Structure: The chair of each Review Committee will be the appointed Commissioner from the relevant discipline.

i. The Commission will appoint all Review Committee members.
   a. Review Committee positions not designated as specialty or discipline specific will be appointed from the Commission where feasible, e.g. a public representative on the Commission could be appointed to serve as the public member on the Dental Laboratory Technology Review Committee; an ADA appointee to the Commission could be appointed to the Dental Assisting Review Committee as the general dentist practitioner.
   b. Specialty or discipline specific positions on Review Committees will be filled by appointment by the Commission of an individual from a small group of qualified nominees (at least two) submitted by the relevant national organization, specialty organization or certifying board. Nominating organizations may elect to rank their nominees, if they so choose. If fewer than two (2) qualified nominees are submitted, the appointment process will be delayed until such time as the minimum number of required qualified nominations is received.

ii. Consensus is the method used for decision making; however if consensus cannot be reached and a vote is required, then the Chair may only vote in the case of a tie (American Institute of Parliamentarians Standard Code of Parliamentary Procedures).

iii. Member terms will be staggered, four year appointments; multiple terms may be served on the same or a different committee, with a one-year waiting period between terms. A maximum of two (2) terms may be served in total. The one-year waiting period between terms does not apply to public members.

iv. One public member will be appointed to each committee.

v. The size of each Review Committee will be determined by the committee's workload.

vi. As a committee's workload increases, additional members will be appointed while maintaining the balance between the number of content experts and non-content experts. Committees may formally request an additional member through New Business at Review Committee/Commission meetings. If an additional member is approved, this member must be a joint nomination from the professional organization and certifying board, as applicable.

vii. Conflict of interest policies and procedures are applicable to all Review Committee members.

viii. Review Committee members who have not had not been on a site visit within the last two (2) years prior to their appointment on a Review Committee should observe at least one site visit within their first year of service on the Review Committee.

ix. In the case of less than 50% of discipline-specific experts, including the Chair, available for a review committee meeting, for specified agenda items or for the entire meeting, the Review Committee Chair may temporarily appoint an additional discipline-specific expert(s) with the approval of the CODA Director. The substitute should be a previous Review Committee member or an individual approved by both the Review Committee Chair and the CODA Director. The substitute would have the privileges of speaking, making motions and voting.

x. Consent agendas may be used by Review Committees, when appropriate; however, more than 50% of the discipline-specific members must be present to evaluate the consent agenda.

Revised: 2/15; 1/14, 2/13, 8/10, 7/09; 7/08; 7/07; Adopted: 1/06

2. Composition

Predoctoral Education Review Committee (8 members)

1 discipline-specific Commissioner appointed by American Dental Education Association
1 public member
3 dental educators who are involved with a predoctoral dental education program (two must be general dentists)
1 general dentist } (One of whom is a practitioner
1 specialty dentist } and the other an educator)
1 dental assistant, hygienist, or dental laboratory technology professional educator

Three (3) Advanced Specialty Education Review Committees (DPH, OMP, OMR - 5 members each. At least one member must be a dental educator.)

1 discipline-specific Commissioner appointed by specialty sponsoring organization
1 public member
1 specialty organization representative
1 specialty certifying board representative
1 general dentist

Six (6) Advanced Specialty Education Review Committees (ENDO, OMS, ORTHO, PERIO, PED, PROS - 6 members each. At least one member must be a dental educator.)

1 discipline-specific Commissioner appointed by specialty sponsoring organization
1 public member
1 specialty organization representative
1 specialty certifying board representative
1 specialty certifying board and specialty organization representative
1 general dentist

Postdoctoral General Dentistry Education Review Committee (12 members)

1 discipline-specific Commissioner, jointly appointed by American Dental Education Association (ADEA) and Special Care Dentistry Association (SCDA)
1 public member
2 current General Practice Residency (GPR) educators nominated by the SCDA
2 current Advanced Education in General Dentistry (AEGD) educators nominated by ADEA
1 oral medicine educator nominated by the American Academy of Oral Medicine
1 dental anesthesiology educator nominated by the American Society of Dentist Anesthesiologists
1 orofacial pain educator nominated by the American Academy of Orofacial Pain
1 general dentist graduate of a GPR or AEGD
1 specialty dentist
1 higher education or hospital administrator with past or present experience in administration in a teaching institution

Dental Assisting Education Review Committee (10 members)

1 discipline-specific Commissioner appointed by American Dental Assistants Association
1 public member
2 general dentists (practitioner or educator)
5 dental assisting educators
1 dental assisting practitioner who is a graduate of a Commission accredited program

Dental Hygiene Education Review Committee (11 members)
1 discipline-specific Commissioner appointed by American Dental Hygienists' Association
1 public member
4 dental hygienist educators
2 dental hygienist practitioners
1 dentist (general or specialist)
1 dentist educator
1 higher education administrator

Dental Laboratory Technology Education Review Committee (5 members)
1 discipline-specific Commissioner appointed by National Association of Dental Laboratories
1 public member
1 general dentist
1 dental laboratory technology educator
1 dental laboratory owner nominated by National Association of Dental Laboratories

Revised: 2/15; 8/14; 2/13, 7/09, 7/08, 1/08; Reaffirmed: 8/10; Adopted: 1/06

3. Nomination Criteria: The following criteria are requirements for nominating members to serve on the Review Committees. Rules related to the appointment term on Review Committees apply.

All Nominees:
- Ability to commit to one four (4) year term;
- Willingness to commit ten (10) to twenty (20) days per year to Review Committee activities, including training, comprehensive review of print and electronically delivered materials and travel to Commission headquarters;
- Ability to evaluate an educational program objectively in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment;
- Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment);
- Ability to conduct business through electronic means (email, Commission Web Sites); and
- Active, life or retired member of the American Dental Association, where applicable.

Educator Nominees:
- Commitment to dental, advanced dental and/or allied dental education;
- Active involvement in a dental or dental-related accredited program as a full- or part-time faculty member;
- Subject matter experts with formal education and credentialed in the applicable discipline; and
- Prior or current experience as a Commission site visitor.

Practitioner Nominees:
- Commitment to dental, advanced dental and/or allied dental education;
- Prior or current experience as a practitioner; and
- Formal education and credential in the applicable discipline.

Public/Consumer Nominees:
- A commitment to bring the public/consumer perspective to Review Committee deliberations. The

nominee should not have any formal or informal connection to the profession of dentistry; also, the nominee should have an interest in, or knowledge of, health-related and accreditation issues. In order to serve, the nominee must not be a:

a. Dentist or member of an allied dental discipline;
b. Member of a dental, advanced dental or allied dental program faculty;
c. Employee, member of the governing board, owner, or shareholder of, or independent consultant to, a dental, advanced dental or allied dental education program that is accredited by the Commission on Dental Accreditation, has applied for initial accreditation or is not-accredited;
d. Member or employee of any professional/trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission, dental education or dentistry; and
e. Spouse, parent, child or sibling of an individual identified above (a through d).

Higher Education Administrator:

- A commitment to bring the higher education administrator perspective to the Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Hospital Administrator:

- A commitment to bring the hospital administrator perspective to Review Committee deliberations. In order to serve, the nominee must not be a:
  a. Member of any trade association, licensing/regulatory agency or membership organization related to, affiliated with or associated with the Commission; and
  b. Spouse, parent, child or sibling of an individual identified above.

Revised: 8/14; 8/10; Adopted: 07/08

4. Policy On Attendance At Open Portion Of Review Committee Meetings: The policy portion of Review Committee meetings is open to representatives from organizations and certifying boards represented on the Review Committee. Participation of these representatives during the meeting is at the discretion of the Review Committee Chair.

Representatives attending the open portion of meetings are asked to pre-register to assist the Commission in making arrangements for the meeting. Pre-registration ensures that the individual receives a copy of the meeting agenda and policy reports at the same time as Review Committee members.

Revised: 2/15; 7/07, 7/97; Reaffirmed: 8/10, 7/01; CODA: 07/96:10

5. Chairs Of Review Committees: The Chair of the Predoctoral Review Committee is selected by the Chair of the Commission from among the four Commissioners appointed by ADEA. All other Review Committees are chaired by the Commissioner for the respective discipline/specialty.

Reaffirmed: 8/10

6. Calibration Protocol: The following protocol used to calibrate Review Committee members:

i. Documentation Guidelines for Selected Recommendations is provided to all programs scheduled to submit either a response to a preliminary draft site visit report or a progress report.
ii. Documentation Guidelines for Selected Recommendations is provided to all members of Review Committees for use as accreditation reports are reviewed.

iii. At the beginning of each committee meeting, the chair reminds the committee of the Documentation Guidelines for Selected Recommendations and reviews how the document is to be used.
iv. A specific calibration exercise is conducted prior to each committee's consideration of accreditation reports.
v. Each staff secretary refers the committee to the Documentation Guidelines at appropriate points throughout the committee's discussion of accreditation reports.
vi. At the end of the committee's accreditation actions, the staff secretary asks for comments and feedback on the calibration process.
vii. Following each meeting of the Commission, a staff meeting is convened for the purpose of discussing input received from each committee on the *Documentation Guidelines for Selected Recommendations*. Appropriate adjustments are incorporated into the document annually, following the July meeting of the Commission.
viii. When specific calibration problems are identified, a specific exercise to address the problem will be designed and implemented as soon as feasible, usually at the next meeting.
ix. Reports of calibration activities are provided to the committees and the Commission as needed.

Revised: 7/97, 7/00; Reaffirmed: 8/10, 7/07, 7/01; CODA: 12/92:8

7. Procedure To Resolve Differences Between Allied Dental Review Committees: The Dental Assisting, Dental Hygiene and Dental Laboratory Technology Education Review Committees usually consider reports with common recommendations as their first item of accreditation business. The staff secretaries compare the two or three committees' decisions relative to the common recommendations, accreditation status and changes to the report. Discrepancies must then be reconsidered.

At the earliest opportunity convenient to the involved Review Committees, the two reviewers (primary and secondary) from each committee will meet to discuss and resolve any differences. These individuals will be excused, if necessary, from committee deliberations for this purpose and committees will adjust their agendas as much as possible to accommodate this process. The two reviewers from each committee will have delegated authority to act on behalf of their respective committees in reaching consensus.

Representatives of the Review Committees should be reminded prior to the joint meeting that every effort should be made to focus on substantive issues affecting accreditation status, to relate report contents to the discipline standards and to reach a consensus whenever appropriate. The agreed-upon decision, or the failure to achieve consensus, will be reported back to the disciplines' Review Committees.

If a decision on a single joint recommendation cannot be reached by consensus, then each committee will prepare a report stating the rationale for its recommendation and all reports will be submitted to the Commission for consideration. The Chair and Director of the Commission should be informed promptly when this occurs.

The Chair of each Review Committee or its designated spokesperson will be expected to speak to the committee's position during the Commission meeting. The Commission will consider both reports and will determine the accreditation status.

Revised: 7/99; Reaffirmed: 8/10, 7/07, 7/01

B. COMMISSION AND COMMISSION MEETINGS

The Commission and its Review Committees meet twice each year to consider site visit reports and institutional responses, progress reports, information from annual surveys, applications for initial accreditation and policies related to accreditation. These meetings are held in the winter and the summer.

Reports from site visits conducted less than 90 days prior to a Commission meeting are usually deferred and considered at the next Commission meeting. Commission staff can provide information about the specific dates for consideration of a particular report.

The Commission has established policy and procedures for due process which are detailed in the Due Process section of this manual.

Revised: 8/14; 7/06, 7/96; Reaffirmed: 8/10; Adopted: 7/96

1. Composition and Criteria

Composition

The Board of Commissioners shall consist of:

Four (4) members shall be selected from nominations open to all trustee districts from the active, life or retired members of this association, no one of whom shall be a faculty member working more than one day per week of a school of dentistry or a member of a state board of dental examiners or jurisdictional dental licensing agency. These members shall be nominated by the Board of Trustees and elected by the American Dental Association House of Delegates.

Four (4) members who are active, life or retired members of the American Dental Association shall be selected by the American Association of Dental Boards from the active membership of that body, no one of whom shall be a member of a faculty of a school of dentistry.

Four (4) members who are active, life or retired members of the American Dental Association shall be selected by the American Dental Education Association from its active membership. These members shall hold positions of professorial rank in dental schools accredited by the Commission on Dental Accreditation and shall not be members of any state board of dental examiners.

The remaining Commissioners shall be selected as follows: one (1) certified dental assistant selected by the American Dental Assistants Association from its active or life membership, one (l) licensed dental hygienist selected by the American Dental Hygienists' Association, one (l) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (l) student selected jointly by the American Student Dental Association and the Council of Students of the American Dental Education Association, one (1) dentist for each ADA recognized dental specialty who is board certified in the respective special area of practice and is selected by the respective specialty sponsoring organization, one (1) dentist representing postdoctoral general dentistry who is jointly appointed by the American Dental Education Association and the American Association of Hospital Dentists and four (4) consumers who are neither dentists nor allied dental personnel nor teaching in a dental or allied dental education institution and who are selected by the Commission, based on established and publicized criteria. In the event a Commission member sponsoring organization fails to select a Commissioner, it shall be the responsibility of the Commission to select an appropriate representative to serve as a Commissioner. A member of the Standing Committee on the New Dentist (when assigned by the ADA Board of Trustees) and the Director of the Commission shall be ex-officio members of the Board without the right to vote.

Criteria (All Appointees)

- Ability to commit to one four (4) year term;
- Willingness to commit ten (10) to twenty (20) days per year to activities, including training, comprehensive review of print and electronically delivered materials and travel to Commission headquarters;
- Ability to evaluate an educational program objectively in terms of such broad areas as curriculum, faculty, facilities, student evaluation and outcomes assessment;
- Stated willingness to comply with all Commission policies and procedures (e.g. Agreement of Confidentiality; Conflict of Interest Policy; Operational Guidelines; Simultaneous Service; HIPAA Training, Licensure Attestation, and Professional Conduct Policy and Prohibition Against Harassment);
- Ability to conduct business through electronic means (email, Commission Web Sites); and
- Active, life or retired member of the American Dental Association, where applicable.

Adopted: 8/14

2. Policy On Absence From Commission Meetings: When a Commissioner notifies the Director that he/she will be unable to attend a meeting of the Commission, the Director will notify the Chair. The Chair determines if another individual should be invited to attend the meeting in the Commissioner's absence. A substitute will be invited if the Commissioner's discipline would not otherwise be represented. This individual must be familiar with the Commission's policies and procedures; and therefore, must be a current or former member of the appropriate-Review Committee and must represent the same discipline or appointing organization as the absent Commissioner. In the event that these criteria cannot be met, the Commission Chair may elect not to invite another individual to the meeting. The substitute would have the privileges of speaking, introducing business, making motions and voting.

Revised: 8/10, 7/97; Reaffirmed: 7/07, 7/01; CODA: 12/86:14

3. New Commissioner Orientation and Training: Newly appointed Commissioners will undergo a six-month training period prior to beginning their official term. This training includes attendance at a Commission meeting, at the discipline-specific review committee meeting, and an appropriate site visit.

Reaffirmed: 8/14; Adopted: 8/11

4. Protocol For Review Of Report On Accreditation Status Of Educational Programs:
Commission staff sends the final listing of programs to be reviewed at the Commission meeting to each Commissioner to allow each Commissioner to identify all conflicts with these programs.

A conflict includes, but is not limited to:

- close professional or personal relationship or affiliation with the institution/program or key personnel in the institution/program which may create the appearance of a conflict;
- serving as an independent consultant to the institution/program;
- being a graduate of the institution/program;
- being a current employee or appointee of the institution/program;
- being a current student at the institution/program;
- having a family member who is employed by or affiliated with the institution;
- manifesting a professional or personal interest at odds with the institution or program;
- key personnel of the institution/program having graduated from the program of the Commissioner;
- having served on the program's visiting committee within the last ten (10) years; and/or
- no longer a current employee of the institution or program, but having been employed there within the past five (5) years.

Conflicts of interest for Commissioners may also include being from the same state, but not the same program. The Commission is aware that being from the same state may not itself be a conflict; however, when residence within the same state is in addition to any of the items listed above, a conflict would exist.

When a program is being considered, Commissioners must leave the room if they have any of the above conflicts.

Each year Commissioners report conflicts to the Director. Prior to each Commission meeting, staff analyze the reported conflicts to determine whether reformatting of the Report on Accreditation Status of Educational Programs (yellow sheet reports) is necessary. Reformatting of yellow sheet reports may include grouping all dental school based programs and/or any institution that sponsors multiple programs so that recusals leave the room once.

During the Commission meeting, in addition to yellow sheet reports, each Commissioner receives a copy of the key guidelines of the Commission's Conflict of Interest policy and a listing of conflicts reflecting their listings. Explanation of protocol, including definitions of conflicts, will be provided to Commissioners prior to each Commission meeting.

The Chair will confirm conflicts and remind Commissioners of their responsibility to recuse themselves. The Chair will then allow appropriate time for exiting of relevant Commissioners before review of each yellow sheet report and promptly invite the return of these Commissioners after the specific report is reviewed.

After the Commission meeting, the Report of Accreditation Status of Education Programs in the minutes of the meeting will include the Commissioners' identified conflicts.

Revised: 8/14; 8/11, 8/10, 7/09; Adopted: 7/06

5. Policy On Attendance At Open Portion Of Commission Meetings: The policy portion of Commission meetings is open to interested observers from all members of the public, including the communities of interest, international observers, and representatives of dental education programs. Those attending are observers only and do not participate in the Commission's discussion. Confidential accreditation matters are discussed in a closed session of the meeting that is not open to observers.

Observers are asked to pre-register to assist the Commission in making arrangements for the meeting. Pre-registration ensures that the individual receives a copy of the preliminary agenda when it is ready for distribution. When possible, policy reports and committee summary reports related to agenda items will be available prior to the meeting for all pre-registered observers. A limited number of additional copies of these materials are available on a first-come-first-served basis during the meeting.

Copies of the preliminary meeting agenda are available upon request, but meeting materials are available only to individuals attending the meeting.

The Commission does not assume any travel, hotel or other costs for observers attending the meeting. Observers are not required to pay any registration or materials fee for observing the meeting.

Revised: 2/15; 7/97; Reaffirmed: 8/10, 7/07, 7/01, 7/95; CODA: 12/92:13; 05/93:9

6. Guests Invited To Commission Meetings: Representatives from an accrediting agency in any country with which the Commission has a reciprocal agreement, such as the Commission on Dental

Accreditation of Canada, may attend both the closed and open portion of Commission meetings as guests provided they comply with confidentiality guidelines and procedures.

Revised: 7/07; Reaffirmed: 8/14; 8/10, 7/01; CODA: 05/93:11; 01/94:10

7. Commission Communication Of Actions To The Review Committees: On occasion, an accreditation action taken by the Commission differs from the action recommended by a Review Committee. In these instances, the actions taken by the Commission are communicated back to the relevant Review Committee with an explanation regarding the Commission's final decision. The Chair of the Review Committee communicates the Commission's final decision to members of the Review Committee through a letter of explanation.

Reaffirmed: 8/10, 7/09; CODA: 01/04:20

8. Confidentiality Of Accreditation Reports: Commission members are not authorized, under any circumstances, to disclose any information obtained during site visits or Commission meetings. All accreditation actions are confidential and accreditation reports are reviewed during the closed portion of the meeting. The extent to which publicity is given to site visit reports is determined by the chief executive officer of the educational institution. For more specific information, see the Commission's Statement of Policy on Public Disclosure and Confidentiality in this manual.

Reaffirmed: 8/14; 8/10, 7/07, 7/01, 5/80

9. Notice Of Accreditation Actions To Programs/Institutions: An institution will receive the formal notice, including the accreditation status awarded to the program, within thirty (30) days following the official meeting of the Commission. Actions resulting in other than "approval without reporting requirements" will be accompanied by the specific date(s) for submission of progress report(s) and/or notification that a special site visit will be conducted.

When warranted, the Commission action may include a notification of its intent to withdraw a program's accreditation and the time at which this intended action will be taken. This notification will advise the institution of an opportunity to submit additional information and that a special appearance (hearing) before the Commission or one of its Review Committees may be requested. If a program's accreditation status is withdrawn, the institution is advised of its right to appeal the decision before the Appeal Board. For further information, refer to the Policy on Due Process in this manual.

Reaffirmed: 8/14; 8/10

10. Distribution Of Meeting Minutes: Final minutes of each Commission meeting, including the report on accreditation status of dental education programs, are made available to the Commission's communities of interest through an e-mail notice of posting on the Commission's website. Organizations may request to be added to the distribution list which follows.

Academy of General Dentistry, Executive Director
American Academy of Orofacial Pain, Executive Director
American Academy of Oral Medicine, Executive Director
American Association of Dental Boards, Executive Director
American Dental Assistants Association, Executive Director
American Dental Association, Board of Trustees
American Dental Association, Council on Dental Education and Licensure
American Dental Education Association, Executive Director
American Dental Hygienists' Association, Executive Director
American Society of Dental Anesthesiologists, Executive Director

American Student Dental Association, Executive Director
Associación Dental Mexicana, A.C., Director International Relations
Chiefs of Federal Dental Services
Commission on Dental Accreditation of Canada, Chairman, Director
Constituent Dental Societies, Executive Directors
Council for Higher Education Accreditation, President
Dental Assisting National Board, Executive Director
Members, Commission on Dental Accreditation
Members, Review Committees, Commission on Dental Accreditation
National Association of Dental Laboratories, Executive Director
National Board for Certification of Dental Laboratories, Executive Director
National Institutional and Specialized Accrediting Bodies, Executive Directors
Recognized Dental Specialty Organizations, Executive Directors/Secretaries
Regional Institutional Accrediting Agencies, Executive Directors
Special Care Dentistry Association (SCDA), Executive Director
Specialty Certifying Boards, Executive Directors/Secretaries
State Boards of Dentistry, Executive Secretaries/Administrators

Revised: 2/15; 1/14; 8/10; Reaffirmed: 8/14

11. Notice Of Accreditation Actions To Communities Of Interest: In carrying out its responsibilities as an accrediting agency, the Commission on Dental Accreditation announces its decisions to grant, renew or discontinue (at an institution's request) accreditation to the USDE Secretary, the appropriate state licensing or authorizing agency, appropriate accrediting agencies, the public, educational institutions, dental examining boards, related dental organizations, and the profession no later than thirty (30) days after it makes the decisions.

The Commission publishes listings of accredited programs in predoctoral dental education, advanced specialty and general dentistry education and allied dental education. Lists of accredited programs are posted to the Commission's website within thirty (30) days following a Commission meeting to be available to educational institutions' executives and administrators, the USDE, regional and appropriate national accrediting agencies, state licensing agencies and to other interested agencies and organizations. Individuals are provided paper copies of such listings upon request.

When warranted, the Commission may notify an institution of its intent to withdraw a program's accreditation and the time at which this intended action will be taken. The Commission may also reach the decision to deny or withdraw the accreditation of a program. In these instances, the Commission provides written notice of the final decisions to place a program on "intent to withdraw" or to deny or withdraw accreditation to the USDE Secretary, the appropriate accrediting agencies, and the appropriate state licensing or authorizing agency at the same time it notifies the sponsoring institution of the decision. Notice to the public is provided through the listings of accredited programs that is available on the Commission's website and is updated within twenty-four (24) hours of providing the final notice to the program's sponsoring institution.

Revised: 2/15; Reaffirmed: 8/14; 8/10

12. Notice Of Reasons For Adverse Actions: Accrediting agencies recognized by the Secretary of the USDE, including the Commission, are required to report any adverse accreditation action (defined as an action to deny or withdraw accreditation). Accordingly, when the Commission makes a final decision to deny or withdraw a program's accreditation, a brief statement summarizing the reasons for the Commission's decision and the official comments that the affected program may make with regard to that

decision, is made available to the USDE Secretary, the appropriate state licensing or authorizing agency and the public. The Commission's final decision; the statement summarizing the reasons for the Commission's decision; and the program's official comments will be posted on the Commission's website no later than sixty (60) days after the decision is final.

The Commission's Notice of Reasons for Adverse Action Disclosure Statement includes the following information about the program's accreditation history, past problems, current problems, specific reasons why action to deny or withdraw accreditation was taken and what future option are available to the program.

To illustrate the scope of the statement and the level of reasons reported, a sample announcement follows:

> Disclosure Statement: Dental Assisting Program
> Pick Your State Community College
>
> The Commission on Dental Accreditation, the only nationally-recognized accrediting agency for dental, allied dental and advanced dental education programs, reviewed an application for initial accreditation of the new dental assisting program offered by Pick-Your-State Community College. On the basis of information provided in the application, the Commission was unable to grant "initial accreditation" status to the program.
>
> The Commission determined, at its (date) meeting, that the application did not provide sufficient information and assurances that the proposed program meets the intent of the Accreditation Standards for Dental Assisting Education Programs. Specific concerns in compliance with the standards were noted in the following areas:
>
> > Financial Support (adequacy of resources);
> > Curriculum (adequacy of knowledge and skills offered, scope and depth of instruction in required areas, and documentation of student competence);
> > Admissions (documentation that written criteria, procedures and policies are used);
> > Faculty (adequacy of teaching and supervision of students);
> > Facilities (insufficient documentation of adequacy of physical facilities and equipment).

The Commission informed the program and sponsoring institution that these specific concerns would need to be addressed before the institution reapplied for "initial accreditation" status of the dental assisting program.

CEO, Sponsoring Institution (date)

Chair, Commission on Dental Accreditation (date)

Revised: 5/12; Reaffirmed: 8/14l 8/10

13. Procedure For Disclosure Notice Of Adverse Actions: The following procedure is used when an adverse action (to deny or withdraw accreditation) is taken. Applicants, when they inquire about initial accreditation, are to be notified by Commission staff that the Notice of Reasons for Adverse Actions statement will be prepared and distributed should accreditation be denied.

1. The Commission sends notice of any adverse action in a transmittal letter to the appropriate institutional executives no later than fourteen (14) days after the Commission meeting. This letter is sent by certified/tracked mail and includes the reasons for any adverse action to deny or withdraw accreditation.
2. A statement of the reasons for any adverse action is developed and available for distribution within sixty (60) days. This new statement will include the same information that has been contained in the transmittal letter. For this reason, the statement will be drafted and the draft will be sent to the institution/program for review at the same time as the transmittal letter. As needed, the draft statement will be reviewed by legal counsel prior to being sent.
3. The institution must notify the Commission within fourteen (14) days if it wishes to indicate an intent to appeal an adverse action. If an intent to appeal is received, the usual appeal procedures are followed according to the Commission policy on Due Process Related to Appeal of Accreditation Actions.
4. If an intent to appeal is not received by the fourteen (14) day deadline specified, the adverse action is considered final and the USDE Secretary, the appropriate state entities and any appropriate institutional accrediting agency are notified at this time, usually by a letter to the Secretary with copies to the other entities and the institution.
5. During the same fourteen (14) days, the institution/program will be asked to review the draft statement and:
   a. indicate agreement with the statement; and/or,
   b. make official comments with regard to the decision, or state that the affected institution has been offered the opportunity to provide official comment.
6. When the final statement (or statement and response) has been developed and signed by both parties, it will be distributed as required in the regulations to the USDE Secretary, to the appropriate state licensing or authorizing agency, to any appropriate institutional accrediting agency and to the public
7. The Commission's final decision; the statement summarizing the reasons for the Commission's decision; and the program's official comments will be posted on the Commission's website no later than sixty (60) days after the decision is final.

When there are no differences of opinion regarding the statement, it may be possible to send it to the Secretary along with the letter in step #4 above, along with posting the final decision and reasons on the Commission's website.

Revised: 5/12; 7/06; Reaffirmed: 8/14; 8/10; Adopted: 7/00; CODA: 07/94:6

C. POLICY ON CHANGES TO THE COMPOSITION OF REVIEW COMMITTEES AND THE BOARD OF COMMISSIONERS

The Commission believes it is imperative that content area experts are represented on site visit committees, Review Committees and on the Commission to accomplish its mission. However, the Commission does not establish Review Committees or add Commissioner positions based upon the number of programs accredited or number of students/residents enrolled within a given discipline.

The Board of Commissioners is composed of representatives and subject area experts from the dental education, dental licensure, and private practice communities, dental specialties, postdoctoral general dentistry, allied dental education, and the public at large. The Commission's Review Committees mirror this structure with committees devoted to dental, dental assisting, dental hygiene, dental laboratory technology, each of the recognized dental specialties, and postdoctoral general dentistry. The

Postdoctoral General Dentistry Education Review Committee reviews programs in advanced education in general dentistry, general practice residency, and advanced general dentistry education programs in dental anesthesiology, oral medicine, and orofacial pain; content experts from each of these areas are represented on the Postdoctoral General Dentistry Review Committee. The Review Committees function to ensure the quality of dental and dental-related education programs accredited by the Commission is maintained; they are advisory to the Commission on matters of accreditation policy and program review.

As dental, advanced dental and allied dental education and practice continues to evolve, the Board of Commissioners may consider a change in its composition, consistent with its *Rules*. The Board may also modify the number or composition of its Review Committees. Such changes may be necessary to reflect changes in the makeup of the dental profession workforce and to provide standards and quality accreditation services to the educational programs in these areas.

For example, changes to the Board of Commissioners or Review Committees may be considered by the Board of Commissioners under the following circumstances:

- When a new dental workforce or specialty category is recognized by a nationally accepted agency.
- When development of accreditation standards or accreditation services for a new or existing dental workforce category cannot be supported by the existing structure(s).
- When the Board of Commissioners identifies the need to modify its composition or that of a Review Committee(s).

Procedure for Requesting a New Review Committee and/or Commissioner Position:

- A request is submitted to the Commission for either a new Review Committee and/or Commissioner position.
- The Chair of the Commission may refer the request to the appropriate standing committee and/or review committee(s) for evaluation or may present the request to the Commission at its next regularly scheduled meeting.
- If referred to a committee, the committee considers the request and provides a recommendation to the Commission.
- The Commission considers the report and recommendation of standing/review committee(s) or considers the request directly as presented by the chair and makes a final determination.
- If the Commission approves the request and directs a new Review Committee, a period of implementation and training will also be provided. If a modification to the existing composition of the Board of Commissioners is approved, the Commission's *Rules* will be modified.

Adopted 8/14

D. COMMISSION COMMITTEES

The Commission on Dental Accreditation has five (5) standing committees: Quality Assurance and Strategic Planning, Documentation and Policy Review, Finance, Nomination and Communication and Technology. Additionally, ad hoc committees and other committees and task forces may be formed to address specific issues or concerns. An ad hoc committee functions until the issue is resolved or until it becomes a standing committee of the Commission.

Occasionally, a Commissioner may be asked to serve on other task forces or joint committees that could include representatives from the American Dental Association, the American Dental Education Association or other organizations.

The charge to each of the Commission's standing committees follows:

Quality Assurance and Strategic Planning

- Develop and implement an ongoing strategic planning process;
- Develop and implement a formal program of outcomes assessment tied to strategic planning;
- Use results of the assessment processes to evaluate the effectiveness of the Commission and make recommendations for appropriate changes, including the appropriateness of its structure;
- Monitor USDE, and other quality assurance organizations i.e. Council on Higher Education Accreditation (CHEA), American National Standards Institute/International Organization for Standardization (ANSI/ISO), and International Network for Quality Assurance Agencies in Higher Education (INQAAHE) for trends and changes in parameters of quality assurance; and
- Monitor and make recommendations to the Commission regarding changes that may affect its operations, including expansion of scope and international issues.

Documentation and Policy Review

- Ensure all Commission documents reflect consistency in application of Commission policies, and that relevant sections of accreditation standards are consistent across disciplines;
- Review and consolidate the recommendations of all review committees into standard language for the Commission's consideration for adoption, when new or revised standards are proposed and will impact more than one discipline; and
- Periodically review current Commission policies and procedures to ensure that they are current and relevant.

Nomination

- Review nominations and make recommendations for appointment of consumer/public members to the Commission;
- Review nominations and make recommendations for appointment of individuals to Review Committees of the Commission;
- Ensure the pre-nomination education process provides information regarding expectations and duties of commissioners, review committee members, and site visitors; and
- Periodically review nomination and selection criteria and make recommendations for changes if necessary, consistent with the Commission's strategic plan and policies.

Finance

- Monitor, review and make recommendations to the Commission concerning the annual budget and provide administrative oversight of the research and development fund.

Communication and Technology

- Evaluate and recommend alternative methods, including the use of enhanced technology, for monitoring programs' continuous compliance with the standards;
- Evaluate and recommend new technological advances in accreditation for reporting and management of information, allowing accreditation to move toward the concepts of continuous assessment, data collection, and readiness;
- Monitor technological trends in alternative site visit methods;
- Develop and implement strategies to increase the effectiveness, quality, content, and processes of communication with all the Commission's communities of interest;
- Ensure that Commission communications strategies allow for transparency and accountability; and
- Oversee the publication of the e-newsletter, the CODA Communicator, with emphasis on communicating the value/outcomes of accreditation.

Adopted: 8/10

E. MATERIALS AVAILABLE FROM THE COMMISSION

These materials are available from the Commission on Dental Accreditation upon request.

- Application for initial accreditation for each discipline
- Accreditation standards documents for each discipline
- Self-study documents for each discipline
- Accredited Program Listing:
  - Dental Education Programs,
  - Dental Assisting, Dental Hygiene and Dental Laboratory Technology Education Programs, and
  - Advanced Specialty and General Dentistry Education Programs
- Annual Reports for Dental Education, Allied Dental Education and Advanced Dental Education are available online, including:
  - Supplement: Dental School Tuition, Admission and Attrition
  - Supplement: Dental School Faculty and Support
  - Supplement: Dental School Trends
  - Supplement: Dental School Curriculum, Clock Hours of Instruction

Reports listed as confidential include information which was collected with the understanding that the reports would not identify specific educational institutions. Thus, these reports use randomly assigned code numbers for each predoctoral dental education program rather than the name of the institution. Confidential reports include the Supplement: Analysis of Dental School Finances - Financial Report

- Guidelines:
  - Guidelines for Preparation of Reports (Response to Site Visit Reports and Progress Reports)
  - Preparing Phase-out Reports by Institutions Terminating Educational Programs Accredited by the Commission
  - Preparing Requests for Transfer of Sponsorship
  - Reporting Program Changes in Accredited Programs
  - Documentation Guidelines for Selected Recommendations (in site visit reports)
  - Guidelines for Enrollment Increases (Specialty Programs)
  - Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program (Adopted 8/14)
- Outcomes Assessment - a resource packet of articles/instruments on assessing outcomes
- Accreditation - an informational brochure explaining the Commission's accreditation process

III. GENERAL COMMISSION POLICIES AND PROCEDURES

A. POLICY AND PROCEDURE FOR DEVELOPMENT AND REVISION OF ACCREDITATION STANDARDS

The Commission on Dental Accreditation has authority to formulate and adopt educational requirements and guidelines, i.e. standards, for the accreditation of dental educational programs within its purview. These include the predoctoral programs, as well as advanced and allied dental education programs.

In developing and revising accreditation standards, the appropriate communities of interest are substantially involved in all stages of the process. The process culminates in the adoption of accreditation standards which become the property of the Commission. Any individual who assists in developing or revising a standards document must sign a release giving the Commission the right to copyright such documents. During the initial step of the process, representatives from the discipline involved are invited

to participate in the development of the preliminary document. These representatives are selected in cooperation with the organizations(s) nationally recognized in the discipline whose membership is reflective of the discipline.

The communities of interest (COI) include, but are not limited to, the following: sponsoring organizations and certifying boards of all dental and dental related disciplines under the purview of the Commission, program directors, dental school deans, administrators of non-dental school institutions offering dental programs, and constituent societies of the American Dental Association.

The Commission uses consistent definitions and terms in its standards documents. The Commission monitors the consistency of the definitions of terms used in the accreditation standards documents and lists a glossary of terms and approved definitions to be used by appropriate audiences when the revision of the accreditation standards for a discipline is initiated.

The following language is used when draft revisions of standards are circulated:

> The Commission directed that the proposed revision of the (discipline) Standards be distributed to the appropriate communities of interest for review and comment. The Commission also directed that the proposed revised standards be presented in a hearing to be held....

Based on current word processing programs, the Commission now indicates a proposed deletion with a ~~strikethrough~~ and recommended additions are <u>underlined.</u> In the case of multiple circulations of proposed revisions, each successive revision will be presented to show all currently proposed changes to the original document, which is the current document in use by the Commission. The title page of the document will provide a chronology of Commission action(s) on revisions. The header on each page will indicate the meeting at which the proposed document was considered by the Commission. In addition, documents for circulation will have line numbers throughout.

The following is a summary of the standards development and revision process:

Step 1. Development of a preliminary document by staff and selected representatives of the discipline involved.

Step 2.

i. Consideration of preliminary document by appropriate Review Committee
ii. Recommendation by Review Committee for circulation of document to COI by the Commission
iii. Commission authorizes circulation

Step 3.

i. Circulation of preliminary document to COI for review and comment
ii. Hearing at ADA Annual Session and ADEA Annual Meeting and additional communities of interest as appropriate

Step 4.

i. Comments from COI compiled by staff
ii. Comments reviewed by appropriate review committee and appropriate changes made
iii. Recommendation by Review Committee to implement changes, or to recirculate for further comment if changes are significant

iv. Commission approves changes and authorizes implementation timeframe or recirculation to COI for comments

v. Steps 3 and 4 can be repeated, depending upon significance of changes. In the case of multiple circulations of proposed revisions, each successive revision will be presented to show all currently proposed changes to the original document, which is the current document in use by the Commission. The title page of the document will provide a chronology of Commission action(s) on revisions. The header on each page will indicate the meeting at which the proposed document was considered by the Commission. In addition, documents for circulation will have line numbers throughout.

Step 5. Commission notifies all appropriate individuals and programs of implementation timeframe

Revised: 2/15; 1/14; 7/09, 1/04 5/89; 12/89; Reaffirmed: 8/12, 8/10, 7/07, 7/01; Adopted: 4/83; CODA: 12/91:15, 12/90:2, 12

1. Frequency Of Citings: Each of the Review Committees and the Commission regularly review an updated analysis of the number of "must" statement citings and their distribution among the "must" statements in the accreditation standards for each discipline. These analyses are conducted at the summer meetings. Frequency of Citings Reports are provided to programs and presented at workshops. To ensure confidentiality, Frequency of Citings Reports will not be made available in disciplines where a limited number (three or less) of programs have been site visited.

Reaffirmed: 8/12, 8/10

B. POLICY ON ASSESSING THE VALIDITY AND RELIABILITY OF THE ACCREDITATION STANDARDS

The Commission on Dental Accreditation has developed accreditation standards for use in assessing, ensuring and improving the quality of the educational programs in each of the disciplines it accredits.

The Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission's policy for assessment is based on the following formula: The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years. Thus, the validity and reliability of the new standards for a one year program will be assessed after four years while standards which apply to programs four years in length will be assessed seven years after implementation. In conducting a validity study, the Commission considers the variety of program types in each discipline and obtains data from each type in accord with good statistical practices.

The Commission's ongoing review of its accreditation standards documents results in standards that evolve in response to changes in the educational and professional communities. Requests to consider specific revisions are received from a variety of sources and action on such revisions is based on broad input and participation of the affected constituencies. Such ongoing assessment takes two main forms, the development or revision of specific standards or a comprehensive revision of the entire standards document.

Specific issues or concerns may result in the development of new standards or the modification of existing standards, in limited areas, to address those concerns. Comprehensive revisions of standards are made to reflect significant changes in disease and practice patterns, scientific or technological advances, or in response to changing professional needs for which the Commission has documented evidence.

If none of the above circumstances prompts an earlier revision, in approximately the fifth year after the validity and reliability of the standards has been assessed, the Commission will conduct a study to determine whether the accreditation standards continue to be appropriate to the discipline. This study will include input from the broad communities of interest. The communities will be surveyed and invited to participate in some national forum, such as an invitational conference, to assist the Commission in determining whether the standards are still relevant and appropriate or whether a comprehensive revision should be initiated.

The following alternatives, resulting in a set of new standards, might result from the assessment of the adequacy of the standards:

- Authorization of a comprehensive revision of the standards;
- Revision of specific sections of the standards;
- Refinement/clarification of portions of the standards; and
- No changes in the standards but use of the results of this assessment during the next revision.

The new document is developed with input from the communities of interest in accord with Commission policies. An implementation date is specified and copyright privileges are sought when the document is adopted. Assessment of the validity and reliability of these new standards will be scheduled in accord with the policy specified above. Exceptions to the prescribed schedule may be approved to ensure a consistent timetable for similar disciplines (e.g. advanced specialty education programs and/or allied education programs.

Revised: 7/07, 07/00; Reaffirmed: 8/12, 8/10, 7/06; Adopted: 12/88

C. PROCEDURES FOR HEARING ON STANDARDS

The Commission makes every effort to have two Commissioners attend each hearing on standards sponsored by the Commission. The Commission believes that two Commissioners is an appropriate number to routinely attend hearings on standards, but also believes that those in attendance are not always appropriately visible. Thus, the Commission directed that all members of the Commission who are present during Commission sponsored hearings on standards be introduced at the beginning of the hearing on standards and, if feasible, be seated at a head table to ensure their visibility to those offering testimony.

The purpose of a hearing on standards is to provide individuals, institutions and organizations that will be affected by the document with an opportunity to comment. The Commissioner selected to chair the hearing is generally responsible for:

- Calling the hearing to order;
- Introducing him/herself, other Commission members and Commission staff present;
- Explaining the purpose of the hearing on standards;
- Providing brief background information on the proposed revision;
- Explaining the ground rules for the hearing;
- Listening to comments and maintaining the order and flow of the hearing; and
- Concluding the hearing.

The goal of a hearing on standards is to hear as many varied points of view on the proposed documents as possible in an orderly fashion. The following ground rules facilitate achieving this goal:

- The document should be reviewed on a page-by-page basis so that comments on specific issues can be provided at the same time.
- General comments on the document can be considered either before or after the page-by-page review, as determined by the Chair.
- Individuals who wish to provide comments should wait to be recognized by the Chair, and identify themselves by giving their name, city, state, and educational institution, if applicable.
- Individuals reference the specific section of the document on which they wish to comment by indicating the page and line numbers of the section.
- Comments should be as concise as possible.
- Individuals should provide written comments that summarize their verbal remarks to the Chair by the end of the hearing.

Hearings on standards should be constructive. It is sometimes helpful for the Chair to ask an individual who is speaking at length against a section of the proposed document whether he/she has a specific suggestion for revision. This can help to clarify the speaker's objection more precisely and to bring the comments to closure.

Occasionally, an individual or a few individuals may monopolize a hearing on standards. In fairness to other attendees who may wish to speak, the Chair should direct individuals who have had ample opportunity to express their opinions to conclude their remarks.

Commissioners are present to listen to representatives of the communities of interest and should avoid becoming involved in debates about the relative merits of specific sections of the document.

Similarly, hearings on standards attendees should refrain from engaging in heated debates with each other. If such debates develop, the Chair may wish to remind participants that the Commission is interested in considering all viewpoints on the issues and that no decision regarding any issue will be determined during a hearing on standards.

At the close of the hearing on standards, the Chair should advise attendees of other opportunities for comment (i.e. other hearings on standards, if any, and the deadline for written comments) and indicate when the Commission will take the final action on the document.

Revised: 2/15; Reaffirmed: 8/12, 8/10, 7/07, 7/01; CODA: 12/91:15

D. CONFLICT OF INTEREST POLICY

Evaluation policies and procedures used in the accreditation process provide a system of checks and balances regarding the fairness and impartiality in all aspects of the accreditation process. Central to the fairness of the procedural aspects of the Commission's operations and the impartiality of its decision making process is an organizational and personal duty to avoid real or perceived conflicts of interest. The potential for a conflict of interest arises when one's duty to make decisions in the public's interest is compromised by competing interests of a personal or private nature, including but not limited to pecuniary interests.

Conflict of interest is considered to be: 1) any relationship with an institution or program, or 2) a partiality or bias, either of which might interfere with objectivity in the accreditation review process. Procedures for selection of representatives of the Commission who participate in the evaluation process reinforce impartiality. These representatives include: Commissioners, Review Committee members, site visitors, and Commission staff.

In addition, procedures for institutional due process, as well as strict guidelines for all written documents and accreditation decisions, further reinforce adherence to fair accreditation practices. Every effort is made to avoid conflict of interest, either from the point of view of an institution/program being reviewed or from the point of view of any person representing the Commission.

Revised: 8/14; Reaffirmed: 8/12, 8/10

1. Visiting Committee Members: Conflicts of interest may be identified by either an institution/program, Commissioner, site visitor or Commission staff. An institution/program has the right to reject the assignment of any Commissioner, site visitor or Commission staff because of a possible or perceived conflict of interest. The Commission expects all programs, Commissioners and/or site visitors to notify the Commission office immediately if, for any reason, there may be a conflict of interest or the appearance of such a conflict. Because of the nature of their positions, a state board representative will be a resident of the state in which a program is located and may be a graduate of the institution/program being visited. These components of the policy do not apply for state board representatives, although the program retains the right to reject an individual's assignment for other reasons.

All active site visitors who independently consult with educational programs accredited by CODA or applying for accreditation must identify all consulting roles to the Commission and must file with the Commission a letter of conflict acknowledgement signed by themselves and the institution/program with whom they consulted. All conflict of interest policies as noted elsewhere in this document apply. Contact the CODA office for the appropriate conflict of interest declaration form.

Conflicts of interest include, but are not limited to, a site visitor who:

- is a graduate of a program at the institution;
- has served on the program's visiting committee within the last ten (10) years;
- has served as an independent consultant, employee or appointee of the institution;
- has a family member who is employed or affiliated with the institution;
- has a close professional or personal relationship with the institution/program or key personnel in the institution/program which would, from the standpoint of a reasonable person, create the appearance of a conflict;
- manifests a partiality that prevents objective consideration of a program for accreditation;
- is a former employee of the institution or program;
- is affiliated with an institution/program in the same state; and/or
- is a resident of the state.

If an institutional administrator, faculty member or site visitor has doubt as to whether or not a conflict of interest could exist, Commission staff should be consulted prior to the site visit. The Chair, Vice-Chair and a public member of the Commission, in consultation with Commission staff and legal counsel, may make a final determination about such conflicts.

Revised: 8/14; 1/14; 2/13; 8/10; Reaffirmed: 8/12

2. Commissioners, Review Committee Members And Members Of The Appeal Board: The Commission firmly believes that conflict of interest or the appearance of a conflict of interest must be avoided in all situations in which accreditation recommendations or decisions are being made by Commissioners, Review Committee members, or members of the Appeal Board. No Commissioner, Review Committee member, or member of the Appeal Board should participate in any way in accrediting decisions in which he or she has a financial or personal interest or, because of an institutional or program association, has divided loyalties and/or has a conflict of interest on the outcome of the decision.

During the term of service as a Review Committee member, these individuals should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary. Two instances when a review committee member could serve on a site visit include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when the review committee believes a member should attend a visit for consistency in the review process. This applies only to site visits that would be considered by the same review committee on which the site visitor is serving. Review committee members may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In addition, review committee members may not serve as a site visitor for mock accreditation purposes. These policies help avoid conflict of interest in the decision making process and minimize the need for recusals.

During the term of service as a commissioner or appeal board member, these individuals may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In addition, Commissioners or appeal board may not serve on a site visit team during their terms.

Areas of conflict of interest for Commissioners, Review Committee members and/or members of the Appeal Board include, but are not limited to:

- close professional or personal relationships or affiliation with the institution/program or key personnel in the institution/program which may create the appearance of a conflict;
- serving as an independent consultant or mock site visitor to the institution/program;
- being a graduate of the institution/program;
- being a current employee or appointee of the institution/program;
- being a current student at the institution/program;
- having a family member who is employed by or affiliated with the institution;
- manifesting a professional or personal interest at odds with the institution or program;
- key personnel of the institution/program having graduated from the program of the Commissioner, Review Committee member, or member of the Appeal Board;
- having served on the program's visiting committee within the last ten (10) years; and/or
- no longer a current employee of the institution or program but having been employed there within the past ten (10) years.

To safeguard the objectivity of the Commission and Review Committees, conflict of interest determinations shall be made by the Chair of the Commission. If the Chair and Vice Chair, in consultation with a public member, staff and legal counsel, determine that a Commissioner or Review Committee member has a conflict of interest in connection with a particular program, the report for that program will not be provided to that individual, either in an advance mailing or at the time of the meeting. Further, the individual must leave the room when they have any of the above conflicts. In cases in which the existence of a conflict of interest is less obvious, it is the responsibility of any committee member who feels that a potential conflict of interest exists to absent himself/herself from the room during the discussion of the particular accreditation report.

To safeguard the objectivity of the Appeal Board, any member who has a conflict of interest in connection with a program filing an appeal must inform the Director of the Commission. The report for that program will not be provided to that individual, either in an advance mailing or at the time of the meeting, and the individual must leave the room when the program is being discussed.

Conflicts of interest for Commissioners, Review Committee members and members of the Appeal Board may also include being from the same state, but not the same program. The Commission is aware that being from the same state may not itself be a conflict; however, when residence within the same state is in addition to any of the items listed above, a conflict would exist.

This provision refers to the concept of conflict of interest in the context of accreditation decisions. The prohibitions and limitations are not intended to exclude participation and decision-making in other areas, such as policy development and standard setting.

Commissioners are expected to evaluate each accreditation action, policy decision or standard adoption for the overall good of the public. The American Dental Association (ADA) Constitution and Bylaws limits the involvement of the members of the ADA, the American Dental Education Association and the American Association of Dental Boards in areas beyond the organization that appointed them. Although Commissioners are appointed by designated communities of interest, their duty of loyalty is first and foremost to the Commission. A conflict of interest exists when a Commissioner holds appointment as an officer in another organization within the Commission's communities of interest. Therefore, a conflict of interest exists when a Commissioner or a Commissioner-designee provides simultaneous service to the Commission and an organization within the communities of interest. (Refer to Policy on Simultaneous Service)

Revised: 2/15; 8/14; 1/14, 8/10; Reaffirmed: 8/12

3. Commission Staff Members: Although Commission on Dental Accreditation staff does not participate directly in decisions by volunteers regarding accreditation, they are in a position to influence the outcomes of the process. On the other hand, staff provides equity and consistency among site visits and guidance interpreting the Commission's policies and procedures.

For these reasons, Commission staff adheres to the guidelines for site visitors, within the time limitations listed and with the exception of the state residency, including:

- graduation from a program at the institution within the last five years;
- service as a site visitor, employee or appointee of the institution within the last five years; and/or
- close personal or familial relationships with key personnel in the institution/program.

Revised: 8/14; 8/10, 7/09, 7/07, 7/00, 7/96, 1/95, 12/92; Reaffirmed: 8/12, 1/03; Adopted: 1982

E. CONFIDENTIALITY POLICY

Confidentiality of the following materials is maintained to ensure the integrity of the institution/programs and of the accreditation process. In all instances Protected Health Information must not be improperly disclosed. The Commission's confidentiality policies apply to Commissioners, Review Committee members, members of the Appeal Board, and site visitors.

SELF-STUDY DOCUMENT: At the discretion of the institution, the administration may either release information from this document to the public or keep it confidential. The Commission will not release any information in the self-study document without the prior written approval of the institution.

SITE VISIT REPORT**:** The preliminary draft of a site visit report is an unofficial document and remains confidential between the Commission and the institution's executive officers and may not, under any circumstances, be released. Members of a visiting committee who review preliminary drafts of the report must consider the report as privileged information and must not discuss it or make its contents known to anyone, under any circumstances. Reasons for assigning any non-adverse status other than full approval remain confidential between the institution and the Commission unless the institution wishes to release them.

Public release of the final draft of the site visit report that is approved by the Commission is at the sole discretion of the institution. If there is a point of contention about a specific section of the final site visit report and the institution elects to release the pertinent section to the public, the Commission reserves the right to make the entire site visit report public.

INSTITUTION'S RESPONSE TO A SITE VISIT REPORT: Release of this information is at the sole discretion of the institution. An institution's response must not improperly disclose any Protected Health Information; however, if any such information is included in the response, such information will not be made public.

TRANSMITTAL LETTER OF ACCREDITATION NOTIFICATION: Information such as accreditation status granted and scheduled dates for submission of additional information is public information.

PROGRESS REPORT: The scheduled date for submission of progress reports is public information. Release of the content of a progress report is at the sole discretion of the institution. If there is a point of contention about a particular portion of the progress report and the institution elects to release the pertinent portion to the public, the Commission reserves the right to make public the entire progress report. Progress reports must not improperly disclose Protected Health Information. If any Protected Health Information is included in the progress report, such information will be redacted before the progress report is made public.

SURVEYS: Routinely gathered data are used in the accreditation process and also provide a national data base of information about the accredited dental and dental-related educational programs. The Commission may release to the public any portion of survey data that is collected annually unless the terms of confidentiality for a specific section are clearly indicated on the survey instrument. Subsections of each survey instrument containing data elements which are confidential are clearly marked. Any data which may be reported from confidential subsections are published in a manner which does not allow identification of an individual institution/program.

EXIT INTERVIEWS: The final conference or exit interview between the site visit committee and the chief executive officer, dental dean, chief of dental service or the program director(s) is also confidential. Additional people may be included at the discretion of the institutional administration. The interview is a confidential summation of the preliminary findings, conclusions, recommendations and suggestions which will appear in the site visit report to the institution. This is a preliminary oral report and the preliminary written report is often only in draft stage at this point; therefore, this session is not recorded on tape or by a stenographer. Note taking is permitted and encouraged.

ON-SITE ORAL COMMUNICATIONS: In order to carry out their duties as on-site evaluators, visiting committee members must communicate freely with administrators, faculty, staff and students and any other appropriate individuals affiliated with an education program. As part of their on-site accreditation duties, committee members are expected to share with other team members pertinent and relevant information obtained during interviews. All oral communications occurring on-site, however, are

confidential among team members. When the site visit ends, team members may communicate orally, or in writing, only with Commission staff or other team members about any on-site interview or conversation. All questions related to any aspect of the site visit including oral communications must be referred to the Commission office.

MEETING MATERIALS/DISCUSSIONS: Background reports and informational materials related to accreditation matters are regularly prepared for review by the Commission and its Review Committees. These materials and all discussions related to accreditation matters routinely remain confidential. The Commission determines when, and the manner in which, newly adopted policy and informational reports will receive public distribution.

PROTECTED HEALTH INFORMATION: Patients' protected health information, which includes any information that could identify an individual as a patient of the facility being site visited, may not be used by the site visitors, Review Committee members, or Commissioners for any purpose other than for evaluation of the program being reviewed on behalf of the Commission. Protected Health Information may not be disclosed to anyone other than Commissioners, Commission staff, Review Committee members or site visitors reviewing the program from which the Protected Health Information was received. Individual Protected Health Information should be redacted from Commission records whenever that information is not essential to the evaluation process. If a site visitor, Review Committee member, or Commissioner believes any Protected Health Information has been inappropriately used or disclosed, he/she should contact the Commission office.

MEETINGS: Policy portions of the Review Committee and Commission-meetings are open to observers, while accreditation actions are confidential and conducted in closed session. All deliberations of the Appeal Board are confidential and conducted in closed session.

NOTICE OF REASONS FOR ADVERSE ACTION: Notice of the reasons for which an adverse accreditation action (i.e. deny or withdraw) is taken is routinely provided to the Secretary of the U.S. Department of Education, any appropriate state agencies, and, upon request, to the public.

Revised: 8/14; 1/05, 2/01, 7/00; Reaffirmed: 8/12, 8/10; Adopted: 7/94, 5/93

1. Reminder Of Confidentiality: To be read at meetings or on site:

The Commission on Dental Accreditation reminds you that confidentiality is an integral part of the accreditation process. The Commission must have access to much sensitive information in order to conduct its review of programs. The confidentiality of this information must be protected by participants of meetings as well as by participants on accreditation site visits.

To remind you of the seriousness with which the Commission views its commitment to protect confidentiality, the Commission requires that all participants of meetings and site visits sign an Agreement of Confidentiality. In signing the Agreement which was mailed to you, you indicated your familiarity with the Commission's policy on confidentiality and agreed to abide by it. If you have not already signed the Agreement, please arrange to do so.

Unless indicated otherwise, all meeting and site visit materials, all information obtained on site, all patient Protected Health Information, and all discussions related to the accreditation of programs are confidential. Patients' Protected Health Information, which includes any information that could identify an individual as a patient of the facility you are visiting or reviewing, may not be used by you for any purpose other

than for evaluation of the program on behalf of the Commission. If you believe any Protected Health Information has been inappropriately used or disclosed, you must contact the Commission office. And, please remember that confidentiality has no expiration date -- it lasts forever!

Revised: 1/05; Reaffirmed: 8/12, 8/10, 7/01; Adopted: 12/85

2. The Agreement Of Confidentiality:

Agreement of Confidentiality

I am aware that, as a participant of an accreditation site visit, committee, or the Commission, I have access to accreditation information which must remain confidential. I have read and understand the Commission on Dental Accreditation's policy on Confidentiality and Public Disclosure and agree to protect the confidentiality of all accreditation materials, all patient Protected Health Information, recommendations and suggestions and discussions before, during and after the meeting or site visit.

_____ _____

Signed Date

Revised: 1/05; Reaffirmed: 8/12, 8/10, 7/01; Adopted: 12/8

F. POLICY ON PUBLIC DISCLOSURE

Following each meeting, final accreditation actions taken with respect to all programs, are disclosed to all appropriate agencies, including the general public. The public includes other programs or institutions, faculty, students and future students, governing boards, state licensing boards, USDE, related organizations, federal and state legislators and agencies, members of the dental community, members of the accreditation community and the general public. In general, it includes everyone not directly involved in the accreditation review process at a given institution**.**

If the Commission, subsequent to and following the Commission's due process procedures, withdraws or denies accreditation from a program, the action will be so noted in the Commission's lists of accredited programs. Any inquiry related to application for accreditation would be viewed as a request for public information and such information would be provided to the public. The scheduled dates of the last and next comprehensive site visits are also published as public information.

The Commission has procedures in place to provide a brief statement summarizing the reasons for which it takes an adverse accreditation action. If initial accreditation were denied to a developing program or accreditation were withdrawn from a currently accredited program, the reasons for that denial would be provided to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, any appropriate state licensing or authorizing agencies, and to the public. In addition, the official comments that the affected institution or program may wish to make with regard to that decision, or evidence that the affected institution has been offered the opportunity to provide official comment will also be made available to the Secretary of the U.S. Department of Education, the appropriate accrediting agencies, any appropriate state licensing or authorizing agencies, and to the public

All documents relating to the structure, policies, procedures, and accreditation standards of the Commission are available to the public upon written request. Other official documents require varying degrees of confidentiality.

Revised: 1/05, 2/01, 7/00; Reaffirmed: 8/12, 8/10; Adopted: 7/94, 5/93

G. POLICY ON SIMULTANEOUS SERVICE

A member of the Commission on Dental Accreditation, including its standing and review committees,* may not simultaneously serve as a principal officer of another organization within any of the Commission's primary communities of interest if that organization has a role in appointing or co-appointing a member of the Commission. The Commission interprets principal officer to mean those in the position of being final decision-makers which usually includes positions such as the president, president-elect, immediate past president, secretary or treasurer of an organization, as well as members of any executive committee that has decision-making authority which does not require confirmation by a board or house. The Commission has defined primary community of interest in this context as any organizations who have a role in appointing Commissioners, including American Dental Education Association, American Association of Dental Boards and the Regional Clinical Testing Agencies, Special Care Dentistry Association (SCDA), American Dental Assistants Association, American Dental Association, American Dental Hygienists' Association, National Association of Dental Laboratories, and the sponsoring organizations of the recognized dental specialties.

When such a conflict is revealed at the time of appointment, the appointing organization will be informed that the conflict exists and requested to select another individual for membership on the Commission.

When such a conflict arises during the term of a current Commissioner, the Commissioner will be asked to resolve the conflict by resigning from one of the conflicting appointments. In the event that the member resigns from the Commission, the appointing organization will appoint another individual to complete the unfinished term, as specified by the *Rules* of the Commission on Dental Accreditation.

If the term of the vacated Commission position has less than fifty percent (50%) of a full four-year term remaining at the time the successor member is appointed, the successor member shall be eligible for appointment to a new, consecutive four-year term. If fifty percent (50%) or more of the vacated term remains to be served at the time of the appointment, the successor member shall not be eligible for another term.

*this applies to appointments made after 2013

Revised: 2/13, 7/09, 7/01, 7/95; Reaffirmed: 8/13; 8/10, 7/07

H. NON-DISCRIMINATION POLICY:

The Commission on Dental Accreditation does not discriminate against any person in the conduct of its activities because of race, color, religion, gender, age, disability or national origin.

Reaffirmed: 8/13; 8/10, 7/07, 7/01, 5/84, 7/95

I. POLICY ON PROFESSIONAL CONDUCT AND PROHIBITION AGAINST HARASSMENT

The American Dental Association (ADA) is proud of its professional and congenial work environment, and it will take all necessary steps to ensure that the work environment remains pleasant for all that work here. It is ADA policy that all ADA volunteers, as well as all ADA employees, are responsible for assuring that the work place is free from improper harassment. The ADA absolutely prohibits sexual harassment and harassment on the basis of race, color, religion, gender, national origin, age, disability, sexual orientation, status with respect to public assistance, or marital status. Certain discriminatory harassment is prohibited by state and federal laws, which may subject the ADA and/or the individual harasser to liability for any such unlawful conduct. With this policy, the ADA prohibits not only unlawful

harassment, but also other unprofessional and discourteous actions. Derogatory racial, ethnic, religious, age, sexual orientation, sexual or other inappropriate remarks, slurs, or jokes will not be tolerated.

Sexual harassment includes unwelcome sexual advances and requests for sexual favors, and all other verbal or physical conduct of a sexual nature when:

- submission to such conduct is made either implicitly or explicitly a condition of the individual's employment;
- submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
- such conduct is sufficiently severe or pervasive to alter the conditions of employment and to create a hostile or abusive working environment.

Sexual harassment may take many forms, including, but not limited to:

- verbal harassment or abuse of a sexual nature;
- subtle pressure or abuse of a sexual nature;
- unnecessary touching of an individual, for example, patting, pinching, hugging, repeated brushing against another employee's body;
- offensive sexual flirtation, advances or propositioning;
- graphic verbal commentaries or jokes;
- sexually degrading words used to describe an individual; or
- the offensive display in the workplace of sexual objects, pictures or writings.

Each volunteer must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment. Forms of harassment include, but are not limited to:

- Verbal: repeated sexual innuendoes, racial or sexual epithets, derogatory slurs, off-color jokes, negative stereotyping, personally abusive remarks, propositions, threats or suggestive or insulting sounds;
- Visual/Non-verbal: derogatory posters, cartoons, or drawings; suggestive objects or pictures; graphic commentaries; leering; or obscene gestures;
- Physical: unwanted physical contact including touching, interference with an individual's normal work movement or assault; and
- Other: making or threatening reprisals as a result of a negative response to harassment.

ADA volunteers, as well as ADA employees, are responsible for keeping our work environment free of all such harassment. If you believe that you have been harassed, or if you become aware of an incident of harassment, whether by an employee or a non-employee, you should report it as soon a possible to the Executive Director and/or to the ADA Director of Human Resources, 1-800-621-8099, ext. 2755 or 312-440-2755. Do not allow an inappropriate situation to continue by not reporting it, regardless of who is creating that situation.

The ADA's Professional Conduct Policy and Prohibition Against Harassment applies to the immediate work place as well as to ADA related activity outside the ordinary work place, such as Annual Session and ADA-sponsored social or recreational events.

In response to every complaint, the ADA will take prompt investigatory actions and corrective and preventative actions where necessary. All ADA volunteers should be aware that the privacy of the charging party and the person accused of the harassment will be protected to the extent consistent with effective enforcement of this policy. The ADA will retain confidential documentation of all allegations and investigations.

All those involved in the accreditation process are reminded that harassment is against the law. Any site visitor or program representative who experiences or witnesses harassment in relation to the accreditation process should contact the Director of the Commission and/or the ADA Director of Human Resources, 1-800-621-8099 at once. The Commission annually reviews the American Dental Association's Professional Conduct Policy and Prohibition Against Harassment and directs that the policy be provided routinely to all parties that participate in the accreditation review process.

Revised: 8/14; 7/09, 1/03, 7/97; Reaffirmed: 8/13; 8/10; CODA: 01/95:11

J. PROGRAM FEE POLICY

Programs accredited by the Commission pay an annual fee. The annual fee is doubled in the year of the program's regular interval accreditation site visit. As there is some variation in fees for different disciplines based on actual accreditation costs, programs should contact the Commission office for specific information. Other than doubling of the annual fee during the site visit year, site visits are conducted without any additional charge to the institution and the Commission assumes all expenses incurred by its site visitors. However, accredited programs with multiple sites which must be site visited and programs sponsored by the U.S. military in international locations are assessed a fee at the time of the site visit. The fee is established on a case-by-case basis, dependent upon the specific requirements to conduct the visit (e.g. additional site visitors, additional days, and additional travel time and expenses). Fees are also assessed to the program for the conduct of special focused site visits. (See Invoicing Process for Special Focused Site Visits in Policy on Special Site Visits). International dental education programs also pay an annual fee and site visit fees (See International Dental Education Site Visits). Expenses for representatives from the state board of dentistry or from other agencies, such as a regional accrediting agency, are not assumed by the Commission. Fee structures are evaluated annually by the Commission. The Commission office should be contacted for current information on fees.

Fees may also be associated with staff consulting services (See Staff Consulting Services, and International Policies and Procedures), conversion of materials from paper to electronic format (See Electronic Submission of Accreditation Materials and Conversion Fees), compliance with Commission policy related to protected health information and personally identifiable information (See Policy and Procedures Related to Compliance with the Health Insurance Portability and Accountability Act).

All institutions offering programs accredited by the Commission on Dental Accreditation are expected to adhere to the due date for payment of all fees for each accredited program sponsored by the institution. Written requests for an extension must specify a payment date no later than thirty (30) days beyond the initial due date. Failure to pay fees by the designated deadline is viewed as an institutional decision to no longer participate in the Commission's accreditation program. Following appropriate reminder notice(s), if payment or a request for extension is not received, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting. Programs which have been discontinued or had accreditation withdrawn will not be issued a refund of accreditation fees.

Revised: 2/15; 8/14; 8/13; 7/08; Reaffirmed: 8/13; 8/10, 7/07, 7/01, 7/95

K. POLICY ON CODA RESEARCH AND DEVELOPMENT FUND (R&D FUND)

In 2013 the Commission on Dental Accreditation approved the creation of a Research and Development Fund.

The Commission on Dental Accreditation Research and Development fund may include but is not limited to the following uses:

- Commission studies related to quality assurance and strategic planning activities
- Conduct of business through newly formed ad hoc or sub-committees not previously budgeted; engagement of site visitors to gain unique expertise
- Ongoing review and enhancement of business resources, human resources, and technology resources in various aspects of the CODA accreditation program

Criteria Guideline for Distribution of Funds:

1. Funds $5,000 or less: Funds in this category are classified as discretionary funds that may be used by the CODA Director. A maximum of $5,000 per use is permissible, with a requirement for immediate reporting on the use of the funds, via email, to the Finance Committee for informational purposes. The discretionary funds do not require a formal request by a CODA committee, nor do they require prior approval for use by the Finance Committee or Commission.
2. Funds between $5,001 and $20,000: Projects which require this level of funding must be reviewed and approved by the Finance Committee prior to use. Approval by the Commission is not required.
3. Funds greater than $20,000: Projects which require funding in excess of $20,000 must be submitted for review and approval by the Commission upon recommendation of the Finance Committee.

All Funding Disbursements:

- The Finance Committee and Commission will review a full accounting of the R&D Fund and uses of the fund at each finance committee and Commission meeting.
- Fund allocations requiring approval by the Finance Committee or the Commission require formal requests/proposals from the Commission's review committees or standing committees; disbursement of funds within the Director's discretionary allocation do not require formalized requests.

Revised 8/14; Adopted: 1/14

L. POLICY ON ELECTRONIC SUBMISSION OF ACCREDITATION MATERIALS AND CONVERSION FEES

All institutions will provide the Commission with an electronic copy of all accreditation documents/reports and related materials. The program's documentation for CODA must not contain any patient protected health information (PHI) or personally identifiable information (PII).

These documents may include, but are not limited to, self-study, responses to site visit/progress reports, initial accreditation applications, reports of major change, and transfer of sponsorship and exhibits. Electronic submission guidelines will be provided to programs. Accreditation documents/reports and related materials must be complete and comprehensive. If the program is unable to provide a comprehensive electronic document, the Commission will assess a fee for converting the document (e.g. exhibits, tables, curriculum, report of change, progress report, transfer of sponsorship, response to site

visit report) to an electronic version. If the program/institution submits documentation that does not comply with the policy on PHI and PII (noted above), CODA will assess a penalty fee of $1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional $1000 fee.

Revised: 8/13; 8/12, 8/11, 8/07, 7/06; Reaffirmed: 8/13; 8/10; Adopted: 1/06

M. COMMISSION POLICY AND PROCEDURE RELATED TO COMPLIANCE WITH THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

HIPAA is the federal law that governs how "Covered Entities" handle the privacy and security of patients' protected health information (PHI). HIPAA Covered Entities include health care providers and health plans that send certain information electronically. The Commission may be deemed a "Business Associate" of certain institutions that are HIPAA Covered Entities. A Business Associate is an individual or entity that performs a function or activity on behalf of a HIPAA Covered Entity involving the use or disclosure of individually identifiable health information. Business Associates must comply with certain HIPAA Security and Privacy rules and implement training programs. The Commission "HIPPA Policy and Procedure Manual" is updated on a yearly basis. A copy of the manual is available upon request. All Commission site visitors, Review Committee members, Commissioners, and staff are required to attend a CODA HIPAA training session on a yearly basis.

The program's documentation for CODA must not contain any patient protected health information. If the program/institution submits documentation that does not comply with the policy on PHI (noted above), CODA will assess a penalty fee of $1000 to the institution; a resubmission that continues to contain PHI or PII will be assessed an additional $1000 fee.

Revised: 8/13; Reaffirmed: 8/13; Adopted: 8/11

N. GUIDELINES FOR MANAGING PROGRAM FILES

All correspondence is maintained and documentation related to one accreditation cycle will be stored electronically. Electronic documents/correspondence do not need signatures (per Commission legal counsel). Transmittal letters can be saved to the accredited program's FileWeb space without a signature.

Accredited programs

- All correspondence;
- The most recent site visit report (including the institution's response);
- Most recent self-study (with the hospital's bylaws, and course outlines appendix);
- Second most recent self-study (without hospital bylaws or course outlines appendix);
- All previous site visit reports (including institution's responses);
- Progress reports related to the two (2) most recent site visit reports (without course outlines); and
- Special Reports: (e.g. interim review, major change, transfer of sponsorship) occurring during time period of the two most recent site visit reports.

Discontinued programs

- All correspondence and site visit reports.

Programs with accreditation withdrawn

- All correspondence;

- Two (2) most recent site visit reports (with institutional responses);
- Two (2) most recent self-studies (without hospital bylaws or course outlines); and
- Progress reports related to the two (2) most recent site visit reports.

Revised: 8/02, 8/03, 8/99; Reaffirmed: 8/10, 7/09; Adopted: 9/92

IV. POLICIES AND PROCEDURES RELATED TO ACCREDITATION OF PROGRAMS

A. ACCREDITATION STATUS DEFINITIONS

1. Programs That Are Fully Operational:

Approval *(<u>without</u> reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval *(<u>with</u> reporting requirements*): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program.

Revised: 5/12; 1/99; Reaffirmed: 8/13; 8/10, 7/05; Adopted: 1/98

2. Programs That Are Not Fully Operational: A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is "initial accreditation." When initial accreditation status is granted to a developing education program, it is in effect through the projected enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program's accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status.

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the specific occupational area. The classification "initial accreditation" is granted based upon one or more site evaluation visit(s).

Revised: 7/08; Reaffirmed: 8/13; 8/10; Adopted: 2/02

3. Other Accreditation Actions:

Discontinued: An action taken by the Commission on Dental Accreditation when a program voluntarily discontinues its participation in the accreditation program and no longer enrolls a first year class.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program's accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution's legal counsel be consulted regarding how and when to advise applicants and students of the Commission's accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 8/13

Withdraw: An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission's decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Reaffirmed: 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

Denial: An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.

Reaffirmed: 8/13; Adopted: 8/11

B. APPLICATION FOR ACCREDITATION FOR FULLY OPERATIONAL PROGRAMS WITH ENROLLMENT AND WITHOUT ACCREDITATION

Those programs that have graduated at least one class of students/residents and are enrolling students/residents in every year of the program are considered fully operational. These programs will complete the self-study document and will be considered for the accreditation status of "approval with reporting requirements" or "approval without reporting requirements" following a comprehensive site visit (Please see procedures for the conduct of a comprehensive site visit). The following steps apply:

Because accreditation is voluntary, a program may withdraw its application for accreditation at any time prior to the Commission conducting the first on-site evaluation. When an accreditation status has been granted, the program has the right to ask that the status be discontinued at any time for any reason.

Upon request, the Commission office will provide more specific information about types of programs, application forms, deadlines for submission and accreditation standards. Program administrators and faculty are encouraged to consult with Commission staff during this initial process.

An application fee must be submitted with a program's application for accreditation. Programs should contact the Commission office for the current fee schedule.

1. An application for accreditation is completed by the program and submitted to the Commission on Dental Accreditation, along with appropriate documentation and application fee. A program with an application submitted to the Commission between April 2nd and October 1st may be site visited in late spring of the following year and reviewed at the July Commission meeting. Programs with applications submitted to the Commission between October 2nd and April 1st may be site visited in late fall of the same year and reviewed at the January Commission meeting. Typically, the first opportunity for the Commission to consider the program, provided that the application is in order, would be approximately nine (9) to ten (10) months following the application submission date.
2. The completed application for accreditation is reviewed to determine whether the program, as proposed, appears to have the potential to meet minimum requirements. The application is considered complete when the Criteria for Granting Accreditation have been addressed as part of the application process.
3. If it is determined that the Criteria for Granting Accreditation have been addressed, a site visit is scheduled four (4) to seven (7) months following receipt of the application.
4. If changes occur within the program between the date of submission of the application and scheduled site visit, the site visit may be delayed.
5. After the site visit has been conducted, the visiting committee submits a draft report to the Commission office.
6. Within four (4) to six (6) weeks following the site visit, the preliminary draft of the site visit report is transmitted to the institution for consideration and comment prior to review by the discipline-specific Review Committee and the Commission.
7. The visiting committee's report and the institution's response to the preliminary report are transmitted to the discipline-specific Review Committee for consideration at its meeting prior to the Commission meeting.
8. The Commission then considers the Review Committee's report and takes action on the accreditation status.
9. The Commission's action regarding accreditation status and the final site visit report are transmitted to the institution within thirty (30) days of the Commission's meeting.

Revised: 8/13; 7/08; Reaffirmed: 8/13; 8/10; Adopted: 8/02

C. APPLICATION FOR INITIAL ACCREDITATION FOR DEVELOPING PROGRAMS

A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents enrolled in each year of the program is defined by the Commission as not fully operational. The same review steps that apply for Application for Accreditation for Fully Operational Programs with Enrollment and Without Accreditation apply to Application for Initial Accreditation for Developing Programs.

The developing program must not enroll students/residents until initial accreditation status has been obtained. Once a program is granted "initial accreditation" status, a site visit will be conducted in the second year of programs that are four or more years in duration and again prior to the first class of students/residents graduating. Programs that are less than four (4) years in duration will be site visited again prior to the first class of students/residents graduating.

An institution which has made the decision to initiate and seek accreditation for a program that falls within the Commission on Dental Accreditation's purview is required to submit an application for accreditation. "Initial accreditation" status may then be granted to programs which are not fully operational and are developing, according to the accreditation standards.

Because accreditation is voluntary, a program may withdraw its application for initial accreditation at any time prior to the Commission conducting the first on-site evaluation. The initial accreditation status is granted based upon one or more site evaluation visit(s) and until the program is fully operational. When an accreditation status has been granted, the program has the right to ask that the status be discontinued at any time for any reason.

Upon request, the Commission office will provide more specific information about types of programs, application forms, deadlines for submission and accreditation standards. Program administrators and faculty are encouraged to consult with Commission staff during this initial process.

An application fee must be submitted with a program's application for initial accreditation. Programs should contact the Commission office for the current fee schedule.

The following steps apply:

1. An application for initial accreditation is completed by the program and submitted to the Commission on Dental Accreditation, along with appropriate documentation and application fee. A program with an application submitted to the Commission between April 2nd and October 1st may be site visited in late spring of the following year and reviewed at the July Commission meeting. Programs with applications submitted to the Commission between October 2nd and April 1st may be site visited in late fall of the same year and reviewed at the January Commission meeting. Typically, the first opportunity for the Commission to consider the program, provided that the application is in order, would be approximately nine (9) to ten (10) months following the application submission date.
2. The completed application for accreditation is reviewed to determine whether the program, as proposed, appears to have the potential to meet minimum requirements. The application is considered complete when the Criteria for Granting Accreditation have been addressed as part of the application process.
3. If it is determined that the Criteria for Granting Accreditation have been addressed, a site visit is scheduled four (4) to seven (7) months following receipt of the application.
4. If changes occur within the program between the date of submission of the application and scheduled site visit, the site visit may be delayed.
5. After the site visit has been conducted, the visiting committee submits a draft report to the Commission office.
6. Within four (4) to six (6) weeks following the site visit, the preliminary draft of the site visit report is transmitted to the institution for consideration and comment prior to review by the discipline-specific Review Committee and the Commission.
7. The visiting committee's report and the institution's response to the preliminary report are transmitted to the discipline-specific Review Committee for consideration at its meeting prior to the Commission meeting.
8. The Commission then considers the Review Committee's report and takes action on the accreditation status.
9. The Commission's action regarding accreditation status and the final site visit report are transmitted to the institution within thirty (30) days of the Commission's meeting.

Revised: 8/13; 7/08, 8/02, 7/01; Reaffirmed: 8/13; 8/11, 8/10

1. **Enrollment Of Students In A Developing (Not Fully Operational) Program Prior To Granting Of Initial Accreditation Status:**
   An additional purpose of accreditation recognized by the United States Department of Education (USDE) is the protection of the public through the identification of qualified personnel to staff the health care system. Therefore, the Commission on Dental Accreditation established accreditation classifications, which have proven to be acceptable to educational institutions. Published definitions are a widely recognized means for carrying out accreditation functions.

   "Initial accreditation" status is an accreditation classification that is applicable to developing programs. It is granted when a proposed or developing program demonstrates that it has the potential to meet the accreditation standards.

   For this reason, the Commission is firm in its policy that the developing program must not enroll students/residents until "initial accreditation" status has been obtained. If a program enrolls students/residents without first having been granted "initial accreditation" status, the Commission will not accept the application for accreditation until after the first enrolled class has graduated. In addition, the Commission expects that the program will notify all students/residents enrolled of the possible ramifications of enrollment in a program operating without accreditation. The Commission will also notify the applicable state board of dentistry.

   When "initial accreditation" status is denied and the program wishes to reapply, it is the responsibility of the institution to make use of all possible resources, including consultation with the Commission on Dental Accreditation. (Refer to the Policy on Public Disclosure and Confidentiality for additional information regarding the announcement of an action to deny accreditation).

   Revised: 7/08, 8/02, 7/96; Reaffirmed: 8/13; 8/10, 7/07, 7/01; CDE: 12/74:19

2. **Time Limitation For Initial Accreditation:**
   The classification of "initial accreditation" granted to dental and dental-related educational programs will be terminated at the end of two (2) years following the projected enrollment date if students/residents have not been enrolled. (See the Commission's Policy on Non-Enrollment of First Year Students for further information).

   Revised: 8/02; Reaffirmed: 8/13; 8/10; CODA: 05/80:12

D. CRITERIA FOR GRANTING ACCREDITATION

The application for accreditation of a dental or dental-related program is considered complete when the following criteria, as applicable, have been adequately addressed in the application.

a. A dean/program director/program administrator, as applicable, has been employed at the time the application is submitted and at least six (6) months prior to a projected accreditation site visit.
b. The program is sponsored by an institution that, at the time of the application, complies with the discipline-specific accreditation standards related to institutional accreditation.
c. A strategic plan/outcomes assessment process, which will regularly evaluate the degree to which the program's stated goals and objectives are being met, is developed.
d. The long and short-term financial commitment of the institution to the program is documented.
e. Contractual agreements are drafted and signed providing assurance that a program dependent upon the resources of a variety of institutions and/or extramural clinics and/or other entities has adequate support.
f. A defined student/resident admission process and due process procedures are developed.

g. A projection of the number, qualifications, assignments and appointment dates of faculty is developed.
h. An explanation is included of how the curriculum was developed including who developed the curriculum and the philosophy underlying the curriculum. If curriculum materials are based on or are from an established education program, there must be documentation that permission was granted to use these materials.
i. The first-year curriculum with general course and specific instructional objectives, learning activities, evaluation instruments (including, as applicable, laboratory evaluation forms, sample tests, quizzes, and grading criteria) is developed.
j. As applicable, courses for the subsequent years of the curriculum are developed, including general and specific course objectives.
k. If the capacity of the facility does not allow all students to be in laboratory, pre-clinical laboratory and/or clinic at the same time, a plan documenting how students/residents will spend laboratory, pre-clinical and/or clinical education sessions has been developed and is included.
l. As applicable, evaluation instruments for laboratory, pre-clinical, clinical, and clinical enrichment experiences are developed.
m. As applicable, policies and procedures such as a patient recruitment system; patient classification system; an ionizing radiation policy; an infection control policy; and a student/resident tracking system are developed.
n. As applicable, the adequacy of the patient caseload in terms of size, variety and scope to support required clinical experiences is available.
o. Class schedule(s) noting how each class will utilize the facility are developed.
p. As applicable, diagrams or blueprints of the didactic, laboratory, pre-clinical laboratory and clinical facilities, and equipment needs are developed to support the anticipated enrollment date.

Revised: 8/10, 7/08, 8/03; Reaffirmed: 8/13; Adopted: 8/02

E. POLICIES AND PROCEDURES FOR ACCREDITATION OF PROGRAMS IN AREAS OF ADVANCED TRAINING IN GENERAL DENTISTRY

Advanced training programs for which an accreditation review process is initiated are considered within the realm of general dentistry education and practice. In the initiation of an accreditation review process for programs in a dental education area, the Commission on Dental Accreditation seeks only to ensure the quality of the education programs in the area.

The Commission's accreditation process for programs in areas of advanced training in general dentistry does not confer dental specialty status. Specialty recognition is the purview of the American Dental Association, through its Council on Dental Education and Licensure, Board of Trustees and House of Delegates.

Items A through E listed below provide a framework for the Commission in determining whether a process of accreditation review should be initiated for advanced training programs in general dentistry areas. Each must be addressed in a request to establish an accreditation process for programs in an area of advanced training in general dentistry.

A. A well-defined body of established scientific dental knowledge exists that underlies the general dentistry education area – knowledge that is in large part distinct from, or more detailed than, that of other dental education areas already in accreditation review.
Elements to be addressed:

- Definition and scope of the education area;
- Educational goals and objectives of the education area;
- Competency and proficiency statements for the education area; and
- Description of how scientific dental knowledge in the education area is substantive and distinct from other education areas already under accreditation review.

B. The body of knowledge is sufficient to educate individuals in a distinct advanced education area of general dentistry, not merely one or more techniques.
Elements to be addressed:
- Identification of distinct components of biomedical, behavioral and clinical science in the advanced education area;
- Description of why this area of knowledge is a distinct education area of general dentistry, rather than a series of just one or more techniques;
- Documentation demonstrating that the body of knowledge is unique and distinct from that in any current Commission-accredited education area; and
- Documentation of the complexity of the body of knowledge of the education area by identifying specific advanced techniques and procedures, representative samples of curricula from existing programs, textbooks and journal.

C. A sufficient number of established programs exist and contain structured curricula, qualified faculty and enrolled individuals so that accreditation can be a viable method of quality assurance.
Elements to be addressed:
- Description of the historical development and evolution of educational programs in the area of advanced training in general dentistry
- A listing of the current operational programs in the advanced general dentistry training area, identifying for each, the:
  a. sponsoring institution;
  b. name and qualifications of the program director;
  c. number of full-time and part-time faculty (define part-time for each program);
  d. curriculum (course outlines, student competencies, class schedules);
  e. outcomes assessment methods;
  f. minimum length of the program;
  g. certificate and/or degree awarded upon completion;
  h. number of enrolled individuals per year for at least the past 5 years; and number of graduates per year for at least the past 5 years. If the established education programs have been in existence less than 5 years, provide information since their founding; and
  i. Documentation on how many programs in the education area would seek voluntary accreditation review, if available.

D. The education programs are the equivalent of at least one twelve-month full-time academic year in length. The programs must be academic programs sponsored by an institution accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) rather than a series of continuing education experiences.
Elements to be addressed:
- Evidence of the minimum length of the program for full-time students;
- Evidence that a certificate and/or degree is awarded upon completion of the program;
- Programs' recruitment materials (e.g. bulletin, catalogue); and

E. Other evidence that the programs are bona fide higher education experiences, rather than a series of continuing education courses (e.g. academic calendars, schedule of classes, and syllabi that address scope, depth and complexity of the higher education experience, formal approval or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for advanced education). The quality of the advanced educational program is important to the health care of the general public.
Elements to be addressed:

- Description of the need for accreditation review of the programs to ensure quality health care for the public;
- Description of current and emerging trends in the education area;
- Documentation that dental health care professionals currently provide health care services in the identified education area; and
- Evidence that the area of knowledge is important and significant to patient care and dentistry.

Revised: 8/13; 7/07; Reaffirmed: 8/13; 8/10, 7/09; Adopted: 7/04

F. PRINCIPLES AND CRITERIA ELIGIBILITY OF ALLIED DENTAL PROGRAMS FOR ACCREDITATION BY THE COMMISSION ON DENTAL ACCREDITATION

In the initiation of an accreditation review process for programs in a dental education area, the Commission on Dental Accreditation seeks to ensure the quality of the education programs, for the benefit and protection of both the public and students. Items A through E listed below provide a framework for the Commission in determining whether a process of accreditation review should be initiated for new allied dental education areas or disciplines. Each must be addressed in a request to establish an accreditation process for programs in an area of allied dentistry. If the Commission determines that appropriate documentation can be provided for each criterion, then the Commission may either appoint a Workgroup made of appropriate communities of interest or task the relevant standing Review Committee to develop accreditation standards.

1. Does the allied dental education area align with the accrediting agency's mission and scope?

   CODA's mission is as follows: "The Commission on Dental Accreditation serves the public by establishing, maintaining and applying standards that ensure the quality and continuous improvement of dental and dental-related education and reflect the evolving practice of dentistry. The scope of the Commission on Dental Accreditation encompasses dental, advanced dental and allied dental education programs" (Reaffirmed: 8/13; 07/07; Revised: CODA: 01/01).

   Elements to be addressed:

   - Definition and scope of the allied dental education area.
   - List the educational goals and objectives of the allied dental education area.
   - Description of how the area of allied dental education aligns with the Commission on Dental Accreditation's mission and scope.

2. Has the allied dental education area been in operation for a sufficient period of time to establish benchmarks and adequately measure performance?

Elements to be addressed:

- List the competency statements and performance measures that define competence for the discipline.
- Provide documentation that there is a body of established, substantive, scientific dental knowledge that underlies the education area.

3. Is the program part of an institution or clearly identified responsible entity encompassed under the agency's scope, e.g., formal, postsecondary education program leading to a *bona fide* educational credential (certificate or degree)?

   Elements to be addressed:

   - A listing of the current operational programs in the allied dental education area, identifying for each, the:
     - sponsoring institution; present evidence that the sponsoring institutions are accredited by an agency recognized by the United States Department of Education.
     - documentation of the existence of an sufficient number of qualified individuals serving or available to serve as program directors;
     - documentation of the existence of a sufficient number of full-time and part-time faculty (define part-time for each program) qualified to teach in the programs;
     - documentation of existing curriculum in the area (course outlines, student competencies, class schedules);
     - evidence that the programs are bona fide higher education experiences, rather than preceptorships or a series of continuing education courses, that address scope, depth and complexity of the higher education experience;
     - outcomes assessment methods for the programs;
     - minimum length of the program;
     - certificate and/or degree or other credential awarded upon completion;
     - formal approval, authorization or acknowledgment by the parent institution that the courses or curricula in the education area meet the institution's academic requirements for operation and awarding of the appropriate credential;
     - number of enrolled individuals per year for at least the past 5 years; and number of graduates per year for at least the past 5 years. If the established education programs have been in existence less than 5 years, provide information since their founding; and
     - documentation on how many programs in the education area would seek voluntary accreditation review, if available.

4. Is there sufficient level of activity and expertise in the discipline, including individuals with the academic or professional credentials, to establish standards and sustain a quality review process?

   Elements to be addressed:

   - Description of the historical development and evolution of educational programs in the area of allied dentistry.
   - For each program, list the academic credentials required to be a full-time faculty and the academic credentials to be a part-time faculty member.
   - For each program, list the academic and administrative credentials required to be a program director.
   - Description of sponsoring, professional organization/association(s), if any, and (if applicable) the credentialing body, including the following information:
     - number of members

- names and contact information of association officers
- organization/association bylaws
- list of sponsored continuing education programs for members
- for credentialing body: exam criteria; number of candidates; pass rate

5. Is there evidence of need and support from the public and professional communities to sustain educational programs in the discipline?

   Elements to be addressed:
   - Description of the need for accreditation review of the programs to ensure quality health care for the public, including evidence of consideration of public interests in the development and operation of the programs.
   - Documentation of current and emerging trends in the education area.
   - Documentation of the available programs with rationale for ability to perform a robust, meaningful peer-review accreditation process
   - List of states where graduates of the allied dental education programs can be licensed and/or practice.
   - Evidence that the programs in the discipline are legally authorized to operate by the relevant state or government agencies.
   - Evidence that the discipline's institutions and programs are in compliance with all applicable US Department of Education expectations including those described in the Regulations on Gainful Employment Reporting Associated with the Higher Education Opportunity Act.
   - Evidence documenting (or plans to document) outcomes assessment of graduates.
   - Evidence of the potential for graduates to obtain gainful employment, including:
     - Average student loan indebtedness
     - Average salary new graduates can expect to earn
     - Employment placement rates (when available)
     - Documentation of employment/practice opportunities/settings
     - Evidence from a feasibility study and/or needs assessment (where available) showing career opportunities, student interest, an appropriate patient base,

Reaffirmed: 8/13; Adopted: 8/11

G. SELF-STUDY GENERAL INFORMATION

In preparation for a site visit, institutions are required to complete a self-study for each program being evaluated. A self-study involves an analysis of the program in terms of the accreditation standards and an assessment of the effectiveness of the entire educational program. It includes a review of the relevance of all its activities to its stated purposes and objectives and a realistic appraisal of its achievements and deficiencies. The self-study process permits a program to measure itself qualitatively prior to evaluation by an on-site committee of peers in education and the profession. On-site evaluation assesses the degree to which the accreditation standards are met and assists the program in identifying strengths and weaknesses.

The self-study manual includes questions which require qualitative evaluation and analysis of the educational program. The intent of the self-study process is to identify program strengths and weaknesses. Latitude is permitted in interpreting questions to meet the specific needs of the program; however, Commission staff should be consulted if revisions are planned.

The sponsoring institution is required to forward a copy of the completed self-study document to each member of the visiting committee and to the Commission office no later than sixty (60) days prior to the scheduled site visit. Visiting committee members review the completed self-study documents. Any requests by committee members for additional materials relating to the on-site review are forwarded to the institution by the Commission staff or staff representative. All such requests are compiled into one official communication from the Commission office to the institution. Individual site visitors may not request additional material or information directly from an institution. The institution's response serves as an addendum to the self-study document.

Guidelines for preparing self-study documents for each discipline, including more specific information and instructions, are available upon request from the Commission office.

Revised: 8/14; Reaffirmed: 8/10

H. PRE-VISIT GENERAL INFORMATION

The Commission proposes and confirms dates for the site visit, assists the institution with pre-visit plans and communicates with the visiting committee regarding transportation, hotel accommodations and the program's accreditation history.

A site visit focuses only on the program(s) in operation at the time of the visit. The visiting committee will expect, however, to be apprised of any change in admissions, facilities, faculty, financial support or curriculum which is contemplated, but not yet implemented.

Although the Commission provides a suggested site visit schedule, the institution is responsible for preparing the actual schedule. Any necessary modifications to the schedule proposed by the institution are made prior to the visit either by Commission staff or by the staff representative assigned to the visiting committee. The schedule is also reviewed at the beginning of the visit to determine whether any other changes are indicated. The institution notifies all individuals associated with the institution, who are participating in the review, of the time and place of their scheduled conferences with the visiting committee.

Reaffirmed: 8/10

I. POLICY ON THIRD PARTY COMMENTS

The Commission currently publishes, in its accredited lists of programs, the year of the next site visit for each program it accredits. In addition, the Commission posts its spring and fall announcements on the Accreditation News area of the Commission's website for those programs being site visited January through June or July through December. Developing programs submitting applications for initial accreditation may be scheduled for site visits after the posting on the Commission's website; thus, the specific dates of these site visits will not be available for publication. Parties interested in these specific dates (should they be established) are welcomed/encouraged to contact the Commission office.

The United States Department of Education (USDE) procedures require accrediting agencies to provide an opportunity for third-party comment, either in writing or at a public hearing (at the accrediting agencies' discretion) with respect to institutions or programs scheduled for review. All comments must

relate to accreditation standards for the discipline and required accreditation policies. In order to comply with the Department's requirement on the use of third-party comment regarding program's qualifications for accreditation or initial accreditation, the following procedures have been developed

Programs with the status of initial accreditation, and programs seeking initial accreditation must solicit comment through appropriate notification of communities of interest and the public such as faculty, students, program administrators, specialty and dental-related organizations, patients, and consumers

The Commission will request written comments from interested parties on the CODA website. All comments relative to programs being visited will be due in the Commission office no later than sixty (60) days prior to each program's site visit to allow time for the program to respond. Therefore, programs being site-visited in January through June will be listed in the fall posting of the previous year and programs scheduled for a site visit from July through December will be listed in the spring posting of the current year. Any unresolved issues related to the program's compliance with the accreditation standards will be reviewed by the visiting committee while on-site.

Those programs scheduled for review must solicit third-party comments through appropriate notification of communities of interest and the public such as faculty, students, program administrators, specialty and dental-related organizations, patients, and consumers at least ninety (90) days prior to their site visit. The notice should indicate the deadline of sixty (60) days for receipt of third-party comments in the Commission office and should stipulate that comments must be signed, that signatures will be removed from comments prior to forwarding them to the program, and that comments must pertain only to the standards for the particular program or policies and procedures used in the Commission's accreditation process. The announcement may include language to indicate that a copy of the appropriate accreditation standards and/or the Commission's policy on third-party comments may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611, or by calling 1/800-621-8099, extension 4653.

All comments submitted must pertain only to the standards relative to the particular program being reviewed or policies and procedures used in the accreditation process. Comments will be screened by Commission staff for relevancy. Only signed comments will be considered. For comments not relevant to these issues, the individual will be notified that the comment is not related to accreditation and, where appropriate, referred to the appropriate agency. For those individuals who are interested in submitting comments, requests may be made to the Commission office.

All relevant comments will have signatures removed and will then be referred to the program at least fifty (50) days prior to the site visit for review and response. A written response from the program should be provided to the Commission office and the visiting committee fifteen (15) days prior to the site visit. Adjustments may be necessary in the site visit schedule to allow discussion of comments with proper personnel. Negative comments received after the established deadline of sixty (60) days prior to the site visit will be handled as a complaint.

Revised: 2/15; 8/13; 8/12, 8/11, 7/09, 8/02, 1/97; Reaffirmed: 8/13; 8/10, 1/03; Adopted: 7/95

J. SITE VISITS

The Commission on Dental Accreditation formally evaluates accredited programs at regular intervals. Comprehensive site visits based on a self-study are routinely conducted every seven years. Site visits of programs in the specialty of oral and maxillofacial surgery are conducted at five year intervals.

Special site visits (which may be either focused or comprehensive in scope) are conducted when it is necessary for the Commission to review information about the program that can only be obtained or documented on-site. Information on special site visits is included elsewhere in this manual.

Revised: 1/14; Reaffirmed: 8/10

1. Overview And Accreditation Cycle: The Commission requires that each accredited program, or program seeking initial accreditation, conduct a self-analysis and submit a self-study report prior to its on-site review. Using the Commission's self-study guide helps the program ensure that its self-study report addresses, assesses critically, and documents the degree of compliance with each of the accreditation standards and with the program's own stated goals.

The Commission expects that one of the goals of a dental or dental-related educational program is to prepare qualified individuals in their respective disciplines. Accredited programs must design and implement their own outcomes measures to determine the degree to which stated goals and objectives are being met. Results of this ongoing and systematically documented assessment process must be used to evaluate the program's effectiveness in meeting its goals, to improve program quality and to enhance student achievement.

All members of the visiting committee carefully review the self-study document prior to the on-site review. This initial assessment serves to identify areas where the program may not comply with the accreditation standards or to raise questions about information that is unclear. While on site, the visiting committee verifies the information provided in the self-study document and carefully assesses any unclear or problem areas. The verification process includes interviews with institutional personnel and review of program documentation. A recommendation is included in the report of the site visit when noncompliance with a standard is identified. If a particular standard is not addressed by the site visit report, the program is viewed as meeting that standard.

The site visit report, along with the institutional response to the report, serves as the Commission's primary basis for accreditation decisions. The report also guides chief executive officers and administrators of educational institutions in determining the degree of the program's compliance with the accreditation standards. The Commission, assisted by the visiting committees, identifies specific program deficiencies or areas of noncompliance with the standards, but it is the responsibility of the program to identify specific solutions or means of improvement.

Reaffirmed: 8/10

2. Coordinated Site Visits: If an institution offers more than one dental education program, the Commission evaluates all programs during a single site visit whenever possible. Shared faculty, shared facilities and integrated curricula, as well as the time and expense involved in preparing for a visit, are among the reasons for coordinated evaluations.

The Commission encourages the coordination of its evaluations with evaluations by regional and/or other nationally recognized accrediting associations. It will make every effort to coordinate its evaluations with those of other associations if requested to do so by an institution. The Commission has conducted simultaneous evaluations with regional accrediting associations such as the Commission on Colleges of the Southern Association of Colleges and Schools and other specialized agencies such as the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or with state accrediting agencies such as the State Education Department, the University of the State of New York Division of College and University Evaluation. If an institution wishes to coordinate accreditation activities, the Commission should be contacted well in advance of the projected time of the site visit.

Reaffirmed: 8/10

3. Institutional Review Process – Reminder Statement: The Commission on Dental Accreditation is recognized by the U.S. Department of Education (USDE) as an umbrella specialized accrediting agency for dental and dental-related disciplines. As a specialized accrediting agency, the Commission is responsible for the review of all dental, allied dental, advanced dental and dental specialty educational programs. The Commission is also responsible for evaluating educational programs which are sponsored in a variety of educational settings, including hospitals. For this reason, when an institution sponsors multiple programs falling within the Commission's accreditation purview, the institutional component is included as an integral part of the umbrella review process.

Although the Review Committees play a significant role in this broad-based review, the Commission has the final responsibility for ensuring that the impact of the programs on the sponsoring institution is considered.

Revised: 7/97, 7/00; Reaffirmed: 8/13; 8/10, 7/09, 1/03; CODA: 5/91:16, 1994

4. Policy On Cooperative Site Visits With Other Accreditors: The Commission encourages the coordination of its site visits with the accreditation reviews of other specialized or regional accrediting agencies. The Commission consults with institutional and program administrators to determine whether a coordinated visit can meet the accreditation needs of each agency involved in the visit. If so, a coordinated visit is scheduled. In order to protect the confidentiality of information gathered during the review, the cooperating agencies usually specify in advance the degree of access each will have to the other's site visit documents and reports. Each visiting committee may develop its own report or certain sections of the report may meet the needs of the cooperating agencies.

The institution that sponsors the accredited program must request that a coordinated site visit be conducted. An offer to try to work cooperatively with other agencies is routinely included in the initial letter that announces an upcoming scheduled site visit by the Commission. If a request is received from the institution, the Commission contacts the other accrediting agencies. The agencies work together with the institution to attempt to develop a schedule or protocol that will meet the needs of both accrediting agencies and the institution.

The Commission requests the members of the visiting committees from other agencies sign the Commission's Statement of Confidentiality in order to participate in interviews conducted by the Commission's site visitors.

A reminder about the Commission's willingness to conduct coordinated site visit is included periodically in the *CODA Communicator* e- newsletter.

Revised: 8/14; Reaffirmed: 8/13; 8/10, 7/07, 7/01, 10/94, 6/92; CODA: 05/92:1, 2; 12/92:5

5. Policy On Special Site Visits: Special site visits are conducted when it is necessary for the Commission to review information about the program that can only be obtained or documented on-site. When necessary, special site visits are conducted to ensure the quality of the educational program, but are used selectively in order to avoid perceived harassment of programs. A special site visit may be either focused, limited to specified standards, or comprehensive, covering all accreditation standards. In making recommendations to the Commission for a special site visit, the Review Committee will indicate the specific standards or required accreditation policy in question. The Commission will communicate these concerns to the program in the letter transmitting the action related to a special site visit. If a comprehensive special visit will be conducted, the program must prepare a self-study prior to the visit. If a focused visit will be conducted, the program will be required to complete some portions of the self-study and/or to develop some other materials related to the specific standards or required policies that

have been identified as areas of concern. With the exception of a special site visit due to falsification of information, all costs related to special site visits are borne by the program, including an administrative special focused site visit fee. (See Invoicing Process for Special Focused Site Visits)

The Commission may conduct a special site visit for any of the following reasons:

a. Failure to document compliance: A special site visit may be directed for an accredited program when, six (6) months prior to the time period allowed to achieve compliance through progress reports (eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length), the program has not adequately documented compliance with the accreditation standards. The special site visit will be focused on the recommendations contained in the site visit report. Recommendations for which supplemental information or documentation is submitted after the last progress report or special site visit report is reviewed by the appropriate Review Committee or the Commission and that in the Commission's opinion requires on-site verification, shall be considered as not met for purposes of accreditation. Following the special site visit, if compliance is not demonstrated, the Commission will withdraw the program's accreditation unless the Commission extends the period for achieving compliance for good cause.

b. Major change within a program: A special site visit may be directed for an accredited program when a report of major change, review of annual survey data, or information received in other ways, indicates that major changes in a program may have affected its ability to maintain compliance with the accreditation standards. The Commission may also request a special report from the involved program prior to conducting a special site visit. The Commission's Policy on Reporting Program Changes in Accredited Programs found in Section IV.D of this manual provides details.

c. Investigating complaints: A special site visit may be directed for an accredited program to investigate a complaint raising questions about the program's compliance with the accreditation standards. The Commission's Policy and Procedure Regarding Investigation of Complaints Against Educational Programs found in Section V.D of this manual provides details.

d. Falsifying information: A special site visit may be directed for an accredited program to investigate the possible intentional falsification of information provided to the Commission. The Commission's policy on Integrity found in Section I.G provides details. The cost of such a special site visit is shared by the Commission and the program.

e. Off campus/distance sites: The Commission's Policy Statement on Accreditation of Off-campus Sites found in Section V.R provides details.

f. Other reasons: A special site visit may, on occasion, be directed for an accredited program to respond to a request to the Commission from the chief executive officer or program administrator. The Commission may also direct that a focused site visit is necessary for just cause if it determines that a program may be unable to maintain compliance with the accreditation standards.

Invoicing Process for Special Focused Site Visits

Invoice #1: In advance of the site visit, the program will remit payment for the Administrative Fee ($4,000) plus 75% of the remaining estimated actual expenses (calculated as an estimate, 75% of $1200 per site visitor or staff).

Invoice #2: Following the site visit, the program will remit payment for the remaining balance of actual expenses to the Commission.

Revised: 8/14; 8/13; 1/00, 1/99, 1/98; Reaffirmed: 8/13; 8/10, 7/06; Adopted: 7/96

K. SITE VISITORS

The Commission uses site visitors with education and practice expertise in the discipline or areas being evaluated to conduct its accreditation program. Nominations for site visitors are requested from national dental and dental-related organizations representing the areas affected by the accreditation process. Site visitors are appointed by the Commission annually and may be re-appointed.

During the term of service as a Review Committee member, these individuals should not serve as site visitors for an actual accreditation site visit to an accredited or developing program, unless deemed necessary. Two instances when a review committee member could serve on a site visit include: 1) an inability to find a site visitor from the comprehensive site visitor list, or 2) when the review committee believes a member should attend a visit for consistency in the review process. This applies only to site visits that would be considered by the same review committee on which the site visitor is serving. Review committee members are prohibited from serving as independent consultants for mock accreditation purposes. These policies help avoid conflict of interest in the decision making process and minimize the need for recusals.

During the term of service as a commissioner, these individuals may not independently consult with a CODA-accredited program or a program applying for CODA accreditation. In addition, site visitors serving on the Commission may not serve on a site visit team during their terms.

All other active site visitors who independently consult with educational programs accredited by CODA or applying for accreditation must identify all consulting roles to the Commission and must file with the Commission a letter of conflict acknowledgement signed by themselves and the institution/program with whom they consulted. All conflict of interest policies as noted elsewhere in this document apply. Contact the CODA office for the appropriate conflict of interest declaration form.

Prior to a site visit, a list of site visitors and other participants is reviewed by the institution/program for conflict of interest or any other potential problem. The program/institution being site visited will be permitted to remove two individuals (per discipline or area being evaluated) from the list without any written explanation or documentation. Additional site visitors or participants may be removed from the list if a conflict of interest, as described in the Commission's Conflict of Interest Policy, can be demonstrated. Information concerning the conflict of interest must be provided in writing clearly stating the specifics of the conflict.

Site visitors are appointed by the Chair and approved by the institution's administration, i.e. dental school dean or program director. The visiting committee conducts the site visit and prepares the report of the site visit findings for Commission action. The size and composition of a visiting committee varies with the number and kinds of educational programs offered by the institution. All visiting committees will include at least one person who is not a member of a Review Committee of the Commission or a Commission staff member. Two dental hygiene site visitors shall be assigned to dental school-sponsored dental hygiene site visits.

When appropriate, a generalist representative from a regional accrediting agency may be invited by the chief executive officer of an institution to participate in the site visit with the Commission's visiting committee. A generalist advises, consults and participates fully in committee activities during a site visit. The generalist's expenses are reimbursed by the institution. The generalist can help to ensure that the overall institutional perspective is considered while the specific programs are being reviewed.

The institution is encouraged to invite the state board of dentistry to send a current member to participate in the site visit. If invited, the current member of the state board receives the same background materials as other site visit committee members and participates in all site visit conferences and executive sessions. The state board of dentistry reimburses its member for expenses incurred during the site visit.

In addition to other participants, a newly appointed site visitor and/or Commission staff member may participate on the visiting committee for training purposes. It is emphasized that site visitors are fact-finders, who report committee findings to the Commission. Only the Commission is authorized to take action affecting the accreditation status.

Revised: 8/14; 1/14; 1/03, 1/00, 7/97; Reaffirmed: 8/10, 7/09, 7/07, 7/06, 7/01; CODA: 07/96:10, 12/83:4

1. Appointments: All site visitor appointments are made annually for one year terms for a maximum of six consecutive years. Following the maximum appointment period of six consecutive years, the site visitor may reapply for appointment after one year. In exceptional circumstances the Review Committee may recommend that the Commission alter an individual's term limits. Site visitors assist the Commission in a number of ways, including: developing accreditation standards, serving on special committees, and serving as site visitors on visits to predoctoral, advanced dental and allied dental education programs.

The Commission reviews nominations received from each specialty organization and certifying board. Individuals may also self-nominate. In addition to the mandatory subject expertise, the Commission always requests nominations of potentially under-represented ethnic groups and women, and makes every effort to achieve a pool of site visitors with broad geographic diversity to help reduce site visit travel expenses.

Site visitors are appointed/reappointed annually and asked to sign the Commission's Conflict of Interest Statement, the Agreement of Confidentiality, the Copyright Assignment, Licensure Attestation, and the ADA's Professional Conduct Policy and Prohibition Against Harassment. Site visitors must also complete annual training and will receive periodic updates on the Commission's policies and procedures related to the Health Insurance Portability and Accountability Act (HIPAA). The Commission office stores these forms for seven (7) years.

Subsequent to appointment/reappointment by the Commission, site visitors receive an appointment letter explaining the process for appointment, training, and scheduling of Commission site visitors.

Revised: 8/14; 7/08; Reaffirmed: 8/10, 1/98, 8/02; CODA: 07/94:9, 01/95:10

2. Criteria For Nomination Of Site Visitors: For predoctoral dental education programs, the Commission solicits nominations for site visitors from the American Dental Education Association to serve in five of six roles on dental education program site visits. The site visitor roles are Chair, Basic Science, Clinical Science, Curriculum, and Finance. Nominations for the sixth role, national licensure site visitor, are submitted by the American Association of Dental Boards.

For advanced specialty education programs, the Commission solicits nominations for /site visitors from the recognized dental specialty organizations and their certifying boards. Dentist site visitors must be members of the ADA and their ADA-recognized specialty organizations.

For allied education programs, the American Dental Education Association is an additional source of nominations that augments, not supersedes, the nominations from the Commission's other participating organizations, American Dental Assistants Association (ADAA), American Dental Hygienists' Association (ADHA) and National Association of Dental Laboratories (NADL)

Revised: 8/14; 8/12; Reaffirmed: 8/10, 7/07, 7/01; CODA: 05/93:6-7

A. Predoctoral Dental Education: The accreditation of predoctoral dental education programs is conducted through the mechanism of a visiting committee. Membership on such visiting committees is general dentistry oriented rather than discipline or subject matter area oriented. The composition of such committees shall be comprised, insofar as possible, of site visitors having broad expertise in dental curriculum, basic sciences, clinical sciences, finance, national licensure (practitioner) and one Commission staff member. The evaluation visit is oriented to an assessment of the educational program's success in training competent general practitioners.

Although a basic science or clinical science site visitor may have training in a specific basic science or dental specialty area, it is expected that when serving as a member of the core committee evaluating the predoctoral program, the site visitor serves as a general dentist. Further, it is expected that all findings, conclusions or recommendations that are to be included in the report must have the concurrence of the visiting committee team members to ensure that the report reflects the judgment of the entire visiting committee.
In appointing site visitors, the Commission takes into account a balance in geographic distribution as well as representation of the various types of educational settings and diversity. Because the Commission views the accreditation process as one of peer review, predoctoral dental education site visitors, with the exception of the national licensure site visitor, are affiliated with dental education programs.

All predoctoral dental education site visitors, who are eligible, must be members of the American Dental Association.

The following are criteria for the six roles of predoctoral dental education site visitors:

Chair:
- Must be a current dean of a dental school or have served as dean within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program being site visited or as a previous site visitor.

Basic Science:
- Must be an individual who currently teaches one or more biomedical science courses to dental education students or has done so within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program being site visited or as a previous site visitor.

Clinical Science:
- Must be a current clinical dean or an individual with extensive knowledge of and experience with the quality assurance process and overall clinic operations.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program being site visited or as a previous site visitor.

Curriculum:

- Must be a current academic affairs dean or an individual with extensive knowledge and experience in curriculum management.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program being site visited or as a previous site visitor.

Finance:

- Must be a current financial officer of a dental school or an individual with extensive knowledge of and experience with the business, finance and administration of a dental school.
- Has served in the above capacity within the previous three (3) years.
- Should have accreditation experience through an affiliation with a dental education program being site visited or as a previous site visitor.

National Licensure:

- Should be a current clinical board examiner or have served in that capacity within the previous three (3) years.
- Should have an interest in the accreditation process.

Revised: 8/14; 1/99; Reaffirmed: 8/10, 7/07, 7/01; CODA: 07/05, 05/77:4

B. Advanced Specialty Education: Specialty organizations are advised that candidates recommended to serve as site visitors be board certified and/or have completed or participated in a CODA-accredited specialty education program and must have experience in advanced education as teachers or administrators. Each specialty Review Committee will determine if board certification is required. Some specialty organizations have established additional criteria for their nominations to the Commission.

The Commission requests all agencies nominating site visitors to consider regional distribution, gender and minority representation and previous experience as a site visitor. Although site visitors are nominated by a variety of sources, the Commission carefully reviews the nominations and appoints site visitors on the basis of need in particular areas of expertise. The pool of site visitors is utilized for on-site evaluations, for special consultations and for special or Review Committees.

All site visitors are appointed for a one-year term and may be re-appointed annually for a total of six consecutive years. Appointments are made at the January Commission meeting and become effective with the close of the ADA annual session in the Fall.

Revised: 8/14; 8/12, 7/09, 7/07, 7/01; Reaffirmed: 8/10; Adopted: 7/98

C. Allied Education in Dental Hygiene: In appointing site visitors, the Commission takes into account a balance in geographic distribution, representation of the various types of educational settings, and diversity. Because the Commission views the accreditation process as one of peer review, the dental hygiene education site visitors are affiliated with dental hygiene education programs.

The following are criteria for selection of dental hygiene site visitors:

- a full-time or part-time appointment with an accredited dental hygiene program;
- a baccalaureate or higher degree;
- background in educational methodology;

- accreditation experience through an affiliation with a dental hygiene education program that has completed a site visit; and
- accreditation experience within the previous three (3) years.

Revised: 8/14; Reaffirmed: 8/10; Adopted: 7/09

D. Allied Education in Dental Assisting: The following are criteria for selection of dental assisting site visitors:
   - certification by the Dental Assisting National Board as a dental assistant;
   - full-time or part-time appointment with an accredited dental assisting program;
   - equivalent of three (3) years full-time dental assisting teaching experience;
   - baccalaureate or higher degree;
   - demonstrated knowledge of accreditation; and
   - current background in educational methodology.

   Revised: 8/14; 2/13, 1/08, 1/98, 2/02; Reaffirmed: 8/10, 7/08; CODA: 07/95:5

E. Allied Education in Dental Laboratory Technology: The following are criteria for selection of dental laboratory technology site visitors:
   - background in all five (5) dental laboratory technology specialty areas: complete dentures, removable dentures, crown and bridge, dental ceramics, and orthodontics;
   - background in educational methodology
   - knowledge of the accreditation process and the Accreditation Standards for Dental Laboratory Technology Education Programs;
   - Certified Dental Technician (CDT) credential through the National Board of Certification (NBC); and
   - full or part-time appointment with a dental laboratory technology education program accredited by the Commission on Dental Accreditation or previous experience as a Commission on Dental Accreditation site visitor.

   Revised: 8/14; Reaffirmed: 8/10; Adopted: 07/09

3. Policy Statement On Site Visitor Training: The Commission has a long history of a strong commitment to site visitor training and requires that all program evaluators receive training. Prior to participation, site visitors must demonstrate that they are knowledgeable about the Commission's accreditation standards and its Evaluation and Operational Policies and Procedures. Initial and ongoing training takes place in several formats.

New site visitors attend a two-day formal workshop that follows the format of an actual site visit. When site visitors cannot attend this formal workshop, they attend a site visit as trainees, accompanied by a Commission staff member or staff representative and a comparable experienced site visitor who provide ongoing training and guidance. All new site visitors are directed to the Commission's on-line training program and are required to successfully complete the training program and site visitor final assessment.

Site visitor update sessions take place at several dental-related meetings, such as the annual session of the American Dental Education Association, the American Association of Oral and Maxillofacial Surgeons and the Allied Directors' Conference. The Commission may entertain requests from other organizations. Components from the workshop are sometimes presented at these meetings; however, the primary purpose of the update sessions is to inform site visitors about recent Commission activities, revisions to standards and newly adopted policies and procedures.

Keeping costs in mind, the Commission continually explores new methods of providing initial training to site visitors, as well as ensuring their ongoing competence and calibration. Methods being examined include on-line materials, conference calls, broadcast e-mails and other self-instructional materials.

The Commission emphasizes its increased commitment to quality training for site visitors. While the Commission sponsors comprehensive training for new site visitors and provides updates for site visitors on a regular basis, all parent organizations are urged to provide support for training to augment the Commission's programs. Site visitors who have not been assigned on a site visit during the previous two years must re-attend the in-house training provided to new site visitors, observe a site visit in the appropriate discipline, or review the training materials of the American Dental Education Association (ADEA) Annual Meeting, before being assigned to evaluate a program on a site visit.

Revised: 8/14; 8/10, 7/06, 7/00, 1/98; Reaffirmed: 7/07, 7/01, 7/96; CODA: 01/94:9

4. Job Descriptions For Predoctoral Dental Education Visiting Committee Members:

A. Chair:

- Will conduct a briefing session with the entire visiting committee relative to the philosophy of the Commission on the approach, purpose and methodology of the conduct of the site visit on the evening prior to the first day of the site visit;
- Will be responsible for the continual reinforcement of the above concepts during the course of the site visit and for monitoring continually the conduct of the site visit;
- Will brief visiting committee members as to their role as a fact-finding and reporting committee and the appropriate protocol during the course of the site visit; including what is expected of each member in terms of kinds of activities and relative to the report of findings and conclusions and recommendations, with adequate background rationale for making recommendations and enumerating strengths and weaknesses in the education program being evaluated;
- Will lead all assigned conferences and executive sessions;
- Will serve as liaison between the visiting committee members and the dental administration and the executive administrators of the institution;
- Will make specific and special assignments to individual visiting committee members relative to evaluating and reporting on specific matters and sections of the site visit report, e.g. administrative organization, faculty, library facilities and resources, research program, facilities and equipment, admission process, hospital program(s), student achievement;
- Will be responsible for ensuring that site visitors fully understand their responsibility for reporting adequately, but succinctly, in their area of expertise (finance, curriculum, basic sciences, clinical sciences and national licensure);
- Will consult with the dental administration at regular intervals to discuss progress of the visit;
- Will be responsible, during executive sessions with visiting committee members, for the separation of recommendations from suggestions–focusing upon the recommendations which are to be included in the site visit report which are considered to be major, critical and essential to the conduct of the education program(s); suggestions for program enhancement are to be included as part of the narrative of the report; and
- Will be responsible for the preparation of a written summary of the visiting committee's conclusions, findings, perceptions and observations of the program(s)' in the form of suggestions and recommendations, as appropriate, for oral presentation during the exit interview with the Dean, and for presentation of an abbreviated summary during the exit interview with the institution's executive administrators.

- Will assess institutional effectiveness including:
  - Assessment of the school's mission statement;
  - Assessment and evaluation of the school's planning, and achievement of defined goals related to education, patient care, research and service;
  - Assessment of the school's outcomes assessment process; and
  - Evaluation of the school's interaction with other components of higher education, health care education or health care delivery systems.
- Will assess the effectiveness of faculty and staff including:
  - Assessment of the number and distribution of faculty in meeting the school's stated objectives;
  - Assessment of the school's faculty development process;
  - Assessment of the school's faculty governance;
  - Assessment of the school's measurement of faculty performance in teaching, patient care, scholarship and service; and
  - Assessment of the school's promotion and tenure process.

B. Financial Site Visitor: Will confer with the sponsoring institution's chief financial officer(s) and the dental administration and its financial manager to assess the adequacy of the full spectrum of finance as it relates to the dental school including:
- Assessment of the operating budget and budgeting process;
- Assessment of all sources of revenue (state, federal, tuition and fees, practice plans, etc.);
- Evaluation of the maintenance of the facilities and learning resources to support the school's mission and goals;
- Assessment of the school's compliance with applicable regulations;
- Assessment of the resources for planned and/or future renovations and/or new construction; and
- Assessment of the school's resources as they relate to its mission and goals.

C. Curriculum Site Visitor: Will examine the education program and the education support services including:
- Admissions
- Instruction
- Curriculum Management
- Behavioral Sciences
- Practice Management
- Ethics and Professionalism
- Information Management and Critical Thinking
- Student Services

D. Basic Science Site Visitor: Will work closely with curriculum site visitor to ensure consistency of evaluation and assessment. During the formal and informal evaluation of the basic sciences, the site visitor will conduct personal interviews with students, faculty and departmental Chairs and during the assessment will focus on:
- Biomedical Sciences
- Research Program

E. Clinical Sciences Site Visitor: Within the limitations imposed by the length of the site visit, will examine and evaluate the preclinical and clinical portions of the predoctoral dental education program and activities in terms of the details of what is occurring in these areas and assess the quality of the education and experiences provided to students to prepare them for dental practice. Will work closely with curriculum site visitor to ensure consistency of evaluation and assessment. During the formal and informal evaluation of the preclinical and clinical sciences, will conduct personal interviews with students, faculty and departmental chairs and during the assessment will focus upon:

- Clinical Sciences
- Patient Care Services
- During the formal and informal evaluation of the clinical program, will conduct personal interviews with students, faculty and departmental chairs and during the assessment will focus upon:
  - stated objectives;
  - adequacy of instruction;
  - appropriateness of subject matter;
  - intra/extra-mural experiences;
  - student clinic requirements;
  - student performance evaluation mechanisms;
  - sterilization of instruments;
  - patient care policies;
  - laboratory tests for patients;
  - patient physical examinations; and
  - clinic administration.

F. National Licensure (Practitioner) Site Visitor: Will serve in the same capacity as the clinical sciences site visitor on the visiting committee.

Revised: 8/14; 7/07; Reaffirmed: 8/10, 7/05; Adopted: 7/96; CODA: 01/99:1

5. Job Description For Advanced Education Site Visitors: Dental Public Health, Endodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Radiology, Oral and Maxillofacial Surgery (Residency and Fellowship), Orthodontics and Dentofacial Orthopedics (Residency and Fellowship), Pediatric Dentistry, Periodontics, Prosthodontics (Combined and Maxillofacial), and Advanced Education in General Dentistry, General Practice Residency, Oral Medicine, Orofacial Pain, and Dental Anesthesiology.

Advanced education program site visitors will utilize the site visitors' evaluation report form for their respective area, conduct personal interviews with Program Directors, faculty and students, and assess the advanced education program focusing upon:

- administration and staff;
- admissions procedures;
- physical facilities and equipment;
- didactic program (biomedical, lecture, seminar and conference program)
- clinical program;
- evaluation of residents;
- research activities and requirements;
- library resources;
- intra/extra-mural experiences;

- hospital program; and
- teaching conducted by residents.

An assessment of the strengths and weaknesses of the advanced education program is based upon the published accreditation standards for each respective program.

Revised: 8/14; 7/07, 7/99, 7/00; Reaffirmed: 8/10, 7/01; CODA: 11/87

6. Job Description For Allied Dental Education Site Visitors:

A. Site Visit Chair

- Will function as chair/staff representative of visiting committee of site visitors evaluating the allied dental education programs in dental assisting, dental hygiene and dental laboratory technology;
- Will be responsible for the continual reinforcement of the Commission's procedures to be used for the site visit and for monitoring continually the conduct of the visit;
- Will brief site visitors as to their role as a fact finding and reporting committee and the appropriate protocol during the course of the site visit; including what is expected of each site visitor in terms of kinds of activities and relative to the report of findings and conclusions and recommendations, with adequate background rationale for making recommendations and enumerating strengths and weaknesses in the education program being evaluated;
- Will chair all conferences and meetings of the allied dental visiting committee, as well as those which occur during the visiting committee's executive sessions;
- Will be responsible for maintaining closely the site visit evaluation schedule;
- Will serve as liaison between the visiting committee and the allied dental visiting committee members;
- Will make specific and special assignments to individual visiting committee members relative to evaluating and reporting on specific matters and sections of the site visit report, e.g. administrative organization, faculty, library facilities and resources, research program facilities and equipment, admissions process, hospital program(s), student achievement;
- Will be responsible for ensuring that site visitors fully understand their responsibility for reporting adequately, but succinctly, in their area of expertise;
- Will consult with the allied dental administration at regular intervals to discuss progress of the visit;
- Will be responsible, during executive sessions with visiting committee members, for the separation of recommendations from suggestions – focusing upon the recommendations which are to be included in the site visit report which are considered major, critical and essential to the conduct of the education program(s). Suggestions for program enhancement are to be included as part of the narrative of the report; and
- Will be responsible for the preparation of a written summary of the visiting committee's conclusions, finding, perceptions and observations of program(s) strengths, weaknesses, recommendations and suggestions for oral presentation during the exit interview with the dean, and for presentation of an abbreviated summary during the exit interview with the institution's executive administrators.

B. Dentist: A dentist is also included, when at all possible, on site visits to dental assisting and dental hygiene programs in settings other than dental schools. An additional dentist site visitor will be added to dental school visiting committees when multiple programs are to be reviewed.

The role of the dentist team member during allied site visits includes the following responsibilities:

- Take notes during conferences;
- Conduct meeting with advisory committee, when applicable;
- Ensure confidentiality by waiting to begin the meeting until all affiliated school personnel have left the room;
- Introduce the visiting committee to the advisory committee members;
- Thank the members of the committee for meeting with the team and for their interest in and commitment to the specific allied program(s);
- Explain the purpose of the site visit;
- Discuss the Commission's policy on confidentiality as it applies to the meeting and the entire site visit;
- Begin discussion of the following topics/questions:
  a. How often the committee meets and the purpose or goals of the committee
  b. Strengths/weaknesses of the students
  c. Specific current committee activities and future goals or anticipated activities
- Ensure that all of the questions in the Site Visit Evaluation Report form under Standard 1. Institutional Effectiveness, Community Resources are answered during the meeting;
- Assist Curriculum site visitor in review of science courses;
- Review clinical courses and clinical evaluation mechanisms;
- Review learning resources – library & audiovisual materials/equipment (It is usually most efficient for this review to be conducted by the dentist site visitor only.);
- Review documentation in the self-study prior to visit;
- Conduct preclinical, clinical, and/or laboratory observations (on/off campus) with Curriculum site visitor;
  a. Extended campus laboratory facilities
  b. Extramural clinical facilities
- Review equipment and instruments using Site Visit Evaluation Report Checklist under Standard 4. Educational Support Services;
- Formulate recommendations and suggestions; and
- After the visit, review and critique preliminary draft of the site visit report.

Revised: 8/14; 7/07, 7/00, 7/99; Reaffirmed: 8/10, 7/01; Adopted: 10/94, 11/87; CODA: 05/86:10

7. **Role Of The Site Visitor Trainee (All Disciplines):** When a site visitor cannot attend a formal site visitor training workshop or if it is determined that additional training is warranted, s/he may be requested to attend a site visit as a trainee. The trainee is accompanied by a Commission staff member or staff representative and a comparable experienced site visitor who provide ongoing training and guidance.

   The trainee must sign the Commission's Agreement of Confidentiality prior to the site visit and must not have a conflict of interest with the institution. The site visitor trainee, if authorized to participate in the site visit by the institution, receives all self-study materials from the institution and background information from the Commission prior to the site visit.

The trainee participates during all site visit conferences and executive sessions. In the event the chair/staff representative of the site visit committee determines that a vote is necessary to make a recommendation to the Commission, the trainee will be considered a non-voting member of the site visit committee.

Revised: 8/14; Reaffirmed: 8/10, 7/06; Adopted: 7/00

8. **Role Of Observers On A Site Visit:** Commissioners, Review Committee members, public members of the Commission or Review Committees that have not participated as a site visitor are encouraged to participate on site visits as observers in order to become familiar with the accreditation process. The observer must not have a conflict of interest with the institution. This individual must be approved to participate in the site visit by the institution, receives all self-study materials from the institution and background information from the Commission prior to the site visit. This individual participates during all site visit conferences and executive sessions as a non-voting member of the site visit committee. As a participant of the site visit, it is expected that this individual will remain with the designated site visit team members at all times during the visit. The chairperson of the site visit committee has the right to excuse and/or exclude the observer from any or all aspects of the site visit for improper and/or unprofessional behavior.

Revised: 8/14; Adopted: 8/10

L. POLICY ON SILENT OBSERVERS ON SITE VISITS

In order to facilitate a better understanding of the accreditation and site visit processes, any dental education program scheduled for a site visit of its program, may request the opportunity to send one administrator or faculty member as a silent observer to a Commission site visit. Representatives of international programs may also participate as a silent observer on a Commission site visit. The silent observer visit will be scheduled one to two years before the scheduled site visit of the observer's program. The program being observed has the right to approve the designated observer. Requests for a faculty member or administrator to observe the site visit of another program are managed according to when the observer's site visit is scheduled. The observer's program pays all expenses for such an observer.

The observer receives all self-study materials and is allowed to observe all interviews and meetings, but does not attend the briefing at the end of each day. The observer must remain silent during all sessions where university and/or program officials, faculty, staff or students are present at the site visit. The observer is encouraged to ask questions of the visiting committee during executive session meetings only but does not participate in decision-making discussions. As an observer of the site visit, it is expected that this individual will remain with the designated site visit team members at all times during the visit.

All observers must sign the Commission's Agreement of Confidentiality prior to the site visit. The chair of the site visit committee has the right to excuse and/or exclude the observer from any or all aspects of the site visit for improper and/or unprofessional behavior. The chair's decision to remove or exclude an observer from the site visit cannot be appealed.

A representative of the state dental society may attend a comprehensive dental school site visit as a silent observer, if requested by the society and approved by the institution.

Revised: 8/14; 8/13; 2/13, 07/98:2, 01/94:2, 05/93:1-2, 12/92:3; Reaffirmed: 8/10, 7/07, 7/01

M. POLICY ON STATE BOARD PARTICIPATION DURING SITE VISITS

It is the policy of the Commission on Dental Accreditation that the state board of dentistry is notified when an accreditation visit will be conducted in its jurisdiction. The Commission believes that state boards of dentistry have a legitimate interest in the accreditation process and, therefore, strongly urges institutions to invite a current member of the state board of dentistry to participate in Commission site visits. The Commission also encourages state boards of dentistry to accept invitations to participate in the site visit process.
If a state has a separate dental hygiene examining board, that board will be contacted when a dental hygiene program located in that state is site visited. In addition, the dental examining board for that state will be notified.

The following procedures are used in implementing this policy:

1. Correspondence will be directed to an institution notifying it of a pending accreditation visit and will include a copy of Commission policy on state board participation. The institution is urged to invite the state board to send a current member. The Commission copies the state board on this correspondence.
2. The institution notifies the Commission of its decision to invite/not invite a current member of the state board. If a current member of the state board is to be present, s/he will receive the same background information as other team members.
3. If it is the decision of the institution to invite a member of the state board, Commission staff will contact the state board and request the names of at least two of its current members to be representatives to the Commission.
4. The Commission provides the names of the two state board members, to the institution. The institution will be able to choose one of the state board members. If any board member is unacceptable to the institution, the Commission must be informed in writing.
5. The state board member, if authorized to participate in the site visit by the institution, receives the self-study document from the institution and background information from the Commission prior to the site visit.
6. The state board member must participate in all days of the site visit, including all site visit conferences and executive sessions.
7. In the event the chair of the site visit committee determines that a vote is necessary to make a recommendation to the Commission, only team members representing the Commission will be allowed to vote.
8. The state board reimburses its member for expenses incurred during the site visit.

The following statement was developed to assist state board members by clearly indicating their role while on-site with an accreditation team and what they may and may not report following a site visit. The statement is used on dental education, advanced dental education and allied dental education site visits. The state board member participates in an accreditation site visit in order to develop a better understanding of the accreditation site visit process and its role in ensuring the competence of graduates for the protection of the public. The dental, advanced dental and allied dental education programs are evaluated utilizing the Commission's approved accreditation standards for each respective discipline.

The state board member is expected to be in attendance for the entire site visit, including all scheduled conferences and during executive sessions of the visiting committee. While on site the state board member:

- provides assistance in interpreting the state's dental practice act and/or provides background on other issues related to dental practice and licensure within the state.
- on allied dental education visits: assists the team in assessing the practice needs of employer-dentists in the community and in reviewing those aspects of the program which may involve the delegation of expanded functions.
- on dental school visits: functions primarily as a clinical site visitor working closely with the clinical specialist member(s) who evaluate the adequacy of the preclinical and clinical program(s) and the clinical competency of students.

Following the site visit, state board members may be asked to provide either a written or oral report to their boards. Questions frequently arise regarding what information can be included in those reports while honoring the Agreement of Confidentiality that was signed before the site visit. The following are some general guidelines:

- What You May Share: Information about the Commission's accreditation standards, process and policies
- What You May Not Share:
  - The school's self-study;
  - Previous site visit reports and correspondence provided to you as background information;
  - Information revealed by faculty or students/residents during interviews and conferences;
  - The verbal or written findings and recommendations of the visiting committee; and
  - Any other information provided in confidence during the conduct of an accreditation visit.

The Commission staff is available to answer any questions you may have before, during or after a site visit.

Revised: 7/09, 1/00; Reaffirmed: 8/10, 7/07, 7/04, 7/01, 12/82, 5/81, 12/78, 12/75; Adopted: 8/86

N. SITE VISIT PROCEDURES

The basic purpose of the site visit is to permit peers to assess a program's compliance with the accreditation standards and with its own stated goals and objectives. Information provided in the self-study is confirmed, documentation is reviewed, interviews are conducted and the programs are observed by the visiting committee. Information related to the site visit is viewed as confidential. The Commission's policy on confidentiality, elsewhere in this document, gives more specific information about the degree of confidentiality extended to various materials.

The Commission recognizes that there is considerable latitude in determining procedures and methodology for site visits. Experience has shown that the conference method for conducting a site visit is widely favored and effective. Conferences are scheduled with identified administrators, faculty and students at specified times.

In all cases, the recommendations of the dean or program director determine protocol to be followed during conferences with chief executive officers of the parent institution and/or their appointed representatives. Program administrators are excused during conferences scheduled with faculty members, students or other invitees.

In addition to formal scheduled conferences, committee members may informally discuss department and division programs with chairs and faculty members throughout the site visit. The visiting committee chair will make every effort to schedule hearings with any individual or group of individuals wishing to present information about a program.

Executive sessions of the visiting committee are a critical part of the on-site evaluation process. These sessions are scheduled at intervals during the day and evening and provide time for the committee to meet privately to prepare its findings and recommendations.

Reaffirmed: 8/10

1. Duration Of Site Visits: Predoctoral dental education program and initial accreditation (pre-enrollment) site visits are scheduled for 2.5 days. Advanced and allied education programs evaluated during a comprehensive dental school visit are 1.5 days.

Single-discipline advanced education program site visits scheduled outside of a comprehensive dental school visit are 1 day in length. Multi-discipline advanced education site visits conducted outside of a comprehensive dental school visit are 1.5 days in length. Initial accreditation (pre-enrollment) site visits are typically 1 day in length.

Allied education site visits scheduled outside of a comprehensive dental school visit are of varying length based on the number of programs to be evaluated. All single discipline visits are 1.75 days. All multiple visit site visits are 2.5 days. Initial accreditation (pre-enrollment) site visits are typically 1.5 days.

Additional time can be added to any educational program site visit if off-campus training sites will be evaluated or if other cause exists.

Revised: 8/14; 7/01; Reaffirmed: 8/10, 7/07; CODA: 07/95:3

2. Final Conferences: It is the visiting committee's responsibility to prepare and present an oral summary of its findings to the dean, chief of dental service, program director(s) and the institutional executives. Two separate conferences are scheduled at the end of every visit, one with the program director(s) and chief of dental service or dental dean and one with the chief executive officer(s) of the institution.

During these conferences, the committee presents the findings it will submit to the Commission. These findings address both program strengths and weaknesses. The committee also informs individuals in charge of the program(s) about the Commission's procedures for processing and acting on the report. In keeping with the Commission's policy on Public Disclosure and Confidentiality, these final conferences are not recorded on tape or by stenographer. Note taking, however, is permitted and encouraged.

Site visitors or any other participants are not authorized, under any circumstances, to disclose any information obtained during site visits. For more specific information, see the Commission's Statement of Policy on Public Disclosure and Confidentiality.

Revised: 8/14; Reaffirmed: 8/10

3. Rescheduling Dates Of Site Visits: In extraordinary circumstances the Commission staff can reschedule the site visit if the program will be reviewed within the same calendar year. If the year of the visit would change because of the rescheduling, the request must be considered and acted on by the Commission. In general, the Commission does not approve such requests, but it does review each request on a case-by-case basis. Should a site visit be changed the term of the accreditation will remain unchanged.

Reaffirmed: 8/14; 8/10

4. Enrollment Requirement For Site Visits For Fully Developed Programs: Site visit evaluations of dental, allied dental and advanced dental education programs will be conducted at the regularly established intervals, provided that students are enrolled in at least one year of the program. If no students are enrolled on the established date for the site visit, the visit will be conducted when students are enrolled, preferably in the latter part of the program. (Refer to the Policy on Non-enrollment of First Year Students)

Revised: 5/93; Reaffirmed: 8/14; 8/10, 7/07, 7/01

5. Post-Site Visit Evaluation: After each site visit, electronic evaluation forms are completed by the visited program and the participating site visitors to give the Commission feedback on the effectiveness of its processes and procedures. In addition, site visitors electronically evaluate their fellow site visitors and the visited programs electronically evaluate the individual site visitors.

Revised: 8/14; 8/10

O. SITE VISIT REPORTS

1. Preliminary Site Visit Report: The site visit report is a written review of the quality of the program and serves as the primary basis for the Commission's accreditation decision. The report also serves to identify for officials and administrators of educational institutions any program weaknesses relative to the accreditation standards.

The report is an assessment the program's compliance with the accreditation standards, including any areas needing improvement, and the program's performance with respect to student achievement. The report may include recommendations and suggestions related to program quality. A program's continued compliance with any standards for which deficiencies are noted in previous reports, as well as its compliance with current Commission policies and procedures are also noted.

Preliminary drafts of site visit reports are prepared by site visitors, consolidated by Commission staff and transmitted to visiting committee members for review, comment and approval prior to transmittal to the sponsoring institution for review and response.

Effective July 26, 2007, commendations are no longer cited in site visit reports; however, verbal acknowledgement of a program's strengths may be provided during the exit interview.

Revised: 8/14; Reaffirmed: 8/10, 7/07, 7/01, 4/83

2. Policy On Institutional Review Of Site Visit Reports: Accreditation is a peer review process whereby an educational program is evaluated by individuals in education and the profession who are identified as having particular expertise in a specific area or field. In this context, a visiting committee is a fact-finding committee charged by the Commission with the responsibility of assessing the quality of an educational program utilizing pre-determined educational requirements and guidelines (standards).

Subsequent to such peer review, an evaluation report is developed based upon the factual findings, perceptions, interpretations, observations and conclusions of the external reviewing team. The information contained in site visit reports is obtained from review and verification of materials and documents submitted by the institution's administration, program directors, faculty and students. Since the information is gathered from various sources, on occasion the perceptions, interpretations and conclusions of the visiting committee may not coincide with those of the administration and program directors who review and comment on the preliminary draft.

In compliance with the due process policy and procedures established by the Commission, the preliminary draft report is sent to the chief executive officer(s), chief academic officer(s), and appropriate program director(s). The Commission requests that the entire preliminary draft report, or specific sections, be released to departmental chairs, and appropriate faculty and standing committees for review. In reviewing the report the Commission requests that the program respond to correct factual inaccuracies within the report and/or note any differences in perception.

It is the policy of the Commission to correct bona fide factual inaccuracies in a report. It does not change the substance of a report based upon differences of interpretations and perceptions. In such cases, however, the institution's observations regarding these matters are discussed and considered at the Commission's meeting and the final judgment of the Commission is based not only on the site visit report, but also on the institution's response to that report.

Reaffirmed: 8/10, 7/07, 7/01; CODA: 12/78:4

3. Deadlines For Submission Of Supplemental Information: All programs receive thirty (30) days in which to prepare a response to the preliminary draft site visit report. This response may address any factual inaccuracies or differences in perception and may also report any progress made in implementing recommendations contained in the report.

After the response to the preliminary report has been submitted, a program may wish to report additional progress in implementing recommendations contained in the preliminary report or wish to submit other information for review by the Commission and its Review Committees. While submission of multiple reports is not encouraged, the Commission will accept supplemental information no later than December 1 (for site visits occurring May1 through October 31) or June 1 (for site visits occurring November 1 through April 30) to allow time for review by the Review Committees.

In this way, fair review of the additional information can be ensured. Any unsolicited information received after December 1 or June 1 will be reviewed by the Review Committee Chair. If adequate time is not available to ensure appropriate review, the materials may be returned to the program or held for consideration at the following meeting in accord with the wishes of the program.

Revised: 8/14; 7/05; Reaffirmed: 8/10, 7/01, 5/93, 12/88

4. Final Site Visit Report: After the Commission has reached a decision regarding the accreditation status of the program, a final site visit report is prepared and transmitted to the chief executive officer(s), chief academic officer(s), and appropriate program director(s). The site visit report reflects the program as it existed at the time of the site visit. The final report to the institution does not reflect any improvements or changes made subsequent to a site visit and described in the institution's response to the preliminary draft of the site visit report. Such changes or improvements represent progress made by the institution subsequent to the site visit. It should be noted, however, that information on such progress is considered by the Commission in determining accreditation status.

Reaffirmed: 8/14; 8/10

5. Policy On Distribution Of Site Visit Reports: The Commission recommends that the chief academic officer and program director disseminate the preliminary draft report and the final site visit report to all chairs, appropriate faculty and standing committees for review to allow for broad input as the program works toward implementing any specific recommendations contained in the report.

Revised: 8/14; Reaffirmed: 8/10, 7/07, 7/01, 12/91, 5/80

6. Policy On Reports For Co-Sponsored Programs: In special circumstances of co-sponsorship of programs where preparation of an integrated site visit report would breach confidentiality for one or more of the programs, the Commission has determined that confidentiality takes precedence over integration of reports and separate reports may be prepared. This decision will be made in consultation with the chief executive officers of the co-sponsoring institutions.

Reaffirmed: 8/14; 8/10, 7/07, 7/01; CODA: 12/91:12

V. OTHER POLICIES AND PROCEDURES RELATED TO ACCREDITATION

A. PERIODIC REMINDERS

The following reminders are posted on the accreditation area of the Commission's website as indicated. Some of these reminder items are mandated by the Commission, while others are merely viewed as a service to accredited programs. Some reminders occur annually, while others are included at two (2) or three (3) year intervals.

Spring Posting: The following items are routinely posted following the Commission's winter meeting:

- Report of Unofficial Actions of the Commission
- List of Commissioners and appended biographical information
- List of Scheduled Site Visits from July through December
- Policy On Third Party Comments
- Summer Commission Meeting – Open Session Announcement and Attendance Confirmation
- Additional Information – notes staff to contact about the Commission and its activities
- Policy on Authorization of Oral and Maxillofacial Surgery Program Enrollment
- Policy on Reporting Major Changes In Accredited Programs
- Policy on Cooperative Site Visits With Other Accreditors

Fall Posting: The following items are routinely posted following the Commission's summer meeting:

- Report of Unofficial Actions of the Commission
- List of Commission Staff and appended biographical information
- List of Scheduled Site Visits from January through June
- Policy On Third Party Comments
- Winter Commission Meeting – Open Session Announcement and Attendance Confirmation
- Additional Information – notes staff to contact about the Commission and its activities
- Policy on Reporting Major Changes In Accredited Programs
- Policy on Cooperative Site Visits With Other Accreditors

The following items are posted at appropriate intervals:

- Department of Education Observers May Attend Site Visits
- Re-recognition: Opportunity for Third Party Testimony

Revised: 2/15; Reaffirmed: 8/10

B. VOLUNTARY DISCONTINUANCE OF ACCREDITATION

The Commission may become aware of an accredited program's decision to voluntary allow accreditation to lapse when a request to discontinue accreditation is received from the sponsoring institution's chief executive officer or when it is time to schedule the dates for the next on-site review of the program. When the Commission becomes aware of the program's intent to allow accreditation to lapse, it takes the following steps:

1. Commission staff verifies that both the program and institution understand the impact of this intended action and informs the institution and program of the specific audiences that will be notified of their decision to let accreditation lapse (the USDE Secretary, the appropriate accrediting agency and state licensing agency). This step prevents having to reinstate accreditation later due to potential misunderstandings.
2. Within thirty (30) days, Commission staff informs the institution's chief executive officer and program director of the date when accreditation will lapse and the date by which the program will no longer be listed in the Commission's lists of accredited programs. The USDE Secretary and the state licensing or authorizing agency are copied on this letter.
3. At its next meeting, the Commission is informed of the decision to let accreditation lapse. The USDE Secretary and appropriate state licensing or authorizing agency are copied on any follow-up correspondence to the institution/program that may occur after this meeting.

Revised: 7/06, 7/00; Reaffirmed: 8/10

C. PROGRESS REPORTS

Programs with recommendations identified as unmet following Commission review of site visit reports and institutional responses are required to submit progress reports. A progress report is submitted by the chief administrator of the program and it is due at a time specified by the Commission, usually at six (6) month intervals unless otherwise specified. If an interval of longer than six (6) months is established, an institution may submit its progress report earlier than requested, but prior approval is necessary if a delay is anticipated. Evidence of compliance with all recommendations must be demonstrated within the specified time frame (eighteen (18) months if the program is between one (1) and two (2) years in length or two (2) years if the program is at least two (2) years in length). When Accreditation Standards are revised during the period in which the program is submitting progress reports, the program will be responsible for demonstrating compliance with the new standards.

The progress report must respond specifically to each recommendation determined to be unmet that was contained in the Commission's report. The progress report should quote each individual recommendation as it appears in the Commission report and follow each quote with comments and documentation of the institution's implementation of the specific recommendation.

Questions on the preparation of progress reports should be directed to Commission staff. The Commission has developed Guidelines for Preparation of Progress Reports to assist programs and to illustrate acceptable documentation.

The Commission reviews a progress report in the same manner as a site visit report. Based on the progress report, the Commission will determine any subsequent actions necessary. The Commission may request a report of additional progress, an appearance of an institutional representative before the Commission, and/or a special focused reevaluation visit to the program.

If the program does not demonstrate compliance with the accreditation standards within the specified time frame, the Commission will withdraw the program's accreditation, unless the Commission extends the period for achieving compliance for good cause.

Revised: 2/15; 1/99, 1/98; Reaffirmed: 8/10, 7/05; Adopted: 07/96

D. REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. Reporting changes in the Annual Survey does not preclude the requirement to report changes to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program's accreditation status. Advanced specialty education programs must adhere to the Policy on Enrollment Increases in Advanced Specialty Programs. In addition, programs adding off-campus sites must adhere to the Policy on the Accreditation of Off-Campus sites. Guidelines for Reporting Off-Campus Sites are available from the Commission office. Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program are available from the Commission office.

The Commission's Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breech of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

When a change is planned, Commission staff should be consulted to determine reporting requirements. This report must document how the program will continue to meet accreditation standards. The Commission's Guidelines for Reporting Program Changes are available on the Commission's website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported at least thirty (30) days prior to a regularly scheduled, semi-annual Review Committee meeting and must be reviewed by the appropriate Review Committee and approved by the Commission **prior to the implementation** to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites used to meet accreditation standards or program requirements;
- Transfer of sponsorship from one institution to another;
- Moving a program from one geographic site to another, including but not limited to geographic moves within the same institution;
- Program director qualifications not being in compliance with the standards. In lieu of a CV, a copy of

the new or acting program director's completed BioSketch should be provided to Commission staff. Contact Commission Staff for the BioSketch template.

- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair. (Specialty programs see Policy on Enrollment Increases In Advanced Specialty Programs; Predoctoral Programs see Guidelines for Requesting an Increase in Enrollment in a Predoctoral Dental Education Program);
- Change in the nature of the program's financial support that could affect the ability of the program to meet the standards;
- Curriculum changes that that could affect the ability of the program to meet the standards;
- Reduction in faculty or support staff time commitment;
- Change in the required length of the program;
- Reduction of program dental facilities that could affect the ability of the program to meet the standards; and/or
- Expansion of a developing dental hygiene or assisting program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing at least thirty (30) days prior to the anticipated implementation of the change and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

- Expansion or relocation of dental facilities within the same building;
- Change in program director. In lieu of a CV, a copy of the new or acting program director's completed BioSketch should be provided to Commission staff. Contact Commission Staff for the BioSketch template.

The Commission uses the following process when considering reports of changes. Program administrators have the option of consulting with Commission staff at any time during this process.

1. A program administrator submits the report at least thirty (30) days prior to a regularly scheduled Review Committee meeting.
2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program's potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.
3. Receipt of the report and accompanying documentation is acknowledged in one of the following ways:
    a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or

b. The program administrator is informed that the reported change will be reviewed during the next site visit.

4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission's review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of changes received from accredited educational programs.

- *Approve the report of program change*: If the Review Committees or Commission does not identify any concerns regarding the program's continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) have been noted and will be reviewed at the next regularly-scheduled site visit to the program.
- *Approve the report of program change and request additional information*: If the Review Committees or Commission does not identify any concerns regarding the program's compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit,
- *Postpone action and continue the program's accreditation status, but request additional information*: The transmittal letter will inform the institution that the report of program change has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request.
- *Postpone action and continue the program's accreditation status pending conduct of a special site visit:* If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted.
- *Deny the request:* If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for a program change. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 2/15; 8/13 2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

E. REQUESTS FOR TRANSFER OF SPONSORSHIP OF ACCREDITED PROGRAMS

The sponsorship of an accredited program may be transferred from one educational institution to another without affecting the accreditation status of the program, provided the accreditation standards continue to be met following the transfer. A request for transfer of sponsorship will be considered by the Commission if significant aspects of the program will remain unchanged following the transfer.

Critical factors that will be weighed in review of the transfer of sponsorship request include: administration, funding sources, curriculum, faculty, facilities, and patient volume. If most of these critical factors will be unchanged, then the Commission will consider the request for transfer of

sponsorship of the program. If most of these factors will be significantly altered following the change in sponsorship, then the program cannot be considered as a continuation of the same program under different sponsorship. Rather, the program to be offered by the new sponsoring institution will be considered as a new program and will be required to complete the established application process for initial accreditation appropriate to the discipline. If the program is viewed as a new program, the accreditation status of the previous program will be discontinued at an appropriate time.

Information regarding the transfer of sponsorship and its effect on the program's compliance with the accreditation standards must be submitted prior to implementation of the transfer. Written notice of the agreement to transfer sponsorship of the program must be provided to the Commission by both institutions; the new sponsor must explicitly indicate its willingness to accept responsibility for the transferred program. The information to be submitted must include the expected date of the transfer and the anticipated enrollment in each year of the program following the transfer. In addition, documentation must be submitted to demonstrate how the program will continue to meet the accreditation standards related to administration, financial support, curriculum, faculty and facilities. Any other changes that will occur in the program as a result of the transfer of sponsorship must also be explained and documented.

Programs anticipating a possible transfer of sponsorship are strongly encouraged to consult with Commission staff prior to submitting a request. The Commission has guidelines for preparing a request for transfer of sponsorship, to assist institutions in adequately explaining and documenting such changes.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of requests for transfer of sponsorship.

- *Approve the transfer of sponsorship:* If the Review Committee or Commission does not identify any concerns regarding the program's continued compliance with the accreditation standards, the transmittal letter should advise the institution that the program will be reviewed at the next regularly-scheduled site visit to the new sponsoring institution. If concerns have been identified that are not of such a nature as to require the submission of additional information immediately, the concerns may be cited in the transmittal letter; the institution will be advised that the concerns will be reviewed at the time of the next regularly-scheduled site visit.
- *Postpone action and continue the program's accreditation status, but request additional information:* This action may be taken only once following submission of the initial request. The transmittal letter will inform the institutions that Commission action has been postponed because concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institutions will be further advised that, if the additional information submitted does not satisfy the identified concerns, the Commission reserves the right to conduct a special focused site visit of the program at an appropriate time following implementation of the transfer, or to deny the request.
- *Postpone action and continue the program's accreditation status pending conduct of a special site visit:* If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit to the new sponsoring institution will be conducted.
- *Deny the request for transfer:* If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for transfer of sponsorship. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 1/14, 8/10, 7/07, 7/97; Reaffirmed: 7/07, 7/01, 5/91, 12/82; CODA: 05/91:11

F. POLICY ON MISSED DEADLINES

So that the Commission may conduct its accreditation program in an orderly fashion, all institutions offering programs accredited by the Commission are expected to adhere to deadlines for requests for program information. Programs/institutions must meet established deadlines to allow scheduling of regular or special site visits and for submission of requested information. Program information (i.e. self-studies, progress reports, annual surveys or other kinds of accreditation-related information requested by the Commission) is considered an integral part of the accreditation process. If an institution fails to comply with the Commission's request, it will be assumed that the institution no longer wishes to participate in the accreditation program. In this event, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting. Reaffirmed: 8/10, 7/07, 7/01, 5/88

G. POLICY ON PROGRAMS DECLINING A RE-EVALUATION VISIT

When an institution elects not to schedule a site visit, the chief executive officer of the institution will be informed of the Commission's intent to withdraw accreditation at its next scheduled meeting. This notification shall be by certified/tracked mail.

Reaffirmed: 8/10, 7/07, 7/01, 12/80

H. POLICY ON FAILURE TO COMPLY WITH COMMISSION REQUESTS FOR SURVEY INFORMATION

The Commission on Dental Accreditation monitors the educational programs it accredits through annual surveys. Completion of the Commission's annual survey by each accredited program is a requirement for continued participation in the voluntary accreditation program. The Commission expects that all accredited programs will return completed surveys by the stated deadline. Administrators who anticipate difficulty in submitting completed surveys on time must submit a written request for extension prior to the date on which the survey is due. Requests for extension must specify a submission date no later than thirty (30) days beyond the initial deadline date. If a program fails to submit its completed survey or request for extension by the deadline, the Commission will notify the institution that action to withdraw accreditation will be initiated at the next Commission meeting.

Reaffirmed: 8/10, 7/07, 7/01, 12/79, 4/83

I. REFERRAL OF POLICY MATTERS TO APPROPRIATE COMMITTEES

The Chair of the Commission, in consultation with the Director and Commission staff, will review all agenda items and refer policy matters to the appropriate committee(s) for discussion and recommendation.

Reaffirmed: 8/10, 7/07, 7/01; CODA: 05/83:9

J. POLICY ON NON-ENROLLMENT OF FIRST YEAR STUDENTS

The accreditation status of programs within the purview of the Commission on Dental Accreditation will be discontinued when all first-year positions remain vacant for two (2) consecutive years. Exceptions to

this policy may be made by the Commission for programs with "approval without reporting requirements" status upon receipt of a formal request from the institution stating reasons why the accreditation of the program should not be discontinued. Exceptions to this policy may also be made by the Commission for programs in Oral and Maxillofacial Pathology with "initial accreditation" status upon receipt of a formal request from the institution stating reasons why the accreditation of the program should not be discontinued. If the Commission grants an institution's request to continue the accreditation of a program, the continuation of accreditation is effective for one (1) year. Only one request for continued accreditation will be granted for a total of three (3) consecutive years of non-enrollment. See the Commission's policies related to Initial Accreditation, Intent to Withdraw Accreditation and Termination of Educational Programs for additional information.

Revised: 2/15; Reaffirmed: 8/10, 7/07, 7/01, 7/99, 12/87, 4/83, 12/76

K. POLICY ON INTERRUPTION OF EDUCATION

Interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program is a potentially serious problem. If such interruption may compromise the quality and effectiveness of education, the Commission must be notified in writing of any such disruption. The institution must provide a comprehensive plan for how the loss of instructional time will be addressed. A program which experiences an interruption of longer than two (2) years will be placed on the status of "accreditation with intent to withdraw."

Revised: 8/10, 5/91, 1975; Reaffirmed: 7/07, 7/01

L. POLICY ON ENROLLMENT INCREASES IN ADVANCED DENTAL SPECIALTY PROGRAMS

A program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program's planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed.

A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission at least thirty (30) days prior to a regularly scheduled, semi-annual Review Committee meeting. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents.

The Commission will not retroactively approve enrollment increases without a special focused site visit. Special circumstances may be considered on a case-by-case basis, including, but not limited to, temporary enrollment increases due to:

- Student/Resident extending program length due to illness, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

Failure to comply with this policy will jeopardize the program's accreditation status, up to and including withdrawal of accreditation. If a program has enrolled beyond the approved number of students/residents without prior approval by the Commission, a special focused site visit will be required at the program's expense.

If the focused visit determines that the program does not have the resources to support the additional student(s)/resident(s), the program will be placed on "intent to withdraw" status and no additional student(s)/resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Student(s)/Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

Revised: 8/10; Reaffirmed: 7/07; CODA: 08/03:22

M. GUIDELINES FOR REQUESTING AN INCREASE IN ENROLLMENT IN A PREDOCTORAL DENTAL EDUCATION PROGRAM

Guidelines for requesting an increase in enrollment in a predoctoral dental education program complement the Commission's Policy on Reporting Program Change and are available upon request from the Commission Office. These Guidelines focus upon the adequacy of programmatic resources in support of additional student enrollees. Enrollment increases are tracked to ensure over time total enrollment does not exceed the resources of the program.

A program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the program's planning.

Approval of an increase in enrollment in predoctoral dental education programs of greater than 5% of the first year enrollment, as it was documented in the last evaluation (i.e. last site visit or *prior* approval of enrollment increase) by the Commission, must take place *prior* to the implementation of the increase. The proposed increase in enrollment in predoctoral dental education programs should be calculated, on a percentage basis. Calculation of the enrollment includes advanced standing, repeating/returning students and transfer students. Programs should be cognizant of the impending need for enrollment increases through short- and long-term planning and proactively request permission for the increase. The Commission will not consider retroactive requests, nor will it consider inter-cycle requests unless there are documented extenuating circumstances.

Adopted: 08/14

N. POLICY ON TERMINATION OF EDUCATIONAL PROGRAMS ACCREDITED BY THE COMMISSION AND TEACH-OUT PLANS

It is the responsibility of an institution sponsoring an accredited program to report to the Commission any major programmatic change that might affect a program's ability to meet accreditation standards.

When an institution is considering termination of Commission accredited educational program, the Commission must be notified officially in writing as early as possible in the decision making process. Specifically, the Commission must be informed of the institution's plans for the entire phase-out period, including a detailed explanation of any significant changes relative to retention of qualified faculty and support personnel, student enrollment by class, the didactic and clinical teaching programs (including curriculum, extramural experiences and facilities), and financial support that will be provided.

The institution must ensure that the program continues to meet minimum accreditation standards and that students and other interested parties are protected throughout the phase-out period. In this regard, the Commission reserves the right to closely monitor the phase-out through periodic reports from the

institution detailing changes in administration, faculty, curriculum, facilities, finances and other major components that could affect the quality of the educational program. In addition, the Commission reserves the right to conduct a special site visit following review of each of these reports.

The institution has moral and ethical obligations to meet the commitment and responsibility it assumes when it matriculates students into the program; those obligations include providing the students with the opportunity to complete the educational sequence at that institution. When an institution indicates its intent to terminate an accredited program, and if there will not be adequate resources for the program to meet its obligations to enrolled students and allow them to complete their training, the institution must assist students in a timely fashion in transferring to other accredited programs in order to complete their educational program. The Commission will assist students in transferring to other accredited programs; this assistance will be provided in cooperation with the institution that sponsors the closing program.

The program to which students transfer should be able to demonstrate that the finances, facilities, faculty and patient resources can accommodate the transferring students. Any major changes in program enrollment that would result from the transfer of students must be reported to the Commission by the receiving program(s) in accordance with the Commission's policy for reporting major changes. Formal teach-out agreements must be developed with all institutions accepting transferring students to specify the conditions of the transfer. These agreements must ensure that the combined educational experiences meet the Commission's accreditation standards. Such teach-out agreements must be submitted to the Commission as part of the phase-out plan.

When an educational program accredited by the Commission is terminated by the institution, students who are enrolled in the program at the time accreditation is discontinued, and who successfully complete the program, will be considered graduates of an accredited program. Students who transfer to another program and successfully complete that program will be considered graduates of the latter program. Such students will be considered graduates of an accredited program if the latter program is accredited during the time such students are enrolled. It will be the closing institution's responsibility to ensure that appropriate student records and transcripts are maintained for future reference.

The Commission will take action to discontinue the institution's accreditation at the appropriate time based on program length. The Commission has developed Guidelines for Submitting Teach-Out Reports by Institutions Terminating Commission-Accredited Educational Programs to assist institutions with preparing teach-out reports for the Commission. These guidelines are routinely distributed along with the Commission's policy on Termination of Educational Programs.

Revised: 5/93; Reaffirmed: 8/10, 7/07, 07/01, 12/92, 12/85, 12/79

O. POLICY ON ADVERTISING

Any advertising pertaining to an educational program that is accredited by the Commission on Dental Accreditation must be clear and comprehensive, indicating the accrediting body by name and accurately specifying the scope of accreditation. Any reference to a specific aspect of the program and its length should indicate that accreditation standards for the respective discipline are met.

The Commission has authorized use of the following statement by institutions or programs that wish to announce their programmatic accreditation by the Commission. Programs that wish to advertise the specific programmatic accreditation status granted by the Commission may include that information as indicated in italics below (see text inside square brackets); that portion of the statement is optional but, if

used, must be complete and current. The logo of the Commission on Dental Accreditation cannot be used alone without the following advertising statement. When used in electronic publications, the logo must link to the Commission website included in the statement.

> The program(s) in (--discipline(s)--) is/are accredited by the Commission on Dental Accreditation *[and has/ have been granted the accreditation status(es) of (--X--)]*. The Commission is a specialized accrediting body recognized by the United States Department of Education. The Commission on Dental Accreditation can be contacted at (312) 440-4653 or at 211 East Chicago Avenue, Chicago, IL 60611-2678. The Commission's web address is: http://www.ada.org/en/coda.

In addition to the statement noted above, programs in Advanced Education in General Dentistry, General Practice Residency, and other areas of advanced general dentistry education must include the following statement in advertising materials:

> The Commission on Dental Accreditation has accredited the postdoctoral program in (--education area--). However, this education area is not one of the American Dental Association's recognized dental specialty areas. Therefore, dentists graduating from this program cannot announce that they are specialists, as recognized by the American Dental Association.

Revised: 8/14; 7/09; Reaffirmed: 8/10, 7/04, 7/00, 1/95; Adopted: 12/83

P. POLICY STATEMENT ON PRINCIPLES OF ETHICS IN PROGRAMMATIC ADVERTISING AND STUDENT RECRUITMENT

All accredited dental and dental-related education programs, or individuals acting on their behalf, are expected to exhibit integrity and responsibility in programmatic advertising and student recruitment. Responsible self-regulation requires rigorous attention to principles of ethical practice. If the Commission determines that the institution or program has provided the public with incorrect or misleading information regarding the accreditation status of the program, the contents of reports of site team members, or the Commission's accrediting actions with respect to the program, the program must provide public correction of this information to all possible audiences that received the incorrect information. The Commission must be provided with documentation of the steps taken to provide public correction. Other areas covered in this policy include, but are not limited to:

Advertising, Publications, and Promotional Literature

- Educational programs and services offered should be the primary emphasis of all advertisements, publications, promotional literature and recruitment activities.
- All statements and representations should be clear, factually accurate and current. Supporting information should be kept on file and be readily available for review.
- Catalogs and other official publications should be readily available and accurately depict:
  a. purpose and goals of the program(s);
  b. admission requirements and procedures;
  c. degree and program completion requirements;
  d. faculty, with degrees held and the conferring institution;
  e. tuition, fees, and other program costs including policies and procedures for refund and withdrawal; and
  f. financial aid programs.
- College catalogs and/or official publications describing career opportunities should provide clear and accurate information on the following, as applicable:

a. national and/or state requirements for eligibility for licensure or entry into the occupation or profession for which education and training are offered;
b. any unique requirements for career paths, or for employment and advancement opportunities in the profession or occupation; and
c. differentiation between postdoctoral general dentistry programs and advanced education programs in the dental specialties recognized by the American Dental Association.

Student Recruitment for Admissions

- Student recruitment should be conducted by well-qualified admissions officers, faculty or trained volunteers whose credentials, purposes, and position or affiliation with the program and/or institution are clearly specified.
- Independent contractors or agents used by the program and/or institution for recruiting purposes should be governed by the same principles as institutional admissions officers and volunteers.
- Prospective students must be fully informed of program costs, available financial aid and repayment options.
- All catalogs and career materials should accurately describe the skills and competencies that students will need at the time of admission to the program. Options to accommodate students with lesser or greater skills, such as remediation or advanced standing programs, should be included in this description.
- If information about employment or career opportunities is included in an official publication, such information must be current and accurate.
- Accurate information must be provided regarding postdoctoral general dentistry education programs and advanced education programs in the dental specialties recognized by the American Dental Association.

Educational programs accredited by the Commission on Dental Accreditation should assume responsibility for informing the Commission office of improper or misleading advertising or unethical practices which come to their attention, so that the Commission may take appropriate steps to be sure the situation is rectified as quickly as possible.

Revised: 7/04, 7/96; Reaffirmed: 8/10, 7/09, 7/01; Adopted: 12/88

Q. STAFF CONSULTING SERVICES

The staff of the Commission on Dental Accreditation is available for consultation to all educational programs which fall within the Commission's accreditation purview. Educational institutions conducting programs oriented to dentistry are encouraged to obtain such staff counsel and guidance by written or telephone request. Consultation is provided on request prior to, as well as subsequent to, the Commission's granting of accreditation to specific programs. The Commission expects to be reimbursed if substantial costs are incurred.

Reaffirmed: 8/10

Staff consultation to international programs or groups may also be available. All consultation services are provided in English, and if necessary, the program or group is responsible for costs associated with the use of interpreters. The schedule for international consultation activities must be arranged around staff primary responsibilities in the United States. International consultation trips should be long enough to allow ample time for staff to adjust to any time change. The program pays a consultation fee and all expenses associated with the consultation visit, including travel, hotel, and meals. U. S. State Department travel warnings and advisories are consulted *prior* to international travel and Commission staff will not

provide consultation services in any location where staff is placed at risk. This includes but is not limited to locations where a U. S. State Department travel warning and/or travel alert is in effect.

Adopted: 8/11

R. POLICY STATEMENT ON ACCREDITATION OF OFF-CAMPUS SITES

The Commission on Dental Accreditation recognizes primary and off-campus sites as locations where students/residents gain required educational experiences designed to meet accreditation or program requirements. Guidance regarding policy and procedures for each type of site follows.

Primary site: The sponsoring institutional site for an accredited program is the primary site. This site holds primary responsibility for clinical or didactic learning experiences that meet the program requirements or accreditation standards for a specific program. The site further holds responsibility for the written agreement with off-campus sites to meet accreditation standards.

Off-campus site: A training site located away from the primary site. For students/residents in a specific program, an off-campus site could be their principal learning site. An off-campus site could be one of the following:

1. A site with which a written agreement is held with the sponsoring institution regarding off-campus learning experiences that meet accreditation standards or program requirements.
2. A site owned/operated by the sponsoring institution that provides additional learning experiences that meet accreditation or program requirements and does not require a separate written agreement.

The Commission recognizes that dental assisting and dental laboratory technology programs utilize numerous extramural private dental offices and laboratories to provide students with clinical/laboratory work experience. The program will provide a list of all currently used extramural sites in the self-study document. The Commission will then randomly select and visit several facilities at the time of a site visit to the program. Prior Commission approval of these extramural dental office and laboratory sites will not be required.

The Commission recognizes that dental public health programs utilize numerous off-campus sites to provide students/residents with opportunities to conduct their supervised field experience. The program will provide a list of all currently used sites in the self-study document. The visiting committee will randomly select and visit several facilities during the site visit to the program to evaluate compliance with CODA accreditation standards. Prior Commission approval of these supervised field experience sites will not be required.

Optional Enrichment/Optional Observation site: The Commission also recognizes optional enrichment and optional observation sites for the purposes of providing optional, *elective* enrichment or observational experiences. These sites are not used for achieving accreditation or program requirements. Therefore, these sites do not require Commission approval.

An institution may use one or more than one site to support student learning and meet CODA standards or program requirements. Initiation of activities at the off-campus site as well as documentation and reporting of site activities is expected to follow the EOPP guidelines and accreditation standards.

The Commission on Dental Accreditation must be informed when a program accredited by the Commission plans to initiate an off-campus site (distance site and/or additional training site not located on the main campus). The Commission must be informed in writing at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. There may be extenuating circumstances when a special review is necessary. A program must receive Commission on Dental Accreditation approval of the off-campus site prior to recruiting students/residents and initiating use of the site.

Generally, only programs without reporting requirements will be approved to initiate educational experiences at off-campus sites. The Commission must ensure that the necessary education as defined by the standards is available, and appropriate resources (adequate faculty and staff, availability of patient experiences, and distance learning provisions) are provided to all students/residents enrolled in an accredited program. When the Commission has received notification that an institution plans to offer its accredited program at an off-campus site, the Commission will conduct a special focused site visit to each off-campus location where a significant portion of each student's/resident's educational experience is provided, based on the specifics of the program, the accreditation standards, and Commission policies and procedures, or if other cause exists for such a visit as determined by the Commission.

A significant portion of each student's/resident's educational experience at an off-campus site is defined as any experience that impacts the program's ability to meet a CODA standard. The program must report the rationale for adding an off-campus site and how that site affects the program's goals, objectives, and outcomes. For example, program goals, objectives, and outcome measures may address institutional support, faculty support, curriculum, student didactic and clinical learning, research, and community service. The program must support the addition of an off-campus site with trends from pertinent areas of its outcomes assessment program that indicates the rationale for the additional site.

After the initial visit, each off campus site may be visited during the regularly scheduled CODA evaluation visit to the program.

Expansion of a developing dental hygiene and/or assisting program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

All programs accredited by the Commission pay an annual fee. Additional fees will be based on actual accreditation costs incurred during the visit to on and off-campus location. The Commission office should be contacted for current information on fees.

The Commission uses the following process when considering reports for adding off-campus sites. Program administrators have the option of consulting with Commission staff at any time during this process.

1. A program administrator submits the report at least thirty (30) days prior to a regularly scheduled Review Committee meeting.
2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program's potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.
3. Receipt of the report and accompanying documentation is acknowledged in one of the following ways:

a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or

b. The program administrator is informed that the reported change will be reviewed during the next site visit.

4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission's review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of addition of off-campus sites received from accredited educational programs.

- *Approve the addition of the off-campus site*: If the Review Committees or Commission does not identify any concerns regarding the program's continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change has been noted and will be reviewed at the next regularly-scheduled site visit to the program.
- *Approve the addition of the off-campus site and request additional information:* If the Review Committees or Commission does not identify any concerns regarding the program's compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit.
- *Postpone action and continue the program's accreditation status, but request additional information:* The transmittal letter will inform the institution that the report of the addition of the off-campus site has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request. Use of the site is not permitted until Commission approval is granted.
- *Deny the request:* If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for the addition of off-campus sites. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 1/14, 8/13, 2/13, 2/12, 8/10, 7/09, 7/07; Reaffirmed: 2/02, 1/06; Adopted: 07/98

S. POLICY ON DISTANCE EDUCATION

The Commission's accreditation standards have been stated, purposefully, in terms which allow flexibility, innovation and experimentation. Regardless of the method(s) used to provide instruction, the Commission expects that each accredited program will comply with the accreditation standards.

Distance education means education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive

interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include:

- the internet;
- one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- audio conferencing; and/or
- video cassettes, DVDs, and CD–ROMs, if the cassettes, DVDs, or CD–ROMs are used in a course in conjunction with any of the technologies listed above.

Revised: 8/10

1. Student Identity Verification Requirement For Programs That Have Distance Education Sites: Programs that offer distance education must have processes in place through which the program establishes that the student who registers in a distance education course or program is the same student who participates in and completes the course or program and receives the academic credit. Programs must verify the identity of a student who participates in class or coursework by using, at the option of the program, methods such as a secure login and pass code; proctored examinations; and/or new or other technologies and practices that are effective in verifying student identity. The program must make clear in writing that processes are used that protect student privacy and programs must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Adopted: 8/10

T. POLICY ON INSTITUTIONS OFFERING BOTH ACCREDITED AND NON-ACCREDITED PROGRAMS

Institutions offering both accredited programs and non-accredited programs, (other than continuing education programs) have an obligation to explain program differences to potential students and the community. Therefore, any information publicizing the institution's programs should indicate which programs are and are not accredited by the Commission.

Because establishment of a non-accredited program may dilute the instructional resources available for the accredited program, the Commission reserves the right to request information about a non-accredited program and its relationship to the accredited program.

Revised: 8/13; Reaffirmed: 8/10, 7/07, 7/01, 12/90, 12/85

U. POLICY ON PERSONALLY IDENTIFIABLE STUDENT INFORMATION

On behalf of the Commission on Dental Accreditation, the American Dental Association's Survey Center annually collects data from each accredited dental, advanced dental and allied dental education program. As a specialized accrediting agency recognized by the United States Department of Education, the Commission is required to monitor accredited programs' compliance with accreditation standards and established policies related to enrollment, diversity, student achievement and program outcomes. Data, which includes some personally identifiable student information, is collected via the annual surveys and is utilized to assist the Commission in meeting these requirements.

National aggregate data collected via the annual surveys is reported and published by the ADA Survey Center in the Annual Reports on Dental Education, Advanced Dental Education and Allied Dental

Education. Data specific to an accredited program is reported in a summary data profile which is made available to a program and a visiting committee prior to a site visit.

Individual student identifiers such as the dental personal identification number (DENTPIN), gender, race or grade point average are not used in the site visit process or in any published reports. However, this information is used by the Commission in data verification procedures, e.g. determining if an individual student has been inadvertently listed and counted more than once, impacting summary data. For some advanced education programs with enrollment restrictions, this information is essential for determining compliance with accreditation standards.

The Commission and the ADA Survey Center recognize their responsibility to collect personally identifiable student information solely for accreditation purposes and their obligation to preserve the confidential nature of the information. This information is not released to the public.

Revised: 8/10; Reaffirmed: 7/06; Adopted: 7/00

V. POLICY ON COMBINED CERTIFICATE AND DEGREE PROGRAMS IN ADVANCED DENTAL EDUCATION

The Commission supports the principle that postdoctoral education programs culminate with the awarding of a certificate attesting to successful completion of an accredited program. Further, such certificates indicate fulfillment of educational requirements and are recognized as meeting eligibility requirements for ethical announcement of limitation of practice and examination by the dental specialty certifying boards.

The Commission expects that postdoctoral programs leading to the awarding of a certificate and an academic degree, (M.S. or Ph.D. degree), will be conducted in compliance with standards stipulated by the graduate school. Graduate level academic degrees must maintain the level of excellence, quality controls and academic standards established by the graduate school of the university. The Commission further expects that the requirements for research projects and theses will demonstrate a scholarly effort. It is recognized that completion of the educational requirements, as stipulated in the accreditation standards on advanced education training and the academic degree requirements of a graduate school, may require an additional year of training devoted primarily to research and theses completion.

Reaffirmed: 8/10, 7/07, 7/01; CODA: 12/76:2

W. QUALIFICATIONS OF A PROGRAM DIRECTOR FOR A COMBINED ADVANCED EDUCATION PROGRAM

When an institution sponsors a combined advanced education program, (e.g. orthodontics and dentofacial orthopedics/pediatric dentistry or orthodontics and dentofacial orthopedics/periodontics), it is most desirable that the program director be qualified according to Standard 2 of the accreditation standards in all areas involved in the combined program. At a minimum, the program director must be qualified (i.e. board certified by an ADA recognized certifying board or grandfathered) in one of the involved areas and educationally trained (i.e. completed a Commission-accredited advanced specialty education program) in the other involved areas. Board certification is to be active and applies to an interim/acting program director as well.

Reaffirmed: 8/10, 7/07

X. POLICY ON REGARD FOR DECISIONS OF STATES AND OTHER ACCREDITING AGENCIES

The Commission takes into account decisions made by other recognized accrediting or state agencies. If the Commission determines that an institution sponsoring an accredited program or a program seeking accreditation is the subject of an interim action or threatened loss of accreditation or legal authority to provide postsecondary education, the Commission will act as follows.

If a recognized institutional accrediting agency takes adverse action with respect to the institution offering the program or places the institution on public probationary status, the Commission will promptly review its accreditation of the program to determine if it should take adverse action against the program.

The Commission does not renew the accreditation status of a program during any period in which the institution offering the program

- Is the subject of an interim action by a recognized institutional accrediting agency potentially leading to the suspension, revocation, or termination of accreditation or pre-accreditation;
- Is the subject of an interim action by a state agency potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education;
- Has been notified of a threatened loss of accreditation, and the due process procedures required by the action have not been completed; and/or
- Has been notified of a threatened suspension, revocation, or termination by a state of the institution's legal authority to provide postsecondary education, and the due process procedures required by the action have not been completed.

In considering whether to grant initial accreditation to a program, the Commission takes into account actions by:

- Recognized institutional accrediting agencies that have denied accreditation or pre-accreditation to the institution offering the program, placed the institution on public probationary status, or revoked the accreditation or pre-accreditation of the institution; and
- State agency that has suspended, revoked, or terminated the institution's legal authority to provide postsecondary education.

If the Commission grants accreditation to a program notwithstanding its actions described above, the Commission will provide to the USDE Secretary, within 30 days of granting initial or continued accreditation, a thorough explanation, consistent with the accreditation standards, why the previous action by a recognized institutional accrediting agency or the state does not preclude the Commission's grant of accreditation. The Commission's review and explanation will consider each of the findings of the other agency in light of its own standards.

Revised: 5/12; Reaffirmed: 8/10, 7/07, 7/01; Revised: 7/96; 12/88

Y. COMMENTS ON POLICY PROPOSED AND/OR ADOPTED BY PARTICIPATING ORGANIZATIONS

The Commission may provide comments on another organization's proposed policy, procedures, or other documents as part of that organization's review and comment period when requested.

Revised: 1/03; Reaffirmed: 8/10, 7/09; CODA: 05/93:10

Z. POLICY ON RESIDENT DUTY HOURS RESTRICTIONS

The Commission on Dental Accreditation (CODA) acknowledges the revised resident duty-hours and supervision requirements of the Accreditation Council for Graduate Medical Education (ACGME). Recognized by the United States Department of Education, the Commission is the specialized programmatic accreditor for dental and dental-related programs. Institutions in which both graduate medical education residencies and advanced dental education programs reside may determine that CODA-accredited programs should comply with ACGME standards. It is the policy of the Commission that the institution should consider the accreditation standards of the Commission on Dental Accreditation for hospital-based dental residency programs and consider whether the ACGME requirements are in the best interests of patient safety, resident education and the CODA-accredited programs.

Adopted: 8/11

AA. POLICY ON CUSTOMIZED SURVEY DATA REQUESTS

Periodically, the Commission receives requests for data collected in the annual surveys of accredited dental education programs from the communities of interest. The nature and scope of a request will determine whether approval of the Commission and the ADA Officers or the ADA Board of Trustees must be attained. For all types of requests, a "Survey Data Request Form" must be submitted to the Director of the Commission, who will consult with the ADA Survey Center or appropriate ADA agency regarding the potential for supplying requested data. This form is available upon request from the Commission office or the ADA Survey Center. Examples of potential requesting parties include member and non-member dentists; other dental professionals; deans, dental faculty and affiliates of dental education programs; non-profit dental organizations; researchers; and government officials (Federal and state). Granting the request is at the sole discretion of the ADA.

Requests which can be approved directly through the ADA Division of Education and Professional Services involve non-confidential and non-commercial data and include:

- Data that are collected in the annual surveys and are available publicly, but presented in a different way than the published report (e.g., broken down by certain characteristics, by individual school/program, and/or for a specific trend period).
- Data that are collected in different surveys and published in different reports, grouped together in a single report.

Survey data will not be provided for the following types of requests:

- Requests made for data from surveys that are still in the data collection or analysis phase. Custom data requests cannot be fulfilled if the corresponding published report has not yet been released.
- Confidential data (e.g., financial data; curriculum/patient care figures collected from advanced programs; protected student information).
- Requests at a level of granularity which would compromise confidentiality of the survey respondents.
- Requests that involve reproduction in a publication of any sort, appear to be for the purpose of monetary gain, or used in some type of litigation or for questionable motives.
- The scope of the request exceeds the Survey Center's workload capacity.

Additional requirements:

- Requests will be granted only in the following output formats used by the Survey Center: Word, PDF, Excel, and certain SAS output types.
- Fees are charged based on a time estimate to complete the request, with a one-hour minimum. The Commission office should be contacted for current fees and rates.
- A formal agreement specifying the permitted use of the data is required before the Survey Center will act on the request.

Adopted: 8/11

BB. POLICY ON REQUESTS FOR CONTACT DISTRIBUTION LISTS

Periodically, the Commission receives requests for contact distribution lists from the communities of interest. The nature and scope of a request will determine whether the Commission will be able to comply with the request. For all types of requests, a "Contact Distribution List Request Form" must be submitted to the Director of the Commission, who will consult with CODA staff regarding the potential for supplying the requested lists based on staff workload capacity and the purpose for which the contact list is requested. This form is available upon request from the Commission office. Examples of potential requesting parties include member and non-member dentists; other dental professionals; deans, dental faculty and affiliates of dental education programs; non-profit dental organizations; researchers; and government officials (Federal and state). Contact distribution lists will not be supplied to commercial interests. A commercial interest is defined as an entity or corporation whose primary purpose for requesting the information is to sell a product or service. Granting the request is at the sole discretion of the Commission.

Additional requirements:

- Requests will be granted only in the following output formats used by the Commission: Word or Excel.
- Fees are charged based on a time estimate to complete the request. The Commission office should be contacted for current fees and rates.
- A formal agreement specifying the permitted use of the data is required before the Commission will act on the request.

Revised: 1/14; Adopted: 8/12

VI. COMPLAINTS

A. DEFINITION

A complaint is defined by the Commission on Dental Accreditation as one alleging that a Commission-accredited educational program, a program which has an application for initial accreditation pending, or the Commission may not be in substantial compliance with Commission standards or required accreditation procedures.

B. PROGRAM REQUIREMENTS AND PROCEDURES

NOTICE OF OPPORTUNITY TO FILE COMPLAINTS: In accord with the U.S. Department of Education's Criteria and Procedures for Recognition of Accrediting Agencies, the Commission requires accredited programs to notify students of an opportunity to file complaints with the Commission.

Each program accredited by the Commission on Dental Accreditation must develop and implement a procedure to inform students of the mailing address and telephone number of the Commission on Dental Accreditation. The notice, to be distributed at regular intervals, but at least annually, must include but is not necessarily limited to the following language:

> The Commission on Dental Accreditation will review complaints that relate to a program's compliance with the accreditation standards. The Commission is interested in the sustained quality and continued improvement of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

A copy of the appropriate accreditation standards and/or the Commission's policy and procedure for submission of complaints may be obtained by contacting the Commission at 211 East Chicago Avenue, Chicago, IL 60611-2678 or by calling 1-800-621-8099 extension 4653.

The accredited program must retain in its files information to document compliance with this policy so that it is available for review during the Commission's on-site reviews of the program.

REQUIRED RECORD OF COMPLAINTS: The program must maintain a record of student complaints received since the Commission's last comprehensive review of the program.

At the time of a program's regularly scheduled on-site evaluation, visiting committees evaluate the program's compliance with the Commission's policy on the Required Record of Complaints. The team reviews the areas identified in the program's record of complaints during the site visit and includes findings in the draft site visit report and note at the final conference.

Revised: 2/13, 8/02, 1/9; Reaffirmed: 8/10, 7/09, 7/08, 7/07, 7/04, 7/01, 7/96; CODA: 01/94:6 4

C. COMMISSION LOG OF COMPLAINTS

A log is maintained of all complaints received by the Commission. A central log related to each complaint is maintained in an electronic data base. Detailed notes of each complaint and its disposition are also maintained in individual program files.

Revised: 8/10, 7/06, 7/02, 7/00, 7/96; CODA: 01/95:5

D. POLICY AND PROCEDURE REGARDING INVESTIGATION OF COMPLAINTS AGAINST EDUCATIONAL PROGRAMS

The following policy and procedures have been developed to handle the investigation of complaints about an accredited program, or a program which has a current application for initial accreditation pending, which may not be in substantial compliance with Commission standards or established accreditation policies.

A "formal" complaint is defined as a complaint filed in written (or electronic) form and signed by the complainant. This complaint should outline the specific policy, procedure or standard in question and rationale for the complaint including specific documentation or examples. Complainants who submit

complaints verbally will receive direction to submit a formal complaint to the Commission in written, signed form following guidelines in the EOPP manual guidelines.

An "anonymous comment/complaint" is defined as an unsigned comment/complaint submitted to the Commission. Anonymous comments/complaints may be received at any time and will be added to the respective program's file for evaluation during the program's next scheduled accreditation site visit. At the time of the site visit, the program and site visit team will be informed of the anonymous comment/complaint. The program will have an opportunity to respond to the anonymous comment/complaint; the response will be considered during the site visit evaluation. Anonymous comments/complaints will be assessed to determine trends in compliance with Commission standards, policies, and procedures. The assessment of findings related to the anonymous comments/complaint will be documented in the site visit report.

1. Investigative Procedures for Formal Complaints: The Commission will consider only formal, written, signed complaints; unsigned complaints will be considered "anonymous complaints" and addressed as set forth above; oral complaints will not be considered. Students, faculty, constituent dental societies, state boards of dentistry, patients, and other interested parties may submit an appropriate, signed, formal complaint to the Commission on Dental Accreditation regarding any Commission accredited dental, allied dental or advanced dental education program, or a program that has an application for initial accreditation pending. An appropriate complaint is one that directly addresses a program's compliance with the Commission's standards, policies and procedures. The Commission is interested in the continued improvement and sustained quality of dental and dental-related education programs but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff or students.

In accord with its responsibilities to determine compliance with accreditation standards, policies, and procedures, the Commission does not intervene in complaints as a mediator but maintains, at all times, an investigative role. This investigative approach to complaints does not require that the complainant be identified to the program.

The Commission, upon request, will take every reasonable precaution to prevent the identity of the complainant from being revealed to the program; however, the Commission cannot guarantee the confidentiality of the complainant.

Only written, signed complaints will be considered by the Commission; unsigned complaints will be considered "anonymous complaints" and addressed as set forth above; oral complaints will not be considered. The Commission strongly encourages attempts at informal or formal resolution through the program's or sponsoring institution's internal processes prior to initiating a formal complaint with the Commission. The following procedures have been established to manage complaints:

When an inquiry about filing a complaint is received by the Commission office, the inquirer is provided a copy of the Commission's Evaluation and Operational Policies and Procedures Manual which includes the policies and procedures for filing a complaint and the appropriate accreditation standards document.

The initial screening is usually completed within thirty (30) days and is intended to ascertain that the potential complaint relates to a required accreditation policy or procedure (i.e. one contained in the Commission's Evaluation and Operational Policies and Procedure Manual) or to one or more

accreditation standard(s) or portion of a standard which have been or can be specifically identified by the complainant.

Written correspondence clearly outlines the options available to the individual. It is noted that the burden rests on the complainant to keep his/her identity confidential. If the complainant does not wish to reveal his/her identity to the accredited program, he/she must develop the complaint in such a manner as to prevent the identity from being evident. The complaint must be based on the accreditation standards or required accreditation procedures. Submission of documentation which supports the noncompliance is strongly encouraged.

When a complainant submits a written, signed statement describing the program's noncompliance with specifically identified policy(ies), procedure(s) or standard(s), along with the appropriate documentation, the following procedure is followed:

1. The materials submitted are entered in the Commission's database and the program's file and reviewed by Commission staff.
2. Legal counsel, the Chair of the appropriate Review Committee, and the applicable Review Committee members may be consulted to assist in determining whether there is sufficient information to proceed.
3. If the complaint provides sufficient evidence of probable cause of noncompliance with the standards or required accreditation procedures, the complainant is so advised and the complaint is investigated using the procedures in the following section, formal complaints.
4. If the complaint does not provide sufficient evidence of probable cause of noncompliance with the standard(s) or required accreditation policy(ies), or procedure(s), the complainant is so advised. The complainant may elect:
    a. to revise and submit sufficient information to pursue a formal complaint; or
    b. not to pursue the complaint. In that event, the decision will be so noted and no further action will be taken.

Initial investigation of a complaint may reveal that the Commission is already aware of the program's noncompliance and is monitoring the program's progress to demonstrate compliance. In this case, the complainant is notified that the Commission is currently addressing the noncompliance issues noted in the complaint. The complainant is informed of the program's accreditation status and how long the program has been given to demonstrate compliance with the accreditation standards.

Revised: 1/14, 11/11; Reaffirmed: 8/10

2. Formal Complaints: Formal complaints (as defined above) are investigated as follows:

1. The complainant is informed in writing of the anticipated review schedule.
2. The Commission informs the chief administrative officer (CAO) of the institution sponsoring the accredited program that the Commission has received information indicating that the program's compliance with specific required accreditation policy(ies), procedure(s) or designated standard(s) has been questioned.
3. Program officials are asked to report on the program's compliance with the required policy(ies), procedure(s) or standard(s) in question by a specific date, usually within thirty (30) days.
    a. For standard(s)-related complaints, the Commission uses the questions contained in the appropriate sections of the self-study to provide guidance on the compliance issues to be addressed in the report and on any documentation required to demonstrate compliance.
    b. For policy(ies) or procedure(s)-related complaints, the Commission provides the program with the appropriate policy or procedural statement from the Commission's Evaluation and Operational Policies and Procedures Manual. Additional guidance on how to best demonstrate

compliance will be provided to the program. The Chair of the appropriate Review Committee and/or legal counsel may assist in developing this guidance.

4. Receipt of the program's written compliance report, including documentation, is acknowledged.
5. The appropriate Review Committee and the Commission will investigate the issue(s) raised in the complaint and review the program's written compliance report at the next regularly scheduled meeting. In the event that waiting until the next meeting would preclude a timely review, the appropriate Review Committee(s) will review the compliance report in a telephone conference call(s). The action recommended by the Review Committee(s) will be forwarded to the Commission for mail ballot approval in this later case.
6. The Commission may act on the compliance question(s) raised by the complaint by:
   a. determining that the program continues to comply with the policy(ies), procedure(s) or standard(s) in question and that no further action is required.
   b. determining that the program may not continue to comply with the policy(ies), procedure(s) or standard(s) in question and going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
      i. If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
      ii. If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission's usual procedures for such site visits.
   c. determining that a program does not comply with the policy(ies), procedure(s) or standards(s) in question and:
      i. changing a fully-operational program's accreditation status to "approval with reporting requirements"
      ii. going on to determine whether the corrective action the program would take to come into full compliance could be documented and reported to the Commission in writing or would require an on-site review.
         - If by written report: The Commission will describe the scope and nature of the problem and set a compliance deadline and submission date for the report and documentation of corrective action taken by the program.
         - If by on-site review: The Commission will describe the scope and nature of the problem and determine, based on the number and seriousness of the identified problem(s), whether the matter can be reviewed at the next regularly scheduled on-site review or whether a special on-site review will be conducted. If a special on-site review is required, the visit will be scheduled and conducted in accord with the Commission's usual procedures for such site visits.
7. Within two weeks of its action on the results of its investigation, the Commission will also:
   a. notify the program of the results of the investigation.
   b. notify the complainant of the results of the investigation.
   c. record the action.
8. The compliance of programs applying for initial accreditation is assessed through a combination of written reports and on-site reviews.
   a. When the Commission receives a complaint regarding a program which has an application for initial accreditation pending, the Commission will satisfy itself about all issues of compliance

addressed in the complaint as part of its process of reviewing the applicant program for initial accreditation.

b. Complainants will be informed that the Commission does provide developing programs with a reasonable amount of time to come into full compliance with standards that are based on a certain amount of operational experience.

Revised: 7/07, 7/06, 8/02, 7/00, 7/96; Reaffirmed: 8/10; Adopted: 1/95

E. POLICY AND PROCEDURES ON COMPLAINTS DIRECTED AT THE COMMISSION ON DENTAL ACCREDITATION

Interested parties may submit an appropriate, signed complaint to the Commission on Dental Accreditation regarding Commission policy(ies), procedure(s) or the implementation thereof. The Commission will determine whether the information submitted constitutes an appropriate complaint and will follow up according to the established procedures.

Procedures:

1. Within two (2) weeks of receipt, the Commission will acknowledge the received information and provide the complainant with the policy(ies) and procedure(s).
2. The Commission will collect additional information internally, if necessary, and then conduct an initial screening to determine whether the complaint is appropriate. The initial screening is completed within thirty (30) days.
3. The Commission will inform the complainant of the results of the initial screening.
4. If the complaint is determined to be appropriate, the Commission and appropriate committees~~)~~ will consider the complaint at its next regularly scheduled meeting. The complaint will be considered in closed session if the discussion will involve specific programs or institutions; otherwise, consideration of the complaint will occur in open session. In the event that waiting until the next meeting would preclude a timely review, the appropriate committee(s) will review the complaint in a telephone conference call(s). The action recommended by the committees will be forwarded to the Commission for mail ballot approval in this later case.
5. The Commission will consider changes in its policies and procedures, if indicated.
6. The Commission will inform the complainant of the results of consideration of the complaint within two (2) weeks following the meeting or mail balloting of the Commission.

Revised: 1/98; Reaffirmed: 8/10, 7/09, 7/04; Adopted: 7/96

VII. DUE PROCESS

The Commission makes every effort to protect the due process rights of institutions and programs and follow ethical accrediting practices. Because due process is a necessary and integral part of accreditation, the Commission builds due process measures into various aspects of the accreditation process. For example, the Commission sends a copy of the site visit report to the institution for review prior to action by the Commission and encourages the institution to prepare a response to the report.

Adverse actions, or those that may be appealed, are defined as those related to denial or withdrawal of accreditation. Such decisions become final fourteen (14) days after the date on the transmittal letter or when any appeal has been resolved. The Commission has procedures in place to provide notice of the reasons for taking an adverse accreditation action. Such procedures are required in order for accrediting

agencies to comply with U.S. Department of Education's Criteria and Procedures for Recognition of Accrediting Agencies. Notice of "intent to withdraw" accreditation at a subsequent meeting is also sent by certified/tracked mail within fourteen (14) days. (See "Notice of Accreditation Actions to Programs/Institutions" for more information.)

The following segments describe the Commission's due process practices and indicate the sequence of events that is typically followed when such procedures are needed.

A. DUE PROCESS RELATED TO SITE VISIT REPORTS

The most frequent way in which the Commission's policies and procedures provide due process to an institution is the opportunity that is always provided to an institution to review and to respond to the site visit report prior to the Commission on Dental Accreditation taking an accreditation action. Due process related to site visit reports is provided in the following three stages:

First, the institution is provided with a copy of the draft site visit report. The site visit committee approves the draft site visit report which is then forwarded to the institution for review and comment.

Second, the institution is provided with an opportunity to respond to the draft report. The institution may respond in three ways. The response may address:

- factual inaccuracies;
- differences in perception with the visiting committee; and/or
- progress made subsequent to the site visit to implement recommendations cited in the report.

This institutional response must be transmitted to the Commission within the specified time, up to thirty (30) days from the time the report is sent to the institution. Factual inaccuracies noted in the report are corrected. In addition, the Commission considers any responses related to differences in perception and any reported progress in implementing recommendations contained in the report before it grants the accreditation status.

A third opportunity for due process may occur after the institution has submitted its initial response to the site visit report. An institution may provide supplemental information regarding implementation of recommendations in the site visit report. Any supplemental information must be submitted prior to December 1 for consideration at the winter Commission meeting and June 1 for consideration at the summer Commission meeting. Such supplemental information is also considered by the Commission prior to reaching an accreditation decision.

Reaffirmed: 8/10

B. DUE PROCESS RELATED TO PROGRESS REPORTS

Another due process option is available to a program when an accreditation status of "approval with reporting requirements" has been granted. The option involves further consideration at a subsequent regularly scheduled meeting of the Commission.
The institution/program must submit a progress report at the time specified in the Commission's transmittal letter, i.e., the following meeting six months later. All reported progress is considered by the Commission in determining the accreditation status. When a progress report is submitted, the specific instructions for preparing the report must be followed. The signature of the chief administrative officer of the sponsoring institution must be included with the report.

Reaffirmed: 8/10

C. DUE PROCESS RELATED TO REVIEW COMMITTEE SPECIAL APPEARANCES

An institution/program may request a special appearance (hearing) in order to supplement the written information about a program which has already been provided to the appropriate Review Committee. A representative of the institution would be permitted to appear in person before the Review Committee to present this additional information. Although this is not a routine practice, such appearances occur prior to the Review Committee's consideration of the program's accreditation classification. When such a special appearance is desired, a written request should be made to the Director of the Commission thirty (30) days prior to the meeting. The Chair and Director of the Commission will determine the disposition of the request and inform the requestor of the date, hour and amount of time that will be allocated for the appearance.

If the requestor wishes to submit additional written materials, copies for each Review Committee member should be provided by the requestor prior to the meeting. The committee will make a recommendation to the Director and Chair of the Commission and indicate whether an appearance before the full Commission is appropriate. The institution's representative(s) may attend the committee or Commission meeting only during the time assigned for the hearing.

The Commission and its Review Committees permit special appearances using the following guidelines:

- The Review Committee will discuss the report of the program/institution prior to the appearance of the representative(s).
- The Review Committee Chair will introduce members of the Review Committee to the program/institutional representative.
- The Chair will restate to the representative(s) the amount of time allocated for the hearing.
- The representative is invited to make an opening statement and to provide materials and information, if any, which supplement the written report which was distributed to Review Committee members prior to the meeting.
- Following the presentation by the representative, the Chair allows members of the Review-Committee to ask questions. Although primary and secondary reviewers are assigned primary responsibility for questioning, all Review Committee members have the opportunity to participate in the discussion.
- The Chair thanks the representative for appearing before the Review Committee and the representative leaves.
- The Review Committee discusses the recommended action.
- Commission staff notifies the representative of the Review Committee's recommendation. If the Review Committee's recommendation is to deny or withdraw accreditation, the institution's representation has the opportunity to have a hearing with the Commission on a subsequent day.
- In general, special appearances before the Commission also follow the process listed above.

Revised: 7/06, 1/00, 5/93, 1991, 1983; Reaffirmed: 8/10; Adopted: 1977

D. DUE PROCESS RELATED TO APPEAL OF ACCREDITATION STATUS DECISIONS

An institution/program may request a special appearance (hearing) before the appropriate Review Committee in order to supplement the written information about the program which has already been provided to the Review Committee. New information regarding correction of deficiencies subsequent to the site visit and/or progress report, or subsequent to transmission of the program's response to the site visit and/or progress report, may be presented. A representative of the institution would be permitted to

appear in person before the Review Committee to present this additional information.

When such a special appearance is desired, a written request should be made to the Director of the Commission thirty (30) days prior to the Review Committee meeting. The Chair and Director of the Commission will determine the disposition of the request and inform the requestor of the date, hour and amount of time that will be allocated for the appearance. The institution's representative(s) may attend the Review Committee meeting only during the time assigned for the hearing. If the requestor wishes to submit additional written materials, copies for each Review Committee member should be provided by the requestor prior to the meeting.

If the Review Committee's accreditation status recommendation to the Commission is "approval with reporting requirements," or "approval with reporting requirements-intent to withdraw," the Review Committee will make a recommendation to the Director and Chair of the Commission and indicate whether an appearance before the full Commission is appropriate. Representatives of the institution may present arguments that the Review Committee made an error in judgment, based on the information available, in making the accreditation status recommendation. During this special appearance before the Commission, no new information regarding correction of deficiencies subsequent to the Review Committee special appearance may be presented. The institution's representative(s) may attend the Commission meeting only during the time assigned for the hearing.

If the Commission determines the program accreditation status is "approval with reporting requirements," or "approval with reporting requirements-intent to withdraw," and the institution/program believes that the Commission has made an error in judgment regarding accreditation status, a special appearance (hearing) before the Commission may be requested thirty (30) days prior to the Commission meeting. The special appearance (hearing) before the Commission would be held at the next regularly scheduled meeting. At the hearing, representatives of the institution may present arguments that the Commission, based on the information available when the decision was made, made an error in judgment in determining the accreditation status of the program. Under these circumstances, no new information regarding correction of deficiencies subsequent to the site visit and previous Commission meeting may be presented. The institution's representative(s) may attend the Commission meeting only during the time assigned for the hearing.

The decision of the Commission on the accreditation status of the program after this special appearance is final.

Reaffirmed: 8/10

E. DUE PROCESS RELATED TO DENIAL OF INITIAL ACCREDITATION

An institution/program may request a special appearance (hearing) before the appropriate Review Committee in order to supplement the written information about the program which has already been provided to the Review Committee. New information regarding correction of deficiencies subsequent to the site visit, or subsequent to transmission of the program's response to the site visit report, may be presented. A representative of the institution would be permitted to appear in person before the Review Committee to present this additional information.

When such a special appearance is desired, a written request should be made to the Director of the Commission thirty (30) days prior to the Review Committee meeting. The Chair and Director of the Commission will determine the disposition of the request and inform the requestor of the date, hour and

amount of time that will be allocated for the appearance. The institution's representative(s) may attend the Review Committee meeting only during the time assigned for the hearing. If the requestor wishes to submit additional written materials, copies for each committee member should be provided by the requestor prior to the meeting.

If the Review Committee's recommendation to the Commission is to deny initial accreditation, the Review Committee will make a recommendation to the Director and Chair of the Commission and indicate whether an appearance by the program before the full Commission is appropriate. If so, representatives of the institution may present arguments that the Review Committee made an error in judgment, based on the information available, in making its recommendation to deny initial accreditation. During this special appearance before the Commission, no new information regarding correction of deficiencies subsequent to the Review Committee special appearance may be presented. The institution's representative(s) may attend the Commission meeting only during the time assigned for the hearing. If a program is denied accreditation by the Commission, reasons for the denial are provided. Because denial of accreditation is defined as an adverse action, notice of such decisions occurs within fourteen (14) days and is sent by certified/tracked mail.

If the Review Committee recommendation to the Commission is to grant initial accreditation and the Commission subsequently denies initial accreditation, reasons for the denial are provided. Because denial of accreditation is defined as an adverse action, notice of such decisions occurs within fourteen (14) days and is sent by certified/tracked mail.

In both circumstances outlined above the program has the opportunity, at the next regularly scheduled Commission meeting, to present additional information to the Commission through the appropriate Review Committee, following the special appearance procedures outlined above. Such a request for a hearing automatically stays the Commission's decision. When a program has been denied initial accreditation and requests a stay of that decision, no additional application fee will be assessed. Should a program choose to reapply, rather than request a stay of the Commission's decision, a second application fee must be submitted with the program's reapplication.

If, following reconsideration, the Commission again denies accreditation to the program, the program will be notified of its right to appeal this decision to the Appeal Board.

Programs also have the right, after initial accreditation is denied by the Commission the FIRST time, to appeal this decision to the Appeal Board. If the Appeal Board sustains the decision of the Commission, the program forfeits the right to present additional information to the Commission through the appropriate Review Committee as outlined above. Reaffirmed: 8/10

F. DUE PROCESS RELATED TO WITHDRAWAL OF ACCREDITATION

An institution/program may request a special appearance (hearing) before the appropriate Review Committee in order to supplement the written information about the program which has already been provided to the Review Committee. New information regarding correction of deficiencies subsequent to the site visit and/or progress report, or subsequent to transmission of the program's response to the site visit and/or progress report, may be presented. A representative of the institution would be permitted to appear in person before the Review Committee to present this additional information.

When such a special appearance is desired, a written request should be made to the Director of the Commission thirty (30) days prior to the Review Committee meeting. The Chair and Director of the Commission will determine the disposition of the request and inform the requestor of the date, hour and amount of time that will be allocated for the appearance. The institution's representative(s) may attend the Review Committee meeting only during the time assigned for the hearing. If the requestor wishes to submit additional written materials, copies for each Review Committee member should be provided by the requestor prior to the meeting.

If the Review Committee's recommendation to the Commission is to withdraw accreditation, the Commission will notify the institution of the proposed action and the date of the Commission meeting at which the Review Committee's recommendation will be considered. This notification will advise the institution of its right to provide additional information for the Commission to consider prior to reaching a decision on the proposed action. Any additional information must be submitted in writing and should include any reasons why the institution believes that the withdrawal of accreditation is unjustified.

If the Commission determines that accreditation should be withdrawn, the program will be notified within fourteen (14) days and the notification is sent by certified/tracked mail. The program is also notified of its right to appeal this decision to the Appeal Board.

Reaffirmed: 8/10

G. FUNCTION AND PROCEDURES OF THE APPEAL BOARD

The principal function of the Appeal Board is to determine whether the Commission on Dental Accreditation, in arriving at a decision regarding the withdrawal or denial of accreditation for a given program, has properly applied the facts presented to it. In addition, the Commission's *Rules* stipulate that the Appeal Board shall provide the educational program filing the appeal the opportunity to be represented by legal counsel and shall give the program the opportunity to offer evidence and argument in writing and/or orally to try to refute or overcome the findings and decision of the Commission.

Reaffirmed: 8/10

1. Appeal Board: The four (4) permanent members of the Appeal Board include: one (1) representative selected by the American Dental Association, one (1) representative selected by the American Association of Dental Boards, one (1) representative selected by the American Dental Education Association and one (1) consumer representative selected by the Commission on Dental Accreditation. Representatives from allied or advanced education areas may also be included on the Appeal Board, depending on the nature of the appeal. Appeal Board members do not concurrently serve on the Commission.

The Appeal Board is an autonomous body, separate from the Commission. Costs related to appeal procedures will be underwritten, whenever possible, by the institution and the Commission on a shared cost basis.

Reaffirmed: 8/10

2. Selection Criteria For Appeal Board Members: The Appeal Board Member shall not be:

- a current member of a dental or allied dental faculty*;
- an employee, member of the governing board, owner, shareholder of, or independent consultant to, a program that either is accredited by the Commission on Dental Accreditation or has applied for initial accreditation*; and

- spouse, parent, child, or sibling of an individual identified above;
- current member of the Commission; and/or
- an individual who has participated in any step of the process leading up to the decision that is being appealed (e.g. member of the visiting committee, member of Review Committee, etc,).

The Appeal Board Member shall:
- be willing to participate as a member of the appellate body should it be convened; and
- be willing to comply with all Commission policies and procedures (e.g., Agreement of Confidentiality; Conflict of Interest Policy; and Professional Conduct Policy and Prohibition Against Harassment).

*Discipline-specific representatives from allied or advanced education areas can be a program director, faculty member or practitioner.

Revised: 8/14; 2/13; Reaffirmed: 8/10

3. Appeal Procedures: If a program has been denied accreditation or if its accreditation has been withdrawn, the following appeal procedures are followed:

1. Within fourteen (14) days after the institution's receipt of notification of the Commission on Dental Accreditation's decision to deny or withdraw accreditation, the program may file a written request of appeal to the Director of the Commission. If a request of appeal is not made, the Commission's proposed decision will automatically become final and the appropriate announcement will be made.
2. If a request of appeal is received, the Director of the Commission shall acknowledge receipt of the request and notify the program of the date of the appeal hearing. The appeal date shall be within sixty (60) days after the appeal has been filed.
3. The program filing the appeal may be represented by legal counsel in addition to the program administrator or other program representatives.
4. Legal counsel of the American Dental Association will be available to members of the Appeal Board upon request.
5. No new information regarding correction of the deficiencies may be presented with the exception of review of new financial information if all of the following conditions are met: (i) The financial information was unavailable to the institution or program until after the decision subject to appeal was made. (ii) The financial information is significant and bears materially on the financial deficiencies identified by the Commission. The criteria of significance and materiality are determined by the Commission. (iii) The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's or program's failure to meet the Commission's standard pertaining to finances. An institution or program may seek the review of new financial information described in this section only once and any determination by the Commission made with respect to that review does not provide a basis for an appeal.
6. The Appeal Board may make the following decisions: to affirm, amend, remand, or reverse the adverse actions of the Commission. A decision to affirm, amend or reverse the adverse action is implemented by the Commission. In a decision to remand the adverse action for further consideration, the Appeal Board will identify specific issues that the Commission must address. The Commission must act in a manner consistent with the Appeal Board's decisions or instructions.
7. No change in the accreditation status of the program will occur pending disposition of the appeal.
8. Within ten (10) days of the hearing, the applicant shall be notified by certified/registered/tracked mail of the Appeal Board's decision. The decision may be to sustain the decision of the Commission or to remand the matter back to the Commission for reconsideration. Notice shall include a statement of the specifics on which the decision is based.
9. The decision rendered by the Appeal Board shall be final and binding.

10. In the event the educational program does not file a timely appeal of the Board of Commissioner's findings and decisions, the Board of Commissioner's decision shall become final.

In accord with due process measures, the Appeal Board will, when appropriate, review substantive procedural issues raised by the appellants. To this end, the Appeal Board is limited in its inquiry to the factual determinations up to the time of the Commission on Dental Accreditation's decision regarding the status of the program at issue.

It is not proper for the Appeal Board to either receive or consider facts not previously presented to the Commission on Dental Accreditation since it does not sit as an initial reviewing body. Similarly, it is not the function of the Appeal Board to determine whether the facts, singularly or cumulatively, justify the decision of the Commission on Dental Accreditation unless it can be shown that the Commission's decision was clearly against the manifest weight of the evidence. Further, the Appeal Board will not hear testimony relative to the reasonableness of previously determined requirements for accreditation since this is clearly outside the scope of authority of this reviewing body.

Revised: 8/11, 1/03; Reaffirmed: 8/10

4. Mechanism For The Conduct Of The Hearing:

1. A brief opening statement may be made by the Commission of Dental Accreditation for the purpose of establishing the Commission's finding and the reasons therefore.
2. The Appellant will then present its argument to the Board.
3. The Commission may then present its rebuttal of the Appellant's argument.
4. After hearing the evidence, the Appeal Board shall meet in executive session to discuss the appeal and make its decision. The Appeal Board's decision may be to sustain the decision of the Commission, or remand the matter to the Commission for reconsideration. The decision shall be based on a majority vote of the members of the Appeal Board with the Chair voting only to break a tie vote.
5. The Appellant shall be notified by registered mail of the decision of the Appeal Board, including a statement of specifics, within ten (10) days following the hearing.

Revised: 7/07, 7/06, 7/00, 12/88, 1978; Reaffirmed: 8/11, 8/10; Adopted: 12/77

VIII. INTERNATIONAL POLICIES AND PROCEDURES

Dental accreditation in the United States is a voluntary quality evaluation system that includes a standard setting and review process to promote the goal of continuous quality improvement in dental education. Additional goals are to provide public protection and accountability and to assure prospective students and state licensing agencies that educational programs provide appropriate education, training and experience to adequately prepare individuals for dental licensure and practice in the U.S. International dental education programs may seek consultation and/or accreditation services from the Commission on Dental Accreditation for the purpose of obtaining an independent, external review, for benchmarking or to serve the needs of graduates who may wish to demonstrate their preparedness for licensure in a state in the U.S.

International consultation and accreditation fee-based services are available to international predoctoral dental education programs, upon request. Once an international dental education program meets the established criteria, consultation and accreditation services will be provided in accord with Commission policies and procedures. Eligibility criteria and Commission policies, standards and procedures are subject to change and will be periodically reviewed and updated. It is the responsibility of programs to

keep informed of changes in accreditation policies and procedures, and abide by all current policies and procedures.

An international dental education program is defined as a program located and sponsored by an institution whose primary location is outside of the United States and Canada. The Commission will only accept requests for consultation and accreditation fee-based services from established international dental education programs. The international dental education program must be:

- accepted in its country of origin;
- officially chartered/recognized in its country of origin; and
- recognized or accredited by the country's relevant government or non-governmental agency.

International dental education program seeking accreditation by the Commission must meet the same Accreditation Standards for Dental Education Programs as the United States-based programs and follow the same process and procedures.

All correspondence, written documents and conversation with the Commission must be in English. If any portion of the consultation and accreditation program is conducted in a language other than English, and translation is required, the Commission will employ a translator of its choosing. The cost of translation will be charged to the international dental education program.

Reaffirmed: 8/10

A. THE CONSULTATION PROCESS FOR INTERNATIONAL PROGRAMS

Attainment of accreditation from the Commission on Dental Accreditation is a multi-step process that involves self-study, observation of the Commission's accreditation process, and consultation with Commission staff, site reviewers, and the Joint Advisory Committee on International Accreditation (JACIA). To begin the process, the Dean of the International Education Program or International University President/Provost requests, in writing, information from the Commission regarding its fee-based consultation and accreditation services.

The consultation process includes the following steps:

1. Completion of the Preliminary Accreditation Consultation Visit (PACV) survey.
2. Observation of a Commission dental school site visit and individual consultation
3. Completion of a PACV self-study and consultation visit
4. Application for accreditation from the Commission on Dental Accreditation.

At each step of the process a report is submitted to the Joint Advisory Committee on International Accreditation for its consideration. The Committee's findings are communicated to the international dental education program and the Commission. If the consensus of the Joint Advisory Committee is that the international program has the potential to achieve U.S. accreditation, the program may elect to submit an application for accreditation. A positive determination from the Joint Advisory Committee at any step in the process does not guarantee that an application for accreditation will be successful. An international program may elect to withdraw from the consultation and or accreditation process at any time; however, the chief academic officer should inform JACIA in writing of the program's intent.

Reaffirmed: 8/10

B. INTERNATIONAL DENTAL EDUCATION SITE VISITS

Three types of site visits may be conducted to international dental education programs.

FOCUSED CONSULTATION VISIT: Focused, fee-based programmatic consultation services are available for programs requesting less than comprehensive consultation services or for programs that JACIA has determined would benefit from a focused consultation. Trained content experts will provide the consultation services.

In preparation for the consultation visit, the international dental school will prepare a written document describing its policies and procedures related to the focused topics. The written material will be submitted ninety (90) days prior to an on-site focused consultation visit. All documents and communications will be in English.

Two site visitors (Commission staff and/or volunteers) selected for their expertise in the focused topic areas will make up the visiting committee that provides the focused consultation services and carries out the visit. The trip may be seven days in length, allowing ample time for the committee to adjust to any time change and to access lower airfares. The program will receive a written report summarizing the review and recommendations within sixty (60) days.

COMPREHENSIVE CONSULTATION VISIT: A comprehensive, fee-based site visit with programmatic consultation by trained content experts regarding topics such as:

- Institutional effectiveness/outcomes assessment
- Curriculum content and scope
- Competency-based curriculum
- Faculty and staff qualifications and numbers
- Type and adequacy of facilities
- Patient care services and policies
- Student policies and services
- Research for both faculty and staff
- Readiness for accreditation
- Quality assurance
- Comprehensive patient care
- Relationship of dental school to the university and government
- Standards of care

In preparation for a comprehensive consultative site visit, the international dental schools will prepare a written document describing its policies and procedures related to the above topics. All documents and communications will be in English. Four site visitors (curriculum specialist, basic science specialist, clinician educator, and clinician practitioner representing the American Dental Association) and one Commission staff will make up the visiting committee that will conduct the PACV.

The visit will involve several interviews with the identified stakeholders of the international dental education program and the institution's administration. Interviews will be conducted with the appropriate administrators, faculty, staff and students. The visiting committee will also provide consultation regarding the facilities. A written report summarizing the evaluation will be provided to the program within sixty (60) days.

ACCREDITATION SITE VISIT**:** The Commission's accreditation service for international dental education programs is the same as the process and procedures of the accreditation program for U.S.-based dental education programs. The application process for accreditation of fully-operational international programs will not be modified. For fully-operational programs, one site visit would occur upon application and, if successful, subsequent visits would occur on the usual seven-year cycle established for U.S. predoctoral dental education programs.

Programs that are successful in the PACV may submit an application for accreditation and an application fee for accreditation. The program will also be responsible for all site visit expenses (actual expenses) for all site visits during the application process and regular site visit schedule. International programs will pay an administrative fee of 25% of the total site visit cost to the program for coordination of each site visit. Accredited programs also pay an annual fee. All fees must be paid in advance in United States dollars. See CODA Policy on Fees and contact the Commission office for current fee schedule.

Commission site visitors will then be selected to evaluate the written application and determine whether the application is complete and the program is ready for an accreditation site visit. Once the Commission determines that the program has submitted sufficient information to determine the program's potential for complying with the accreditation standards, a site visit will be scheduled.

A visiting committee consists of six (6) Commission trained volunteer site visitors and one Commission staff. The committee includes a chair, basic scientist, curriculum site visitor, clinical science site visitor, finance site visitor, and a national licensure site visitor.

The accreditation visit, following the process established for U.S.-based programs, will involve several interviews with the identified stakeholders of the international dental program and the institution's administration. Interviews are conducted with the appropriate administrators, faculty, staff and students. The accreditation site visit committee also verifies that the written application accurately represents the program through multiple interviews, observations, on-site documentation review and facility inspection.

Following the site visit, the visiting committee writes a preliminary draft site visit report that will be considered by the Review Committee on Predoctoral Dental Education and the Commission. The Commission then determines whether to grant the program the appropriate accreditation status.

Revised: 8/14; 1/14; Reaffirmed: 8/10; Adopted: 7/06

C. BROAD ELIGIBILITY CRITERIA FOR PRELIMINARY ACCREDITATION CONSULTATION VISIT (PACV)

The PACV survey will be evaluated by the Joint Advisory Committee on International Accreditation using the following broad criteria. These criteria are subject to change and will be periodically reviewed and updated.

- Information from the U.S. State Department confirms that no conditions (war, threat of terrorism, etc.) exist that might put the safety of a visiting committee at risk.
- There are no cultural restrictions or legal restrictions which would make site visits by U.S. citizens problematic.
- The PACV survey responses in English are appropriate and understandable.
- The dental school or program has a sponsoring university.

- There is an accreditation and/or approval process within the country for higher education and the sponsoring university or dental school is accredited/approved within the country.
- A letter of support from the accreditation/approval agency has been submitted to the Commission.
- The university or institution that sponsors the dental program has been determined to meet the requirements for equivalency to U.S. regional accreditation.
- The school or program is degree granting.
- It appears the program has adequate financial support.
- The dental school or program has been in existence long enough to have had several graduating classes.
- The education model is essentially similar to that in the U.S. and Canada.
- Pre-requisites for admission to the dental school are appropriate and adequate.
- The number of full-time and part-time faculty appears to be adequate based on the number of students enrolled.
- There appears to be a developed curriculum plan with adequate clock hours in:
    - Basic Sciences
    - Preclinical laboratory
    - Clinical sciences
- Clinical treatment of patients is an essential part of the educational program.
- There appears to be developed facilities for dental education.
- Health care standards and standards of care for dentistry support the practice of dentistry in essentially the same manner as in the U.S.

Reaffirmed: 8/10

IX. COMMISSION HISTORY AND BACKGROUND

The American Dental Association (ADA) authorized the Council on Dental Education to accredit dental schools in 1938; however, the *Requirements for the Approval of a Dental School* did not go into effect until the 1941-42 academic year. The Council's initial accrediting activities were confined to dental schools. As the dental profession developed and grew, however, the scope of accrediting activities also grew. Current activities include accreditation of educational programs for dental assisting, dental hygiene and dental laboratory technology and accreditation of advanced education programs for general dentistry, the recognized dental specialties and general practice residencies, in addition to predoctoral dental education programs.

In 1973, the House of Delegates of the American Dental Association approved the establishment of a Commission on Accreditation of Dental and Dental Auxiliary Educational Programs. In 1979 this body's name was officially changed to the Commission on Dental Accreditation. The twenty (20) member Commission included the twelve (12) Council on Dental Education members, four of whom represented the American Dental Association (ADEA), four the American Association of Dental Boards and four the American Dental Education Association. The additional eight (8) Commission representatives included two (2) dental specialists selected by specialty organizations having certifying boards recognized by the Association, one (1) representative selected by the American Dental Assistants Association, one (1) representative selected by the American Dental Hygienists' Association, one (1) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (1) student representative selected jointly by the American Student Dental Association and the Council of Students of the American Dental Education Association and two (2) public representatives selected by the Council on Dental Education.

In 1979 the Commission on Accreditation of Dental and Dental Auxiliary Education Programs was renamed the Commission on Dental Accreditation.

In 1996, the ADA House of Delegates adopted two resolutions (84H-1996 and 142H-1996) calling for the restructuring of the ADA's Council on Dental Education and the Commission on Dental Accreditation. Specifically, members of the Council on Dental Education would no longer serve concurrently as members of the Commission. The Council and Commission became two distinct agencies with separate memberships, at the adjournment of the 1997 House of Delegates.
In August 1997, the Commission adopted revised *Rules of the Commission on Dental Accreditation* to complement the resolutions adopted by the 1996 House of Delegates. In October 1997, the ADA House of Delegates approved the Commission's revised *Rules*. The members of the Commission now includes: four (4) dentists appointed by the American Dental Association, four (4) dentists appointed by the American Dental Education Association, four (4) dentists appointed by the American Association of Dental Boards, one (1) dentist for each ADA recognized specialty appointed by the respective specialty sponsoring organization, one (1) dentist to represent postdoctoral general dentistry jointly appointed by the ADEA and the American Association of Hospital Dentists, one (1) certified dental assistant selected by the American Dental Assistants Association, one (1) licensed dental hygienist selected by the American Dental Hygienists' Association, one (1) certified dental laboratory technician selected by the National Association of Dental Laboratories, one (1) student jointly selected by ADEA and the American Student Dental Association, and four (4) consumers. Language was also added to clarify that when assigned by the ADA Board of Trustees, a member of the Standing Committee on the New Dentist is an ex-officio member of the Commission without the right to vote (in accord with Chapter VII, Section 150 of the ADA *Bylaws.*)

In July 2004, the Commission adopted the Request to Establish a Process of Accreditation for Programs in Areas of Advanced Training in General Dentistry.

In January 2005, the Commission directed that a process of accreditation be established for advanced general dentistry programs in the area of dental anesthesiology and in the area of oral medicine.

In January 2006, the Commission adopted the revised Review Committee Composition which was implemented in January 2007.

In July 2006, the Commission discontinued the use of commendations in written site visit reports.

In July 2006, the Commission adopted CODA: International Policies and Procedures for accreditation of international predoctoral dental education programs.

In January 2008, the Commission directed that a process of accreditation be established for advanced general dentistry programs in the area of orofacial pain.

X. NON-GOVERNMENTAL RECOGNITION OF POSTSECONDARY ACCREDITATION

Since 1952, the Commission on Dental Accreditation has been recognized by the Secretary of the United States Department of Education (USDE) as the agency responsible for the accreditation of dental and dental-related educational programs. In addition, the Commission has sought and received recognition from a non-governmental recognition agency since the 1960's. These non-governmental agencies have included the National Commission on Accrediting (NCA), the Council on Postsecondary Accreditation (COPA) and the Commission on Recognition of Postsecondary Accreditation (CORPA).

COPA was formed in 1975. The Commission received full recognition for the maximum period when evaluated in 1977 by COPA. In 1984 and again in 1989, the Commission submitted re-recognition materials to COPA and was awarded full recognition each time. In April 1993, the COPA Board voted to dissolve the Council on Postsecondary Accreditation, effective at the end of 1993. The Commission on Recognition of Postsecondary Accreditation (CORPA) was formed and took over the recognition function from COPA, effective January 1, 1994.

The Commission on Dental Accreditation submitted re-recognition materials for review by CORPA at its February 1996 meeting. In March 1996, the Commission received notification that CORPA had granted the Commission re-recognition for the maximum period of five years and cited no areas of noncompliance. The Commission's next re-recognition review by CORPA was conducted in 2001.

On December 31, 1996, CORPA filed Articles of Dissolution, as voted by CORPA at its August 1996 meeting. The Commission was informed that CORPA recognition function would become a responsibility of the newly-established Council on Higher Education Accreditation (CHEA). In February 1997, the accrediting community was informed about recent actions of the CHEA Board of Directors. The letter stated that for an accrediting agency to be eligible for CHEA recognition, it must have a majority of degree granting programs or institutions. In early March 1997 the Commission was informed that CHEA had accepted the Commission's CORPA recognition status.

In January 1999, the Commission on Dental Accreditation considered a report on the recently established Council on Higher Education Accreditation (CHEA) and its newly approved *Recognition of Accrediting Organizations Policy and Procedures,* effective January 1999. The Commission noted that accreditation agencies were eligible to apply for recognition of CHEA if the majority of the accredited programs were degree granting. At that time, 41.3% of Commission-accredited programs were granting degrees. Thus, the Commission was not eligible for CHEA recognition and would have to pursue an exemption from the eligibility requirements if CHEA recognition were to be sought. At that time, the Commission determined not to request an exemption for the Eligibility Policy, but to continue to monitor issues being addressed by the higher education community through attendance at CHEA conferences. The Commission may pursue CHEA recognition in the future.

XI. RECOGNITION CHRONOLOGY - - DENTISTRY

1840 The first dental school was established and the first state statute requiring a license to practice dentistry was passed.

1847 The American Medical Association was founded to advance the profession through state licensing and improving educational quality.

1859 The American Dental Association (ADA) was founded. At the time of the Civil War, it divided into two organizations, the ADA and the Southern Dental Association. In 1897, these two groups merged into the National Dental Association. In 1921, the NDA changed its name back to the ADA.

1867 The Office of Education was established to collect statistics, including data on the numbers of schools and colleges.

1906 The nine-member Dental Educational Council of America was established with its membership equally representing education, licensure and practice.

1934 The Dental Educational Council of America issued its last listing of dental schools using the A, B, C terminology (*Reports* 1958:59). There were 39 dental schools at this time.

1937 The nine-member ADA Council on Dental Education was established, retaining the tripartite structure of the earlier Dental Educational Council of America (educators, examiners, practitioners); the Council membership expanded to 12 members in 1974, again retaining the tripartite structure.

1937 Educational standards for dental schools were approved by the ADA House of Delegates for implementation in 1941-42.

1949 The National Commission on Accrediting (NCA) began operating, taking over responsibilities and files of the Joint Committee on Accrediting which had been established in 1938 to control proliferation of accrediting entities.

1952 Public Law82-250 tries to correct abuses in the G.I. Bill by requiring the U.S. Commissioner of Education to publish a list of nationally recognized accrediting agencies.

1952 The Council on Dental Education is recognized by the U.S. Office of Education as the national accrediting agency for dentistry (*Trans*.1954:26).

1963 The first reference to the National Commission on Accrediting (NCA) occurs in the Council's annual report (*Reports* 1963:11)

1964 The Council received recognition from NCA as the "official accrediting agency in the area of dental hygiene education" and had previously received similar recognition for accreditation of dental education programs (*Reports* 1964:10)

1964 The Federation of Regional Accrediting Agencies for Higher Education (FRACHE) replaces the National Commission of Regional Accrediting Agencies (NCRAA) which was formed in 1947 by the American Council on Education (ACE).

1968 The NCA recognized the Council for its accreditation of dental assisting and dental laboratory technology education programs (*Trans*.1968:37)

1972 The Council's recognition by NCA was continued for five years; the U.S. Office of Education criteria were being revised (*Reports* 1972:19; see also pp.17-20 for discussion of federal influence on education)

1973 The ADA House of Delegates transferred dentistry's accreditation program from the Council on Dental Education to the new 20-member Commission on Accreditation of Dental and Dental Auxiliary Education Programs (effective January 1975). Support for the tripartite membership of the Council was reaffirmed (*Reports* 1973:21). The Council reported to the House that it would jeopardize its recognition were to use accreditation sanctions to enforce Association policy (*Reports* 1973:25).

1973 The Council on Postsecondary Accreditation (COPA) formed; NCA and FRACHE dissolved.

1974 The Council membership expanded to 12 members, again retaining the tripartite structure originated when the Dental Educational Council of America was formed in 1906.

1975 The Commission on Accreditation of Dental and Dental Auxiliary Education Programs began to accredit educational programs. There were 59 dental schools at this time.

1975 After several years of effort, the National Commission on Accrediting and the Federation of Regional Accrediting Commission of Higher Education merged on January 1, 1975 to become the Council on Postsecondary Accreditation (COPA). For the first time, representatives from the Council of Specialized Accrediting Agencies (the group representing all recognized specialized accrediting agencies) had a voice within COPA in policy and decision-making processes.

1977 The Commission received full recognition for the maximum period when evaluated in 1977 (by both COPA and the U.S. Office of Education) (*Reports* 1982:40; 1977:25)

1979 The Commission on Accreditation of Dental and Dental Auxiliary Education Programs was renamed the Commission on Dental Accreditation (*Reports* 1979:67); the U.S. Office of Education became the U.S. Department of Education and its first Secretary was sworn in on December 6, 1979.

1980 The Commission presented testimony to a subcommittee of the U.S. Department/Office of Education against the 1979 petition of the Accrediting Bureau of Health Education Schools (ABHES) to expand its scope in 14 additional areas of education in the proprietary sector, including the two Commission-accredited areas of dental assisting and dental laboratory technician. In 1980 this ABHES petition was denied (*Reports* 1980:43).

1981 The Accrediting Bureau of Health Education Schools (ABHES) petitioned USDE to expand its accreditation scope to include institutional accreditation of private, postsecondary institutions offering allied health education programs. The Commission did not support or oppose the institutional expansion of scope, but did express concern about how the public might interpret ABHES' institutional accreditation where DA and DLT programs are concerned. In late 1982, the Department approved the petition, despite the Commission's concern to ABHES (*Reports* 1982:45; 1983:38).

1984 The Commission submitted one application/petition to the Council on Postsecondary Accreditation (COPA) and the U.S. Department of Education (USDE) and received full recognition for the maximum terms (5 and 4 years) from each agency. The Commission's accreditation of advanced and specialty education programs was now recognized by COPA, as well as by USDE.

1988-1989 The Commission submitted re-recognition materials to COPA and USDE; COPA granted the Commission the maximum period of five years, citing no specific areas of noncompliance, but required an annual progress report until revision of the dental hygiene accreditation standards was completed; USDE granted the Commission the maximum period of five years and cited no areas of noncompliance.

1993 In April 1993, the COPA Board voted to dissolve the Council on Postsecondary Accreditation,

effective the end of 1993. Partially in response to the anticipated dissolution of COPA, the Association of Specialized and Professional Accreditors ASPA) was incorporated in August 1993. In June 1993, nine regional and seven national higher education associations formed the National Policy Board on Higher Education Institutional Accreditation (NPB).

1994 The Commission on Recognition of Postsecondary Accreditation (CORPA) was formed and took over the recognition function from COPA, effective January 1, 1994.

1995-1996 The Commission submitted re-recognition materials to the U.S. Department of Education in November, 1995, using *Criteria* effective on July 1, 1994. USDE granted the Commission re-recognition for the maximum period of five years, but required submission of a progress report to ensure compliance with several new USDE criteria for recognition.

1995-1996 The Commission submitted re-recognition materials for review by the Commission on Recognition of Postsecondary Accreditation (CORPA) at its February 1996 meeting based on the *Provisions* revised by COPA during its last year of operation. The *Provisions* were adopted by CORPA when it was formed and went into effect in January 1994. CORPA granted the Commission re-recognition for the maximum period of five years and cited no areas of noncompliance.

1996 On December 31, 1996 CORPA filed Articles of Dissolution. The Commission on Dental Accreditation was informed that the CORPA recognition function would be assumed by the Council on Higher Education Accreditation (CHEA).

1997 In March 1997 the Commission was informed that because the Commission was recognized by CORPA, CHEA was extending that recognition until new recognition standards can be developed.

1997 In June 1997 the USDE considered the Commission's progress report demonstrating strengthened compliance with several of the new recognition criteria. The USDE accepted the report and requested an interim report by June 1, 1998 demonstrating full compliance with four cited criteria.

1998 In December 1998, the USDE considered the Commission's interim report on compliance with the four cited criteria. The USDE determined that the Commission was in full compliance with §602.21(b)(2); §602.26(c)(3); and §602.27(f), but needed to take additional action to come into full compliance with criterion §602.26(c)(4). The USDE requested that another report be submitted by December 9, 1999 demonstrating full compliance with criterion §602.26(c)(4).

1998 On September 28, 1998, the CHEA Board of Directors approved the CHEA *Recognition of Accrediting Organizations Policy and Procedures*, effective January 1999. CHEA's *Institutional Eligibility and Recognition Policy* stated that organizations which accredit programs were eligible to apply for recognition by CHEA if the majority of the accredited programs are degree-granting. CHEA reserved the right to amend its eligibility criteria for an ineligible accrediting agency.

1999 At is January 1999 meeting, the Commission noted that 545 of the Commission's 1321 accredited programs (41.3%) grant degrees and concluded that the Commission was not eligible for recognition by CHEA. The Commission determined not to seek a waiver in pursuit of CHEA recognition at that time, but to monitor the success of the newly established recognition program for accrediting agencies, and continue participation in CHEA activities.

1999 In December 1999, the USDE considered the Commission's interim report on compliance with

criterion §602.26(c)(4). The USDE Secretary found the Commission to be in compliance with the requirement and accepted the interim report.

2002 On November 15, 2000, the Commission submitted its application to the Secretary of the United States Department of Education (USDE) for continued recognition as the accrediting agency for dental and dental-related education programs. The Secretary's National Advisory Committee on Institutional Quality and Integrity reviewed the USDE Staff Analysis of the application and the Commission's response at its May 2001 meeting. The Commission received the Secretary's final transmittal letter, dated December 17, 2001, granting recognition to the Commission for the maximum period of five years at its February 2002 meeting.

2005 In November 2005, the Commission submitted its application to the Secretary of the United States Department of Education (USDE) for continued recognition as the accrediting agency for dental and dental-related education programs. The Secretary's National Advisory Committee on Institutional Quality and Integrity reviewed the USDE Staff Analysis of the application and the Commission's response at its June 2006 meeting.

2006 The Commission's petition for continued recognition by the United States Department of Education (USDE) received a favorable review by the National Advisory Committee on Institutional Quality and Integrity (NACIQI) at its meeting on June 5, 2006. The Secretary of the USDE granted recognition to the Commission for the maximum period of five years starting December 12, 2006.

2012 On January 9, 2012, the Commission submitted its application to the Secretary of the United States Department of Education (USDE) for continued recognition as the accrediting agency for dental and dental-related education programs. The Secretary's National Advisory Committee on Institutional Quality and Integrity reviewed the USDE Staff Analysis of the application and the Commission's response at its June 2012 meeting.

2012 In August 2012, the Commission received confirmation that the U.S. Secretary of Education accepted the National Advisory Committee on Institutional Quality and Integrity recommendation that recognition be continued to permit the Commission an opportunity to, within a 12 month period, bring itself into compliance with three criteria.

2013 In January 2013, the Commission submitted documentation that it is in compliance with the three criteria cited in the final report. The Commission's petition for continued recognition by the United States Department of Education (USDE) received a favorable review by the National Advisory Committee on Institutional Quality and Integrity (NACIQI) at its meeting on June 6, 2013. In July 2013 the Secretary of the USDE Office of Postsecondary Education granted recognition to the Commission for the maximum period of four years.

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MEMORANDUM

DATE	May 1, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Jennifer Casey, Dental Assisting Educational Program Analyst Dental Board of California
SUBJECT	**DAC 7:** Discussion and Possible Action Regarding Streamlining the Program Application Process for Registered Dental Assisting Educational Programs with Multiple Campuses

Background

At the December 15, 2014 Dental Assisting Council meeting a representative of the California Association of Dental Assisting Teachers (CADAT) requested an expedited program approval process for Board-approved programs with multiple campuses.

Currently, each program and location is considered a separate and individual applicant. Applicants for registered dental assistant (RDA) program approval must meet the requirements outlined in California Code of Regulations (CCR), Title 16, Section 1070.2, *Approval of Registered Dental Assistant Educational Programs*, prior to being approved by the Board:

1) Submit completed *Registered Dental Assistant (RDA) Program Application for Approval by the Dental Board of California*;
2) Submit $1,400 application fee;
3) If a program wishes to provide stand-alone courses in Infection Control, Radiation Safety, Coronal Polish, and/or Pit and Fissure Sealants, individual applications, fees, and appropriate documentation must be submitted separately;
4) Submit a copy of the program director's license issued by the Board;
5) Submit a copy of the license and resume of each faculty member;
6) Submit evidence that each faculty member instructing Pit and Fissure Sealants has completed a Board-approved course in the application of pit and fissure sealants;
7) Submit a table or chart containing information regarding the intended daily hours for each faculty member in the areas of: daily student contact, class preparation, student advising, and extern visitation;
8) Submit a copy of the certificate of completion that will be issued to students;

9) Submit a list of equipment and supplies that will be provided by each party to instruct all dental assistant and registered dental assistant duties;
10) Submit a description of the operatories, their number, and a list of the equipment and supplies that are housed in the operatory area;
11) Submit a copy of protocols for the following: student immunizations, personal protective equipment, equipment and supply infection control, biohazardous waste, OSHA training requirement for dental office employees, management of training records, management of occupational exposure to blood and body fluids, infection control protocol for operatory set-up and clean-up, infection control protocol during dental treatment, disinfection, sterilization, sanitation, barrier use, surface disinfection, and responsibilities of infection control officer in the dental office;
12) Submit a description of the space and equipment;
13) Submit a copy of each faculty and instructional staff members' current CPR card issued by the American Heart Association or American Red Cross;
14) Submit a copy of the document the program will use for the clinical evaluation of students during externship, which must be signed and dated by the student and instructor;
15) Submit the complete orientation packet that is given to the dentist and all licensed dental healthcare workers who may provide instruction, evaluation, and oversight of the student in the clinical setting prior to placement of a student in the extern site which shall include, at a minimum: student evaluation forms, objective evaluation criteria, procedures on how the extern's clinical experience is to be conducted including at a minimum when and how the student receives his/her first evaluation, and at the completion of the training, extern time sheet;
16) Submit the evaluation form that will be completed by the student;
17) If an extramural facility is used, submit a copy of the contract of affiliation with each extramural facility;
18) Submit a table or chart showing the following: maximum number of students enrolled per session, number of operatories, faculty/student ratios for laboratory, preclinical, and clinical, the proposed class session schedule with hours, number of students, number of faculty providing instruction, and name of the faculty providing instruction;
19) Submit a table showing the following information for each of the advisory members: name, license number, license expiration date, title, and telephone number;
20) Submit a description of the content and subjects of the advisory committee meeting including its responsibilities;
21) Submit a copy of the certification or diploma for each faculty/instructional staff member;
22) Submit a table or chart containing information regarding the intended daily hours for the program director in the following areas: administrative, student contact, class preparation, student counseling, and extern visitation;
23) Submit a description of the intended frequency and content of staff meetings;
24) Submit an explanation of the financial resources available to support the program and comply with the laws governing program approval;

25) If the program is required to be approved by any other governmental agency, specify which agency and provide a copy of the approval document(s);
26) If the program is accredited by another agency, specify which agency;
27) Submit a floor plan of the entire facility, identifying the location of the following major areas of instruction: lecture area, laboratory, dental operatories, x-ray exposure area, sterilization area, and x-ray processing area;
28) Submit a list of the types, location, and number of the required equipment and armamentarium;
29) Submit a detailed description on how students will be instructed in CAD machine and patient monitoring;
30) Submit a list of all instruments and the quantity that will be utilized to instruct general and specialty dentistry;
31) Submit the following information for each reference material: name, author, publisher, and publication date;
32) Submit a copy of the written policy on managing emergency situations;
33) Submit a description of the location of the eye wash stations and oxygen tank, a list of the contents of the working emergency kit, and a list of the contents of the first aid kit;
34) Submit the curriculum materials, including methods, materials, and examinations with keys, for all subjects taught in the orientation curriculum, which must include tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control, and sterilization protocols associated with and required for patient treatment;
35) Submit a complete *Application for Approval of Course in Radiation Safety*;
36) Submit a complete *Application for Approval of a Course in Coronal Polishing by an RDA*;
37) Submit a complete *Application for Approval of Course in Pit and Fissure Sealants*; and
38) Submit the following for each program course/module: a detailed program outline, general program objectives, specific objectives in the cognitive and psychomotor domain, criteria for all psychomotor skills, minimum number of satisfactory performances for all psychomotor skills, lesson plans, process evaluation grade sheets, product evaluation grade sheets, and practical and clinical examinations;

Application for Programs with Multiple Campuses

The application process for programs with multiple campuses could be streamlined if the program is going to rely upon standardized curriculum that is currently approved by the Board. Acceptance of an amended application for programs that meet these requirements could potentially decrease the processing time of the application, as the curriculum would not need to be re-reviewed. Proof of compliance with the regulations as they relate to non-curriculum matters should still be required. An amended application process for programs with multiple campuses could be done through regulations.

Council Action Requested

Staff requests the Council take the following action:

- Consider appointment of a two person subcommittee to advise staff on how the amended application process should be implemented in the comprehensive dental assisting regulation package and bring back for Council review at a future meeting.

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MEMORANDUM

DATE	April 29, 2015
TO	Dental Assisting Council Members Dental Board of California
FROM	Jennifer Casey, Dental Assisting Educational Program Analyst Dental Board of California
SUBJECT	**DAC 8**: Discussion and Possible Action Regarding Ultrasonic Scaling Requirements and the Orthodontic Assistant Permit Course Requirements

Background

California Code of Regulations (CCR), Title 16, Section 1070.5(b), Approval of Ultrasonic Scaling Courses, requires as a prerequisite to the course, that *each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license.* This provision, effectively, limits ultrasonic scaling students to those that are licensed as a Registered Dental Assistant (RDA).

CCR, Title 16, Section 1070.7(j), Approval of Orthodontic Assistant Permit Courses, requires instruction in ultrasonic scaling in accordance with CCR, Title 16, Section 1070.5, however, it does not require that the student possess the necessary requirements for application for RDA licensure or currently hold an RDA license.

Additionally, the Orthodontic Assistant Permit (OAP) is a permit that can be obtained and held by an unlicensed dental assistant (DA). Ultrasonic scaling is mandated in the OAP curriculum, however, in accordance with CCR, Title 16, Section 1070.5(b), those that do not meet the qualifications for RDA licensure are not eligible to take the course.

Staff Recommendation

Staff recommends removing the RDA qualifications or licensure prerequisite from the Approval of Ultrasonic Scaling Courses, as part of the comprehensive dental assisting regulatory package. Removing this provision would allow dental assistants to complete the Board-approved Ultrasonic Scaling course curricula as they are currently able to in Board-approved Orthodontic Assistant courses.

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MEMORANDUM

DATE	May 7, 2015
TO	Dental Board of California
FROM	Michael Placencia, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	**DAC 9:** Update on the June 19, 2015 Dental Assisting Council Regulatory Workshop and Draft Regulatory Language for the Dental Assisting Comprehensive Rulemaking Package

On June 19, 2015 the Dental Assisting Council (Council) will hold a regulatory workshop in Sacramento. Stakeholders, members of the public and interested parties are encouraged to participate in the one day workshop. The workshop will consist of a review and development of proposed regulatory language for the comprehensive rulemaking package relating to dental assisting. For more details on the workshop, please log on to the Board's website at www.dbc.ca.gov.

Draft language for the Dental Assisting Comprehensive Rulemaking Package was developed on April 27-28, 2015 by staff in conjunction with Judith Forsythe, the Council Chair, and Dr. Lorraine Gagliardi, California Association of Dental Assisting Teachers representative. The draft language for dental assisting educational programs and courses is a working document and can be found on the following pages of this memo.

The purpose of disclosing this information in this setting is to provide the Council, members of the public, and stakeholders, sufficient time to formulate any questions, comments, or concerns, to bring to the June 19, 2015 regulatory workshop.

Following the regulatory workshop, staff plans to draft updated program and course applications to be incorporated by reference. Draft language for examinations and licensure will also be created for initial review at the August 2015 Council meeting. The November Council meeting should provide draft language for all of dental assisting.

WORKING DOCUMENT

CALIFORNIA CODE OF REGULATIONS

TITLE 16. PROFESSIONS AND VOCATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA

CHAPTER 1. GENERAL PROVISIONS APPLICABLE TO ALL LICENSEES
ARTICLE 3.1. RADIATION SAFETY COURSES

[redacted]

[redacted]

**5a. Pass the national DANB Radiation Health and Safety (RHS) exam within the five years prior to application, or

**5b. Hold current national DANB Certified Dental Assistant (CDA) certification, AND

§ 1014. Approval of Radiation Safety Courses.

(a) Definitions: As used in this Article, the following definitions shall apply:

(1) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

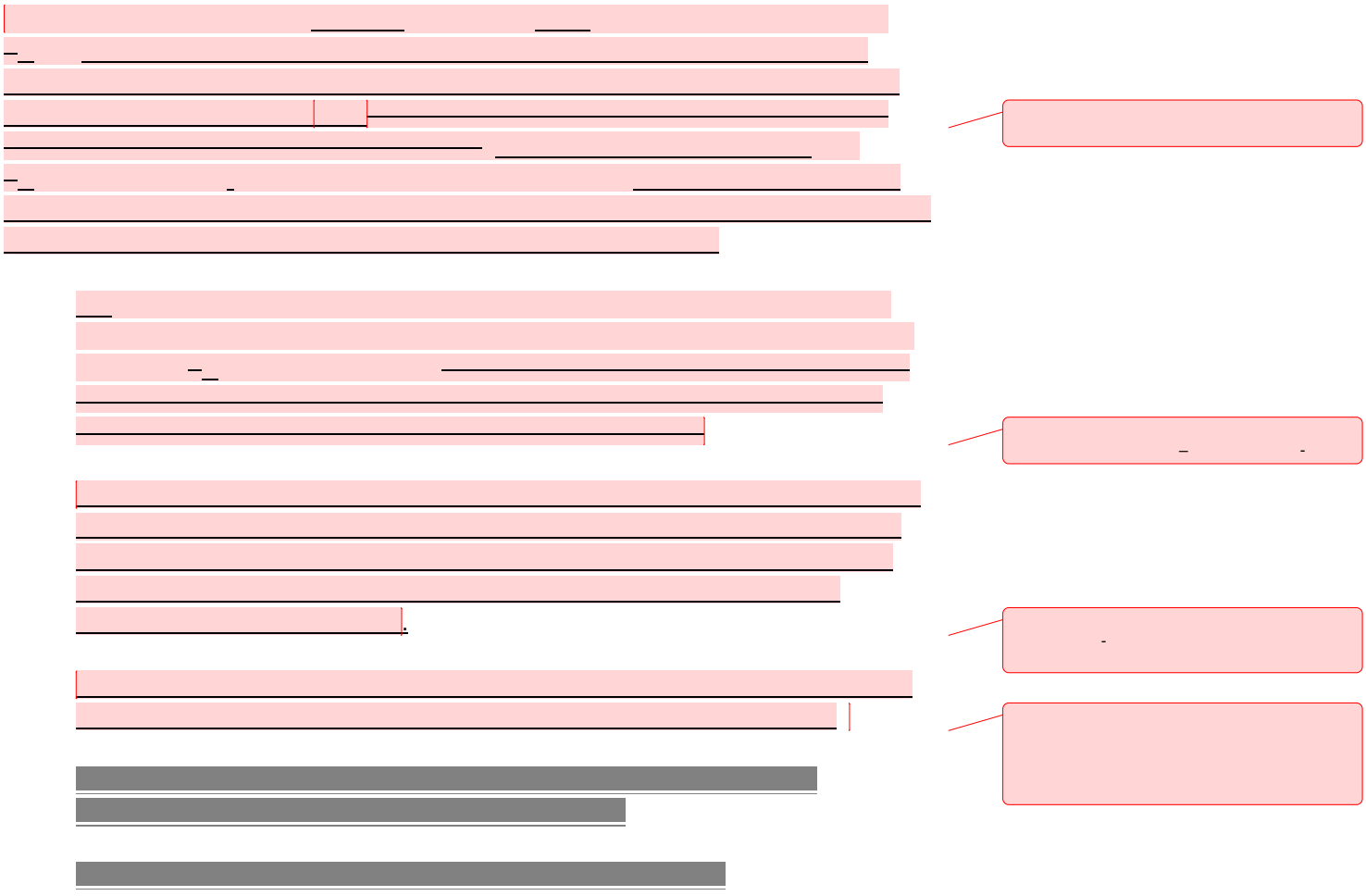
(2) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

[redacted]

(4) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins,

or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.

(a) A radiation safety course is one which has as its primary purpose providing theory and clinical application in radiographic techniques. A single standard of care shall be maintained and the ~~b~~Board shall approve only those courses which continuously maintain a high quality standard of instruction. The criteria in subdivisions (b) to (j), inclusive, shall be met by a radiation safety course to secure and maintain approval by the Board as provided by this Article.



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(i) All faculty and staff documentation;

(ii) Course content outlines and examination records;

(iii) Educational objectives or outcomes;

(iv) Competency forms for each participant;

(v) Evidence of registration documents and protocols used for participant registrations;

(vi) Attendance records and rosters;

(vii) Copies of all course completion certification cards issued to participants; and,

(viii)

(3) Course records shall be subject to inspection by the Board at any time.

(4) The course shall be established at the postsecondary educational level or deemed equivalent thereto by the Board.

~~(c)~~(5) The ~~b~~Board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording an ~~reasonable~~ opportunity for the course provider to respond within thirty (30) calendar days. Approval may be withdrawn for failure to comply with the ~~board's standards~~ requirements of this Article or any other requirements of the Act, or for fraud, misrepresentation or

(c) Course Director. The course director, who may also be an instructor, shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years, and possess the experience in the subject matter he or she is teaching. The program director shall actively participate in and be responsible for the administration

of the course. Specifically, the course director shall be responsible for the following requirements:

(1) Providing daily guidance of didactic, laboratory and clinical assignments;

(2) Maintaining for a period of not less than , copies of:

(A) Curricula,

(B) Course content outlines and examination records,

(C) Educational objectives or outcomes,

(D) Grading criteria,

(E) Copies of faculty credentials, licenses, and certifications, and

(F) Individual student records, including those necessary to establish satisfactory completion of the course.

(3) Issuing certificates of completion to each student who has successfully completed the course and maintaining a record of each certificate of completion for at least five years from the date of its issuance;

(5) Informing the Board of any major change to the course content or outlines, physical facilities, or faculty, within ten (10) days of the .

(6) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

(d) Course Faculty and Instructional Staff. Course faculty and instructional staff shall be authorized to provide instruction by the program or course director at the educational facility in which instruction is provided. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:

(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the Board or the Dental Hygiene Committee;

(2) All faculty and instructional staff shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. All faculty and instructional staff responsible for clinical evaluation shall have completed a two hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation;

Comment [D11]: Do we need to develop methodology course requirements?

(3) Shall have either passed the radiation safety examination administered by the Board or equivalent licensing examination as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice or, on or after January 1, 1985, shall have successfully completed a Board-approved radiation safety course.

(e) Facilities. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the course is approved to instruct. The course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this Section shall preclude a dental office that contains the equipment required by this Section from serving as a location for laboratory instruction.

(2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

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(A) Each operatory shall contain functional equipment, including a power-chair for patient or simulation-based instruction .

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory performance of the procedures they will be expected to perform in their clinical experiences.

(A) A radiographic operatory shall be deemed adequate if it is properly equipped with supplies and equipment for practical work and includes, for every six students, at least the following:

(ii) One (1) X-ray training mannequin head designed for instruction in radiographic techniques per X-ray unit;

(iii) One (1) film view box per operatory;

(iv) One (1) lead impregnated adult-size X-ray apron with cervical (thyroid) collar, either attached or detached from the apron, per X-ray unit;

(B) The area shall be deemed adequate if it is of sufficient size to accommodate students' needs in learning and is properly equipped with supplies and equipment for practical work which may include processing and viewing equipment or any combination thereof. Such facility requirements may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility and where such equipment may be located in the operatory area where exposures will occur.

(C) X-ray exposure areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

Comment [D13]: Consistent with CADAT October 2012 proposal – reference page 14 lines 8-36.

(f) Course Content. A detailed course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.

(3) Standards of performance for laboratory and clinical functions, those steps that would cause the student to fail the task being evaluated, and a description of each of the grades that may be assigned during evaluation procedures.

(4) The curriculum content pertaining to radiation safety and radiography techniques offered by a school or program approved by the Board or Commission on Dental Accreditation for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be approved if the school or program has

submitted evidence satisfactory to the Board that it meets all the requirements of this Article.

(5) Requirements of California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 (Section 30305 *et seq.*) relative to the special requirements for the use of x-ray in the healing arts.

(g) Infection Control Protocols. The course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing, and sterilizing all armamentarium.

(h) Emergency Situation Policy. A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The course director shall ensure and document compliance by faculty and instructional staff. Students shall complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

(i) Certificate of Completion. A certificate of completion shall be issued to each student who successfully completes the course. The certificate of completion shall specify the student's name, address, and date of birth, the course provider's name, the course provider's identification number, total number of course hours completed, the date(s) of the course, and certification signature verifying successful completion of the Board-approved radiation safety course. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations. Programs in dentistry and dental hygiene approved by the Commission shall be exempt from this requirement unless offering a stand-alone certification course.

OR CADAT PROPOSED LANGUAGE:

(i) For stand-alone courses in Radiation Safety, wall certificates of course completion shall be issued to demonstrate compliance with educational requirements in the subject area and shall include the providers name, Board-approved course provider number,

total hours of instruction completed, and certification signature indicating successful completion of a Board-approved course of instruction.

(A) In addition, Course Completion Certification Cards [*insert form number*] hereby incorporated by reference, shall be issued to each participant upon successful completion of the course. Each card shall transmit to the Board the name, address, and date of birth of each course completer, all provider information, date(s) of the course, course approval code issued by the Board, and certification by signature verifying completion requirements. Programs in dentistry and dental hygiene approved by the Commission shall be exempt from this requirement unless offering a stand-alone certification course.

(j) Programs in dental assisting and registered dental assisting approved by the board or Commission shall issue wall certificates of completion in Radiation Safety to students successfully completing and graduating from the program for use by the graduate to demonstrate to an employer their ability to legally perform X-ray exposures in the event the graduate does not obtain licensure.

(A) Certificates of program completion or diplomas from a dental assisting or registered dental assisting program approved by the board shall be deemed " all inclusive" for the purposes of applying for the RDA licensure examination; however, Course Completion Cards may also be issued to program graduates in the event the graduate does not file for examination by the formal education pathway. Programs shall be identified on the card using their DA or RDA program provider number issued by the board.

(B) Completion of some or all of the curriculum in California Radiation Safety as part of a total program of instruction for dental assisting or registered dental assisting approved by the board where the student does not successfully complete and graduate from the program does not allow for certification in Radiation Safety unless the institution is approved as a stand-alone provider in the subject area. In such case, all documentation requirements of a stand-alone provider shall be adhered to.

(j) Notice of Compliance. To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Radiation Safety Courses (New INSERT DATE)", which is hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

~~(d)~~(k) The processing times for radiation safety course approval are set forth in Section 1061.

A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the Board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the Board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the Board that it meets all the requirements set forth below:

programs shall have completed instruction in each of the two required areas prior to beginning laboratory or clinical instruction in the subject area as part of an organized program of instruction.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) through (g). As part of an organized program of instruction, sufficient time shall be available for all students to obtain applicable theory in didactic instruction, laboratory, and clinical instruction and experience to achieve minimum competence in the various protocols and procedures used in the application of dental radiographic techniques and radiation safety.

(e) Didactic Instruction. Areas of didactic instruction shall include, at a minimum, the following as they relate to exposure, processing and evaluation of dental radiographs:

(1) Radiation physics and biology;

(2) Radiation protection and safety;

(3) Recognition of normal anatomical landmarks, structures, hard and soft tissues, normal and abnormal conditions of the oral cavity as they relate to dental radiographs;

(4) Radiograph exposure and processing techniques;

(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity;

(6) Intraoral techniques and dental radiograph armamentaria, including holding devices and image receptors;

(7) Intraoral and extraoral examination including principles of exposure, methods of retention and evaluation;

(8) Proper use of patient protection devices and personal protective equipment for operator use;

(9) Identification and correction of faulty radiographs;

(10) Introduction to contemporary exposure techniques including the use of computerized digital radiography and extraoral imaging which may include panographs or cone-beam imaging;

(11) Infection control procedures in compliance with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005);

(12) Radiographic records management;

(13) Identification and recognition of common errors in techniques and processing for intra and extra oral exposures;

(13) Review of general provisions of the California Dental Practice Act;

Requirements of California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 (Section 30305 *et seq.*) relative to the special requirements for the use of x-ray in the healing arts.

(14) Identification of various extra oral techniques, machine types, and uses; and

(15) Introduction to techniques and exposure guidelines for special exposures to include, but not limited to pediatric, edentulous, partially edentulous, endodontic and patients with special needs;

(f) Laboratory Instruction. Sufficient hours of laboratory instruction and experiences shall ensure that a student successfully completes, on an x-ray training mannequin head only, at least the procedures set forth below:

(1) Four full mouth periapical series, consisting of at least 18 radiographs each, four of which must be bitewings;

(2) Two horizontal or vertical bitewing series, consisting of at least four radiographs each;

(3) Developing, digitizing or processing, and mounting or sequencing of exposed radiographs;

(4) Completion of student and instructor written evaluation of radiographs identifying errors, causes of errors, corrections and, if applicable, the number of

re-exposures necessary for successful completion of a series to minimum competency.

(A) A laboratory procedure has been successfully completed only if each series of radiographs is evaluated and deemed to be of diagnostic quality.

(B) Students shall be provided with written competencies identifying specific objective evaluation criteria and performance of objectives for all laboratory experiences.

(B) There shall be no more than six (6) students per instructor during laboratory instruction and experiences.

(C) Successful completion of all laboratory competencies must occur prior to clinical instruction and experiences.

(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, four of which must be bitewings utilizing either traditional films or computerized digital radiographic equipment, if utilized by the program or course, or a combination of both. All exposures made on human subjects shall only be made using diagnostic criteria established during the clinical instructional period, and shall in no event exceed three re-exposures per subject per series.

(2) Successful developing or processing, and mounting or sequencing of exposed radiographs;

(3) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, and correction and, if applicable, the number of re-exposures necessary for successful completion of a series to clinical competency.

(4) One full-mouth series shall serve a final examination.

Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all laboratory experiences.

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~~(g) Clinical Instruction and Evaluation. As part of an organized program of instruction clinical instruction shall include clinical performances on human subjects as set forth below~~

~~All patients used for clinical radiographic experiences shall complete a health history form with consent acknowledging the procedure is being performed by a student with permission by a licensed dentist or the patient's dentist of record. Such documentation shall be maintained in the student records.~~

(h) Written Examinations:

Successful completion of a written examination in radiation health and safety must occur prior to laboratory and clinical instruction and experiences. The written examination shall include questions specific to items addressed in California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 (Section 30305 *et seq.*) relative to the special requirements for the use of x-ray in the healing arts, and shall be constructed and administered in a manner consistent with all licensing examinations administered by the state or national testing boards.

(2) A comprehensive final exam shall be successfully completed by each student prior to the completion of the radiation safety course. ~~Such examination shall be constructed and administered in a manner consistent with all licensing examinations administered by the state or national testing boards.~~

(i) Extramural Dental Facilities. Extramural dental facilities may be utilized by a course for the purposes of radiographic laboratory and clinical competencies. Laboratory and clinical instruction shall be performed under the direct supervision of course faculty or instructional staff. Didactic and laboratory instruction shall be performed by course faculty or instructional staff and shall not be provided in an extramural dental facility.

(1) The course director, or a designated faculty member, shall be responsible for selecting a extramural dental facility and evaluating student competence before and after the clinical assignment.

(2) Prior to student assignment in an extramural dental facility, the course director, or a designated faculty or instructional staff member, shall orient all licensed dental healthcare workers who may provide instruction, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the course, the student's preparation for the clinical

assignment, and a review of procedures and criteria to be used by the licensed dental healthcare workers in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the course.

(3) Programs and courses using extramural faculty for a Radiation Safety course shall provide to the Board, upon request or renewal of provider status, if applicable, copies of all contracts of affiliation and documentation demonstrating compliance with this Section.

(4) There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical facility will be used, cancellation terms and conditions, and shall provide that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed and that such equipment and armamentaria are in safe operating condition. Such clinical facilities shall be subject to the same requirements as those specified in subdivisions (f) and (g) of this Section and Section 1014(e).

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FACILITIES.

Comment [D16]: Review definition at beginning. Would be beneficial to clarify in the o be present at all times .

Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference: Section 1656 Business and Professions Code; and Section 106975, Health and Safety Code.

~~**§ 1014.1. Requirements for Radiation Safety Courses.**~~

~~A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below.~~

~~(a) Educational Level. The course shall be established at the postsecondary educational level or a level deemed equivalent thereto by the board.~~

~~(b) Program Director. The program director, who may also be an instructor, shall actively participate in and be responsible for at least all of the following:~~

~~(1) Providing daily guidance of didactic, laboratory and clinical assignments;~~

~~(2) Maintaining all necessary records, including but not limited to the following:~~

~~(A) Copies of current curriculum, course outline and objectives;~~

~~(B) Faculty credentials;~~

~~(C) Individual student records, which shall include pre-clinical and clinical evaluations, examinations and copies of all successfully completed radiographic series used toward course completion. Records shall be maintained for at least five years from the date of course completion.~~

~~(3) Issuing certificates to each student who has successfully completed the course and maintaining a record of each certificate for at least five years from the date of its issuance;~~

~~(4) Transmitting to the board on a form prescribed by the board the name, last four digits of the social security number and, where applicable, license number of each student who has successfully completed the course;~~

~~(5) Informing the board of any significant revisions to the curriculum or course outlines.~~

~~(c) Faculty. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:~~

~~(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the board;~~

~~(2) All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. All faculty responsible for clinical evaluation shall have completed a two hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation;~~

~~(3) Shall have either passed the radiation safety examination administered by the board or equivalent licensing examination as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice or, on or after January 1, 1985, shall have successfully completed a board approved radiation safety course.~~

~~(d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures specified by board regulations shall be followed.~~

~~(1) A radiographic operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is equipped with the appropriate position-indicating devices for each technique being taught.~~

~~(2) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using either manual or automatic equipment.~~

~~(3) X-ray areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.~~

~~(e) Program Content. Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.~~

~~(1) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(2) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall assure that students who successfully complete the course can expose, process and evaluate dental radiographs with minimum competence.~~

~~(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.~~

~~(4) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:~~

~~(A) Radiation physics and biology~~

~~(B) Radiation protection and safety~~

~~(C) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs~~

~~(D) Radiograph exposure and processing techniques using either manual or automatic methods~~

~~(E) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity~~

~~(F) Intraoral techniques and dental radiograph armamentaria, including holding devices~~

~~(G) Interproximal examination including principles of exposure, methods of retention and evaluation~~

~~(H) Intraoral examination including, principles of exposure, methods of retention and evaluation~~

~~(I) Identification and correction of faulty radiographs~~

~~(J) Supplemental techniques including the optional use of computerized digital radiography~~

~~(K) Infection control in dental radiographic procedures~~

~~(L) Radiographic record management.~~

~~Students may be given the opportunity to obtain credit by the use of challenge examinations and other methods of evaluation.~~

~~(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on an x-ray manikin at least the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality. There shall be no more than 6 students per instructor during laboratory instruction.~~

~~(1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings; no more than one series may be completed using computer digital radiographic equipment;~~

~~(2) Two bitewing series, consisting of at least 4 radiographs each;~~

(3) Developing or processing, and mounting or sequencing of exposed radiographs;

(4) Student and instructor written evaluation of radiographs.

(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with one of the four patients used for the clinical examination. Clinical experience shall include:

(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings. Traditional film packets must be double film. No more than three series may be completed using computer digital radiographic equipment. Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only be made for diagnostic purposes, and shall in no event exceed three (3) exposures per subject. All clinical procedures on human subjects shall be performed under the supervision of a licensed dentist in accordance with section 106975 of the Health and Safety Code.

(2) Developing or processing, and mounting or sequencing of exposed human subject radiographs;

(3) Student and instructor written evaluation of radiographs.

(h) Clinical Facilities. There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical training will be received and shall provide that the clinical facility has the necessary equipment and accessories appropriate for the procedures to be performed and that such equipment and accessories are in safe operating condition. Such clinical facilities shall be subject to the same requirements as those specified in subdivision (g).

(i) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques, but shall in no event be less than 32 clock hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction.

(j) Certificates. A certificate shall be issued to each student who successfully completes the course. The certificate shall specify the number of course hours completed. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations.

WORKING DOCUMENT

~~Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference: Section 1656, Business and Professions Code; and Section 106975, Health and Safety Code.~~

START WITH CHAPTER 3 ON PAGE 538 AND REWRITE ENTIRE CHAPTER TO MAKE APPLICABLE TO DENTAL ASSISTING

START WITH SECTION 1067 AND ADD ALL DEFINITIONS FOR THE ENTIRE CHAPTER – LICENSING/EXAMINATION/EDUCATION

CHAPTER 3. DENTAL ~~AUXILIARIES~~ ASSISTING
ARTICLE 2. EDUCATIONAL PROGRAMS

CADAT PROPOSED ALL DENTAL ASSISTING DEFINITIONS BE ADDED TO THIS SECTION

§ 1067. Definitions
As used in this subchapter:

(a) "Dental auxiliary" means an ~~person~~ allied dental healthcare worker who may perform dental supportive procedures authorized by the provisions of applicable statute or these regulations under the specified supervision of a licensed dentist.

(b) "Dental assistant" means an unlicensed person who may perform basic supportive dental procedures specified by these regulations under the supervision of a licensed dentist.

(c) "Registered dental assistant" or "RDA" means a licensed person who may perform all procedures authorized by statute and the provisions of these regulations and in addition may perform all allowable functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.

(d) "Registered dental hygienist" or "RDH" means a licensed person who may perform all procedures authorized by statute and ~~the provisions of these regulations and~~ in addition may perform all functions which may be performed by a dental assistant and the allowable duties of a registered dental assistant, if licensure as a registered dental hygienist was obtained prior to January 1, 2006, and under the designated supervision of a licensed dentist.

(e) "Registered dental assistant in extended functions" or "RDAEF" means a person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental assistant in extended function applicants.

~~(f) "Registered dental hygienist in extended functions" or "RDHEF" means a person licensed as a registered dental hygienist who has completed post-licensure clinical and~~

(h) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate ~~rotary~~ mechanical instrument or device ~~with rubber cup or brush~~ and may include a polishing agent.

(i) “Direct supervision” means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures.

(j) “General supervision” means supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

(l) “Basic supportive dental procedures” means fundamental duties or functions which may be performed by an unlicensed dental assistant under the supervision of a licensed dentist because of their technically elementary characteristics, complete reversibility and inability to precipitate potentially hazardous conditions for the patient being treated.

(q) "Educational methodology" refers to various courses of study that include, but are evaluation.

- area.

(s) "Council" means the Dental Assisting Council of the board.

(t) "Commission" means the American Dental Association Commission on Dental Accreditation that accredits schools of dentistry, dental hygiene and dental assisting.

- treatment is rendered.

(w) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

(x) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

(y) "Extramural dental facility" means any clinical facility utilized by a Board-approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program and in which dental treatment is rendered.

(z) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.

(aa) “Preclinical instruction” means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.

(bb) “Simulated clinical instruction” means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.

§ 1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.

CADAT’s proposed language for §1070 is as follows:

(a) The criteria in ~~subdivisions (bA) to (R), inclusive~~, herein shall be met by a dental assisting or registered dental assisting program or stand-alone certification course and all orthodontic assisting and dental sedation assisting permit ~~programs or~~ courses to secure and maintain approval by the Board as provided in this ~~a~~Article.

A. For purposes of this Section, a new educational program for registered dental assistants and registered dental assistants in extended functions means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education and that has as its primary purpose providing college level courses; or an institution of secondary education recognized by the Board of Education; or an institution that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the American Dental Association Commission on Dental Accreditation or an equivalent body, as determined by Dental Assisting Council and the Board.

B. For the purposes of this Article, all registered dental assisting programs approved by the Commission on Dental Accreditation prior to 1/1/2010 are considered approved by the Board and shall show evidence of ongoing compliance with all Dental Board regulations herein.

C. Programs seeking approval by the Board on or after 1/1/2010, who obtain “Approval without Reporting Requirements” or “Initial Accreditation” status prior to application to the Dental Board for approval, shall submit the programs Commission reports and letter of findings with an application for program approval, herein incorporated by reference (insert here), and who shall demonstrate compliance with all Dental Board regulations herein.

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(b) **Course or Program Applications for Board Approval and Renewal.** Upon review and recommended action by the Dental Assisting Council, the Board ~~may~~ shall approve, provisionally approve, or deny approval of any program applicant and shall either approve or deny approval of any course applicant ~~for which an application to the board for~~ where initial approval and renewal of approval is required.

(A) The Board shall approve only those educational courses and programs of instruction that continuously meet all course requirements as set forth in this Article.

(B) Continuation of approval will be contingent upon demonstrated compliance with all requirements, renewal application with submission of associated fees and timely submission of documentation as required in this Article.

(C) Should a recommendation for provisional approval of a dental assisting or registered dental assisting program be made, the Board shall state the reasons therefore in writing within 30 days of such finding.

(1) Provisional approval shall be limited to those programs that substantially comply with all existing requirements for full approval.

(2) In the event a registered dental assisting program has obtained provisional approval from the board and has been granted “Approval without Reporting Requirements” or “Initial Accreditation” status from the Commission, and the Board-issued provisional approval has extended beyond the length of the program without notification of a planned site visit to achieve “Full Approval”, the program shall automatically be granted “Full Approval” status by the Board without further action, with notification of the granting of such standing being sent to the program or institution.

(3) In the event a registered dental assisting program has obtained provisional approval from the Board without additional accreditation from the Commission, and the provisional approval has extended beyond the length of the program by two years without receiving notification of a planned site visit to achieve “Full Approval”, the program shall automatically be granted “Full Approval” status by the board without further action, with notification of the granting of such standing being sent to the program or institution.

(4) A registered dental assisting program granted provisional approval by the Board who have enrolled students or where instruction has begun, shall immediately notify each student of such provisional status.

(D) A course or program provider shall submit an application for approval, as specified in this Article, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students and shall be subject to biennial reporting requirements as defined herein.

(1) In the event a course or program application is found to be deficient, such deficiency shall be sufficiently addressed and cleared within 60 days from the date of the deficiency notification or otherwise such application shall be withdrawn from consideration and a new application filing with fee shall be required.

(2) In the event a second deficiency is issued, the applicant provider shall have 30 days to clear the deficiency or otherwise such application shall be withdrawn from consideration.

(3) Should all application requirements not be met upon remove of a second deficiency, a denial of approval shall be issued, reported to the Council and the applicant shall be subject to all application and fee requirements as a new applicant.

(E) All courses shall be taught at the postsecondary educational level.

(F) Each approved course or program shall be subject to site evaluation and review by the Board at any time. Additionally, all programs and courses shall submit a biennial report, hereby incorporated in this Article by reference (insert here). Lack of reporting shall result in withdrawal of approved status for any program or course that does not submit, to the satisfaction of the Dental Assisting Council and the Board, the requirements set forth herein. Reporting criteria and status of all programs and courses shall be reported by staff to the Dental Assisting Council each meeting of the Council.

(G) In order to be approved, a course or program shall provide the resources necessary to accomplish education as specified in this Article. Course and program providers shall be responsible for informing the Board, in writing, of any changes to the course or program content, physical facilities, student intake numbers, or change in Program Director personnel within 10 days of such changes.

(H) All course providers shall require course participants to possess current certification in Basic Life Support for health care providers as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course.

(c) Faculty Qualifications and Continued Professional Development. All didactic, laboratory, pre-clinical and clinical faculty and instructional staff of dental assisting

courses and programs shall meet and maintain, at minimum, the following qualifications:

(1) Possess a valid, active California license to practice dentistry, dental hygiene or registered dental assisting for at least two (2) years immediately preceding any provision of course instruction;

(2) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall demonstrate expertise in each subject area for which they are teaching;

(3) Complete and show evidence of completion of educational methodology courses equaling six (6) hours immediately preceding any provision of course instruction;

(4) ~~All faculty and staff involved in the direct oversight of patient care activities,~~ Shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years; ~~The program or course director shall ensure and document compliance by faculty and instructional staff.~~

(5) Be calibrated in instruction and grading by the course provider at least annually; and

(6) Effective January 1, 2016 all faculty and staff providing didactic, laboratory, pre-clinical and clinical instruction, except those serving as a clinical supervising dentist, shall meet the educational and professional development requirements as set forth in this Section on an annual basis.

(A) On or after the effective date of these regulations (insert date), a program director of a dental assisting or registered dental assisting program approved by the board shall have been licensed as a registered dental assistant, registered dental hygienist or registered dental hygienists in extended functions for a minimum of four years, shall have teaching experience in a dental assisting program equaling two years, shall have completed coursework consistent with teacher credentialing of at least 30 hours in educational methodology or possess a current teaching credential issued by the State of California, shall possess an associate's degree, or a baccalaureate degree or higher, or be currently enrolled in a degree program, and shall possess at least three (3) years experience in the application of clinical chairside dental assisting involving four-handed dentistry.

(B) On or after the effective date of these regulations (insert date), a program director of a registered dental assisting program approved by the board, shall serve as the full time program administrator and must have the

authority, responsibility and privileges necessary to fulfill program goals but shall not engage in more than seven (7) hours per week of direct student instruction in order to meet the full administrative responsibilities of the program director position. Programs whose institutions are governed by a collective bargaining agreement shall be exempt from this requirement.

(7) As it relates to faculty, adjunct faculty and instructional staff of dental assisting and registered dental assisting programs shall show evidence of having met the following requirements:

(A) Prior to instruction, all instructional staff of certification courses shall have completed a two-hour board-approved course in educational methodology consistent with the requirements of this Article.

(B) Prior to instruction, or within six-months of initial hire, all faculty, adjunct faculty and instructional staff of a dental assisting or registered dental assisting program approved by the board shall complete 30 hours of educational methodology which shall be consistent with coursework required for teacher credentialing by the State of California.

(C) Consistent with current ADA Commission on Dental Accreditation Standards, documentation must be submitted by each program demonstrating how opportunities have been provided by the institution or program for faculty and instructional staff of a dental assisting or registered dental assisting program to continue their professional development in order to stay current with advancing technologies and educational theory. Time and budget allocations shall be provided by the institution or program for professional association activities, continuing education, research, publishing and/or practical experiences related to dental assisting education. Methods of compliance may include, but are not limited to, provided release time and financial support to attend at least one national, regional, or state-wide conference or workshop related to dental assisting education each year, formal in-service programs for full- and part-time faculty held regularly for training and calibration, and program/institutional provisions for periodic in-service workshops for faculty and instructional staff designed to provide an orientation and on-going staff training specific to program policies, current educational regulations, program goals, objectives and student evaluation procedures.

(D) Effective 1/1/2016, time and budget allocations shall be provided by the institution or program for the program director and all faculty, adjunct faculty and instructional staff of a dental assisting or registered dental assisting program, who shall have already met the requirements of subdivision XXX of this Section, to obtain on-going professional development equaling 20 hours every two (2) years. The program director

shall be responsible for ensuring all faculty and instructional staff requirements have been and continue to be met and shall maintain copies of training records for inspection and reporting to the board.

(I) Of the 20 hours of professional development, each instructor must obtain 10 hours of documented continuing education from a board-approved provider in subjects consistent with the topics taught in the dental assisting/registered dental assisting program including, at minimum, those addressing emerging technologies in the dental profession, contemporary materials and equipment, advancements in specialty dentistry, infection control and restorative procedures. A written description of the course content of each course used for compliance shall be maintained by the instructor.

(II) Of the 20 hours of professional development, each instructor must obtain 10 hours of documented educational methodology. Coursework topics must include any or all of the following: curriculum development, educational psychology, student learning outcomes, diversity in education, test construction, emerging classroom technologies, competency measurement and evaluation. A written description of the course content of each course used for compliance shall be maintained by the instructor.

(III) All documentation pertaining to completed professional development coursework shall be the responsibility of the instructor to maintain and provide to the program director of each institution or program for which he or she is employed. Records shall be maintained for a period of no less than four (4) years.

(d) Facilities and Equipment. The facilities and class scheduling of all programs and courses shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct. All laboratory, pre-clinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this Article. A physical facility shall have all of the following:

A. A lecture classroom, a lab area, a clinical area, a sterilization facility and a radiology area for use by the students.

B. Access for all students to equipment necessary to develop dental assisting skills in these duties.

C. Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.

(e) Didactic Instruction. All theoretical instruction (didactic) shall contain and meet the requirements of each Section within this Article pertinent to the subject area and may provide for some, but not all, theoretical instruction be delivered thought hybrid or online instruction overseen by the faculty of the course or program.

A. All course and program providers shall comply with local, state, and federal health and safety laws and regulations.

1. All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, and medical waste.

2. All students shall have access to the course's clinic and radiation hazardous communication plan.

3. All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency exposure information.

4. All instructional staff and faculty of programs and courses shall review emergency management protocols at least annually during staff calibration meetings to ensure consistency and compliance and such meetings shall be documented and maintained by the course or program director for a period for no less than four (4) years.

(f) Clinical Education. Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every ~~five~~ six students who are simultaneously engaged in clinical instruction.

A. Each operatory shall contain functional equipment consistent with a contemporary dental office environment, including a power-operated chair for patient or simulation-based instruction in a supine position, ~~operator and assistant stools~~ dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization, air-water syringe, adjustable overhead patient light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.

B. Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

C. Prior to clinical competencies, patient-based assignments, and externships, students must demonstrate minimum competence in laboratory or preclinical performance of each procedure they will be expected to perform in their

clinical experiences.

a. As of January 1, 2016, each program or course's clinical training given at a dental facility or dental practice shall have a contract of affiliation completed and submitted to the Board at the time of biennial reporting. A copy of the contract shall be filed and made available upon site evaluation by the board. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by qualified staff designated by the course provider and the supervising licensed dentist.

b. A course provider or program shall possess and maintain the following for a period of not less than five (5) years:

   i. A copy of each approved curriculum including a course syllabus;

   ii. A copy of completed written examinations, clinic rubrics, and completed competency evaluations;

   iii. Evidence of faculty calibration meetings, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction, ongoing education and professional development and participation in teacher-centric conferences or events;

   iv. Individual student records, including those necessary to establish satisfactory completion of the course; and

   v. A copy of student course evaluations

c. The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.

d. Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.

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(g) Curriculum Organization and Learning Resources. The organization of the curriculum for all courses and programs shall be flexible, creating opportunities for adjustments to and research of advancements and emerging technologies in the profession of dental assisting as provided in this Article.

A. Curriculum shall provide students with an understanding of all procedures as provided in each Section of this Article and an ability to perform each procedure with competence and judgment.

B. A program or course shall sequence curriculum in such a manner so as to ensure that student's complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation. Courses and programs shall establish protocols to ensure basic life support certification has been obtained prior to performance of clinical experiences.

C. Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course or program.

D. Students shall be provided a course syllabus that contains:

1. A course title, course number or identifier, course description, all faculty names of those presenting the course, their contact hours and their contact information;

2. Course content outline including topics to be presented;

3. Specific instructional objectives for each topic presented;

4. Learning experiences with associated assessment mechanisms

5. Course schedule including time allocated for didactic, lab or preclinical, and clinical learning experiences;

6. Specific evaluation procedures for course-grade calculating which includes competency evaluations and clinic rubrics, and

7. A remediation policy and procedures.

E. Students shall have reasonable access to and medical reference textbooks, current scientific journals, audiovisual materials and other relevant resources.

(h) Certificate of Completion. A course provider or program of instruction in dental assisting and registered dental assisting shall issue a certificate of completion only after a student has achieved minimal competency and has demonstrated successful

completion of all educational requirements and final examinations in accordance with each subject Section of this Article.

A. The Board shall issue Registered Course Provider numbers to all approved dental assisting and registered dental assisting programs for coursework completed by students of the program who, with or without graduation, successfully complete the educational requirements for certification subjects as part of the program curriculum. The Board shall recognize certificates of completion issued by the program as successful completion of the educational requirements having been achieved.

B. A certificate, diploma, or other evidence of completion ~~shall be issued to each student who successfully completes the program or course and~~ shall include the following:

a. the student's name;

b. ~~the name of the program or course,~~ the name of the program, institution or course provider;

c. the date(s) of completion;

d. the board-issued course or program approval code; and

e. the signature of the program or course director or his or her designee which may also be an institutional administrator or school district representative.

(i) Appealing Application for Approval. By recommended action of the Dental Assisting Council, the Board may deny or withdraw its approval of a course or program, which action shall not be delegated to the Executive Officer or the Board staff. If the Board denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.

A. Any course or program provider whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee, who shall be a licensed and qualified subject-matter expert, prior to the effective date of such action. The course provider shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

B. The course provider may contest the denial or withdrawal of approval by either:

1. Appearing at the informal conference. The Executive Officer shall notify the course or program provider of the final decision of the Board within ten

days of the informal conference. Based on the outcome of the informal conference, the provider may then request a hearing to contest the Board's final decision. A provider shall request a hearing by written notice to the Board within 30 calendar days of the postmark date of the letter of the Board's final decision after informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Or;

2. Notifying the Dental Assisting Council, in writing, the program or course provider's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Committee before the date of the informal conference.

~~All Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this aArticle and the Act. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the board or its designee for final consideration approval and continuance of program or course approval, provisional approval and denial of approval.~~

~~(3) Program and course records shall be subject to inspection by the board, at any time.~~

~~(4) The board may withdraw approval at any time that it, determines that a program or course does not meet the requirements of this Article or any other requirement in the Act.~~

~~(5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the Board.~~

~~(6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period that exceeds beyond the length of the program.~~

~~(A) When Should a recommendation for Provisional Approval of a program be made, the Board, it shall state the reasons therefore in writing within 30 days of such finding.~~

~~(B) Provisional approval shall be limited to those programs which substantially comply with all existing requirements for full approval.~~

~~(8) If the Board denies approval of a program the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.~~

(j) **Stand-Alone Course Directors.** The ~~program or~~ course director of a stand-alone course shall ~~possess a valid, active, and current license issued by the board or the dental hygiene committee~~ meet all faculty qualifications as defined herein and accomplish, at minimum the following daily tasks:

A. ~~The~~ A ~~program or~~ course director shall actively participate in and be responsible for the administration of the ~~program or~~ course, including the implementation and maintenance of all applicable statutory and regulatory requirements. ~~Specifically, the program or course director shall be responsible for~~

B. Maintaining for a period of not less than [redacted] copies of curricula, program outlines, course goals and objectives, ~~and~~ grading criteria, ~~and~~ copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the ~~program or~~ course.

C. Informing the Board of any major change to the ~~program or~~ course content, physical facilities including the use of extramural facilities, or faculty, within 10 days of the change. Effective (insert date), all course directors shall report current faculty and instructional staff, including course directors, to the board, on a form issued by the board and incorporated by reference herein, every two years or within 10 days of a staff or faculty change.

D. Ensuring that all staff and faculty involved in ~~clinical~~ instruction meet the requirements set forth in this Article.

~~(c) Course and program faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided.~~

~~(d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold permit in California to perform.~~

~~(A) Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject(s) matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010 shall not~~

be required to have held such permit for two years in order to instruct in the subject area.

(B) All faculty and staff involved in the direct oversight of patient care activities, shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff.

(e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the student's name, the name of the program or course, the date(s) of completion, and the signature of the program or course director or his or her designee.

(f) The facilities and class scheduling of all programs and courses shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(A) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.

(B) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(1) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.

(2) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(3) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of procedure they will be expected to perform in their clinical experiences.

(g) The program or course shall establish written clinical and laboratory protocols that

~~comply with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing and sterilizing all armamentarium.~~

~~(h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff.~~

~~(1) A program or course shall sequence curriculum in such a manner so as to ensure that student's complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.~~

~~(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:~~

~~(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.~~

~~(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.~~

~~(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, a description of each of the grades that may be utilized during evaluation procedures, and a defined standard of performance.~~

~~(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.~~

~~(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.~~

~~(3) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.~~

~~(4) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article~~

Dental Board proposed language for §1070 is as follows:

(a) (1) The criteria in subdivisions (b) to (j), inclusive, shall be met by all registered dental assisting (RDA) programs, registered dental assistant in extended functions (RDAEF) programs, radiation safety courses, pit and fissure sealant courses, coronal)polish courses, ultrasonic scaling courses, eight (8 hour infection control courses, orthodontic assistant permit courses, and dental sedation assistant permit courses ~~or course and all orthodontic assisting and dental sedation assisting permit programs or courses~~ to secure and maintain approval by the Board as provided in this Article.

(2) The Board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All ~~Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF)~~ programs and ~~dental assisting educational~~ courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). Re-evaluation ~~may~~ shall ~~include a site visit or~~ written documentation and may include a site visit that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval or denial of approval.

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(3) Program and course records shall be subject to inspection by the Board at any time.

(4) The Board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this Article or any other requirement in the Act.

(6) The Board or its designee may approve, provisionally approve, or deny approval to any such program or course. ~~Provisional approval shall not be granted for a period which exceeds the length of the program.~~ When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.

(b) The program or course director shall possess a valid, active, and current license issued by the Board or the dental hygiene committee. The program or course director

shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:

(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.

(2) Informing the Board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.

(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

(c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director at the educational facility in which instruction is provided.

(d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years, and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010, shall not be required to have held such a permit for two years in order to instruct in the subject area.

(e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.

(f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this Section shall preclude a dental office that contains the equipment required by this Section from serving as a location for laboratory instruction.

(2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.

(g) The program or course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing, and sterilizing all armamentarium.

(h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, and a description of each of the grades that may be assigned during evaluation procedures.

(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.

(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural dental facility and evaluating student competence before and after the clinical assignment.

(3) Prior to student assignment in an extramural dental facility, the program or course all licensed dental healthcare workers who may provide instruction, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.

(4) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.

~~**§ 1070.1. Educational Program and Course Definitions and Instructor Ratios.**~~
~~As used in this Article, the following definitions shall apply:~~

Comment [jlc25]: Repeal section and include all definitions and ratios in 1067.

~~(a) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.~~

~~(b) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or~~

~~instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.~~

~~(c) "Extramural dental facility" means any clinical facility utilized by a Board-approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program and in which dental treatment is rendered.~~

~~(d) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.~~

~~(e) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.~~

~~(f) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.~~

CADAT's proposed language for §1070.2 is as follows:

~~Approval of~~ Registered Dental Assistant Educational Programs; Approval; Continued Approved Status; Curriculum Requirements; Issuance of Certification

(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive, at minimum, provisional ~~Board~~ approval prior to operation and in compliance with CCR Sections 1070 and 1070.1.

(b) The Board may, in lieu of conducting its own investigation, accept the findings of ~~any commission or accreditation agency approved by the Board and~~ the American Dental Association Commission on Dental Accreditation (Commission) and adopt those findings as its own. ~~All programs accredited by the American Dental Association Commission on Dental Accreditation (Commission) shall submit to the Board after each site visit a copy of the final report of the Commission's findings within 30 days of the~~

~~final report issuance.~~

(c) New programs approved by the Commission shall apply to the Board and shall submit proof of ~~"Provisional Approval"~~ status by the Commission, a copy of the institutional self-study and ~~applications for Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other~~ an application for program approval entitled "Application for RDA Program Approval by a Commission Accredited Program" herein incorporated by reference (insert here), demonstrating compliance with all current regulations where courses required of an RDA educational program exist beyond the scope of the Commission accreditation standards. Acceptance of the Commission's or any accrediting agencies' findings ~~is at the discretion of the Board and~~ does not prohibit the Board from exercising its right to site-evaluate a program.

~~(c) If the program is granted the status of "Approved with Reporting Requirements" from the Commission, the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of "Approval without Reporting Requirements" is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.~~

(d) In order for a registered dental assistant program to secure and maintain approval by the Board, it shall, at all times, meet the requirements ~~of sections 1070 and 1070.1 and the requirements contained in this Section~~ for the supervision and operation of a dental assisting program as set forth by the Commission, shall comply with all federal and state regulations as set forth by the Department of Education, and the following:

(1) A program shall notify the Board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the Board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.

(2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

~~(3) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of sections 1070 and 1070.1, the following requirements shall be met:~~

> ~~(A) By January 1, 2012, each faculty member shall have completed a course or certification program in educational methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a~~

~~Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.~~

(~~B~~3) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1. In addition, the program director shall ~~have teaching responsibilities that are less than those of a full-time faculty member. He or she shall~~ actively participate in and be responsible for the administration of the program including the following areas:

(A) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(B) Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.

(C) Maintaining copies of minutes of all advisory committee and staff meetings for not less than five years.

~~The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1.~~

(4) The program shall have sufficient financial resources available to support the program and to comply with this Section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of Board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than ~~800~~ 900 hours, consistent with Federal Regulations for funding requirements, and shall include at least ~~275~~ 375 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and, ~~the remaining~~ 320 hours utilized in supervised clinical instruction in either extramural dental facilities or conducted in the program's facilities or a combination thereof. No more than

~~20~~ 40 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties and instruction shall be conducted within the program's facilities. Programs whose demonstrated total hours exceed ~~800~~ 900 and who meet all the instructional requirements in this Section, may utilize the additional instructional hours as deemed appropriate for program success but shall not exceed 325 total hours in extramural dental facilities for supervised clinical instruction and competencies. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (insert date)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(6) Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. In addition to the requirements of Section 1070 and 1070.1 with regard to extramural instruction and facility use:

A. If utilized, no more than ~~25 percent~~ 40 total hours of extramural clinical instruction shall take place in a specialty dental practice. Specialty dentistry clinical experiences are optional and are not required of a registered dental assisting program.

B. Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.

C. The major portion of the students' time in clinical assignments must be spent assisting with, or participating in, patient care.

D. The dental assisting faculty must plan, approve, supervise, and evaluate the student's clinical experience, and the following conditions must be met:

1. A formal agreement exists between the educational institution and the facility providing the experience.

2. The program administrator retains authority and responsibility for the student.

3. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program.

4. The facility accommodates the scheduling needs of the program.

5. Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students.

6. Expectations and orientation are provided to all parties prior to student assignment

7. Students must maintain a record of their activities in each clinical assignment. .

8. During the clinical phase of the program, program faculty must conduct seminars

9. The student must be present and working clinically at the time of the site visit and a report by the visiting faculty member shall be completed and entered into the student record. At no time shall a telephone communication with the extramural facility be deemed equivalent to or determined to be an acceptable alternative to a physical site visit by the program faculty or staff.

~~(B) Program faculty shall visit each extramural dental facility at least once every ten clinical days;~~

(7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(A) Upon initial application, re-application and site evaluation for continued approved status, the program must demonstrate, in a manner consistent with current Commission evaluation standards and the requirements herein, the manner in which the program provides all necessary equipment specific to the current duties and functions of dental assisting and registered dental assistant duties, with the exception of duties pertaining to patient monitoring, ~~following are minimum requirements for equipment and armamentaria~~ during laboratory, preclinical, and clinical ~~sessions~~ instruction as appropriate to each type of session.~~: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operatory, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one sets of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties.~~ With the exception of a CAD machine ~~or patient monitoring equipment specific to EKG machine, pulse oximeter, and capnograph,~~ the program shall own the necessary equipment and

have it readily available upon inspection. ~~Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable.~~ In the event instruction in basic life support, [redacted] and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own ~~patient monitoring equipment or CAD machine~~ the necessary equipment. The program must demonstrate how the equipment and armamentaria ratios established successfully meet the total number of enrolled students of each class as indicated on the initial application for program approval and re-approval each seven (7) years by the board.

(B) Instruments must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

(C) Provision shall be made for reasonable access to current and diverse dental, ~~and medical~~ dental assisting and multidisciplinary literature including reference texts, current journals, audiovisual materials, and other ~~necessary~~ resources necessary to support teaching, student learning needs, services and research. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. [redacted] Facilities [redacted] shall maintain a working model of a kit of such emergency materials for demonstration and instructional purposes only.

(8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

(A) Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content, shall consist of no least than 100 hours of direct didactic instruction, and shall occur prior to performances or activities involving patients including student partners.

(B) All programs shall provide students with ~~additional~~ instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and shall successfully pass the Dental Assisting National Board Infection Control and OSHA certification examination.~~prior to the student's performance of procedures on patients.~~

~~(9) In addition to the requirements of Sections 1070 and 1070.1 programs shall include in the following content areas:~~

~~(A) Instruction in radiation safety that meets all of the requirements of Cal. Code Regs., Title 16, Sections 1014 and 1014.1.~~

~~(B) Instruction in coronal polishing that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.4.~~

~~(C) Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.3.~~

~~(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, including those course providers approved by the Dental Assisting National Board, or any other course approved recognized by the Board as equivalent. The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.~~

~~(E) Instruction in infection control that meets all of the requirements of the Cal. Code Regs., Title 16, Section 1070.6.~~

~~(F) Instruction in the Dental Practice Act that includes the content specified in the Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing education courses.~~

~~(10) A program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:~~

~~(A) A course in the removal of excess cement with an ultrasonic scaler, that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.~~

~~(B A) An orthodontic assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument and shall be no less than 51 hours,~~

~~including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction~~
~~(C~~ B~~) A dental sedation assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.8.~~

(9) In addition to the requirements of Sections 1070 and 1070.1 ~~and subdivisions (b) (11) and (b) (12) of this Section,~~ registered dental assisting programs shall ~~include~~ provide general didactic, laboratory and clinical instruction to the level of minimal competency in the following content areas and, where certification regulations are provided by the Board, such content areas shall be, unless otherwise indicated herein, consistent with such regulations. The content categories include, but are not limited to Biomedical and Dental Sciences, Dental Materials, Ethics and Professional Responsibilities, Dental Office Instruments and Equipment, Chairside Assisting, Dental Business Office, Health and Safety, Emergencies, Dental Office Communication, and New and Emerging Technologies.

Comment [DK27]: LG content added for RDA programs

A. Didactic, preclinical, clinical and laboratory performance evaluation are integral parts of the programs curriculum. Instruction in the use of safety procedures, infection control protocols, and equipment maintenance shall be adhered to at all times. Students must meet a minimum level of satisfactory competency as defined by the program. Programs shall demonstrate to the satisfaction of the Board the manner in which sufficient time and competency evaluation is achieved.

B. The major portion of the students' time during clinical rotation must be spent assisting with or participating in patient care. Prior to clinical rotations, students demonstrate minimum competence in performing the procedures that they will be expected to perform in their clinical rotation.

C. Upon completion of this program, the program will provide a certificate to the student verifying that educational requirements have been met in the areas of Infection Control, Dental Practice Act and Radiation Safety and shall include the programs Registered Provider Number issued by the Board for each subject area as defined in CCR Section _____ of this Article.

D. In the area of Biomedical Sciences, the program must integrate throughout the didactic, preclinical, laboratory, and clinical performance components of the curriculum, the following content:

a) Bloodborne pathogens and related diseases

b) Community resources available

c) At-risk behaviors

d) Environmental Protection Agency (both State and Federal) regulations

e) Hazardous chemicals and biomedical waste

f) Dental and surgical asepsis and isolation

g) Microbiology and disease prevention

h) Emerging diseases and their disorders

i) Waste management and regulatory compliance

j) All sections of the DPA minimum standards for infection Control

k) Environmental management systems

1. OSHA and CDC regulations

2. Hazard communication safety signs, symbols and labels consistent with current requirements for State and Federal guidelines incorporating the Globally Harmonized System (GHS)

3. Fire safety, disaster and evacuation procedures

E. In the area of Dental Sciences, the program must provide instruction in and didactic evaluation of the following areas:

a) Medical and dental terminology

b) General anatomy and physiology

c) Head and neck anatomy

d) Oral anatomy, histology and embryology

e) Occlusion

f) Cavity classification and design

g) Oral diseases

h) Pathologies of dental and general head and neck anatomy

i) Pharmacology related to dental assisting procedures

j) Pharmacology related to dentistry and the patient to include:

1. Drug requirements, agencies and regulations
2. Common drugs and prescriptions use in dentistry
3. Indications and contraindication of drug actions and side effects
4. Anesthetics and topical agents used in dentistry
5. Use of alcohol and tobacco products, legal and illegal drug effects on the oral cavity
6. Precautions and administration of nitrous oxide-oxygen conscious sedation
7. Drugs and agents used for treating dental related infection
8. Record keeping

of:

a) Gypsum

b) Restorative materials

a) Light cure and chemical bond

b) Temporary

c) Permanent

d) Bases, liners and bonding agents

e) Matrix retainers, bands and wedges

f) Acid etch

c) Periodontal dressing

d) Dental cements

e) Impression materials

f) Acrylics and or thermoplastics

g) Waxes

h) Abrasive agents

i) Dental Laboratory procedures

1. Study casts

2. Fabrication of custom trays

3. Temporary crowns and bridges

j) Preventive materials: polishing agents, fluorides, sealants, varnish

G. In the areas of Ethics, Dental Assisting Jurisprudence and Professional Responsibilities, the program must provide instruction in and didactic performance evaluation of the following:

a) Dental Assisting jurisprudence

b) California Dental Practice Act specific to:

1. The laws and regulations pertaining to the profession of dental assisting

2. The duties and supervision levels of all licensed and unlicensed dental assistants

3. The legal responsibilities of all dental assisting licensee and permit holders as defined in statute

4. The illegal practice of dentistry for all disciplines within the profession

5. The illegal delegation and instruction of duties and functions outside

c) Malpractice, liability, negligence, abandonment, and fraud

d) Personal and professional ethics

e) Reporting illegal and/or unethical practices of dental health care workers

f) Accurate documentation and record keeping

g) Health Insurance Portability and Accountability Act (HIPAA)

h) Express, implied and informed consent

i) Legal and ethical issues in dentistry

j) Report abuse and domestic violence and neglect; mandatory reporter requirements for all dental healthcare workers

k) Risk management

l) Code of ethics consistent with the dental assisting profession

m) Laws governing harassment, labor and employment

n) Licensing, certification and permit requirements to obtain and maintain such certificates

H. In the areas of Dental Operatory, Instruments and Equipment, the program must provide instruction in and didactic, preclinical, clinical and laboratory performance evaluation of the following:

a) Identification, types, functions and operations of dental operatory and laboratory equipment

b) Identification, types, functions and tray set up of dental instruments used in:

1. Operative
2. Restorative
3. Surgical
4. Prosthodontic
5. Orthodontic
6. Endodontic
7. Periodontics
8. Dental hygiene services

c) Operatory set-up and equipment maintenance

d) Anesthetic syringe set-up and handling

e) Clean removable appliances

I. In the area of Chairside Assisting, the program shall provide instruction in and didactic, preclinical, clinical performance evaluation of the following:

a) Assist in fourhanded dentistry procedures

b) Patient education to include pre and post-operative instructions

c) Oral Hygiene Instructions

d) Nutrition counseling

e) Isolation techniques

f) Basic supportive procedures

g) All DA and RDA duties outlined by DPA

h) Record patient information and treatment documentation

i) Aseptic techniques

j) Chairside assistant Ergonomics

J. In the area of Dental Business Office Procedures, the program shall provide instruction in and didactic and laboratory performance evaluation of the following:

a) Appointment control

b) Financial records and fees

c) Dental office inventory control and purchasing

d) Computer and dental software

e) Recall/Recare systems

f) Management of patient records including paperless and technology-based records management systems

g) Oral and written communications

h) Employment skills, resume writing, interview techniques

i) Privacy and confidentiality pertaining to patient records

j) Practice management systems

k) Insurance systems, claims processing and procedure coding

l) Ethical and legal responsibilities including financial misconduct, patient billing, misrepresentation of services performed, and treatment plan presentation

K. In the areas of Dental Office Communication and Patient Management, instruction and didactic performance evaluation of the following:

a) Psychology considerations influencing communication and behaviors

b) Adapt skills to varied levels of understanding and cultural orientation

c) Verbal and non-verbal communication

d) Interpersonal skills

e) Communicating with dental office employees

f) Conflict resolution

L. In the areas of Emergencies, Health and Safety, the program shall provide instruction in and didactic and laboratory performance evaluation of the following:

a) Respond to medical emergencies:

1. Take and record vital signs

2. CPR

3. Administer Oxygen

b) Basic emergency kit

c) Basic first aid kit

d) Common medical emergencies in a dental office

e) Common dental emergencies

f) Safe transport and transfer of patients

g) Emergency procedures in response to workplace accidents:

1. Roles and responsibilities of the dental office employer and employee

2. The role of the injury and illness prevention program of the dental office

3. The reporting process for workplace injuries including exposure incidents

h) Maintain safe and healthy work environments

M. As it relates to New and Emerging Technologies in Dentistry, the program must integrate throughout the didactic and laboratory performance components of the curriculum, the following content:

a) Advancements in dental instruments and equipment

b) Advanced and emerging dental materials and products

c) Procedures and techniques that incorporate emerging technology used in the workplace

N. A course or coursework in basic life support that, when successfully completed, shall result in certification, and shall be provided by an instructor approved by the American Red Cross or the American Heart Association, including those course providers approved by the Dental Assisting National Board, or any other provider recognized by the Board. ~~as equivalent~~. The program may require that the student complete certification as a prerequisite to program enrollment, or that the student provide evidence of having completed certification prior to patient-based competencies and clinical assignment.

~~(G) Principles of the treatment planning process including medical health history~~

~~Title 16, Section 1070.4.~~

(10) Prior to graduation from a registered dental assistant program, each student shall ~~pass~~ successfully complete certification examinations issued by the Dental Assisting National Board in infection control and radiation health and safety, as well as a faculty-administered comprehensive mock written examinations ~~that reflects the curriculum content~~ in California Dental Assisting Law and Ethics and California Registered Dental Assisting, which may be administered at intervals throughout the ~~course as determined by the course director~~ program.

WORKING DOCUMENT

(~~10~~ 11) A registered dental assisting program that desires to provide instruction in the following regulated areas shall apply separately for approval to incorporate curriculum on a specific application form issued by the board, herein incorporated by reference, (insert here): ~~provide the following courses:~~

~~(A) A course in the removal of excess cement with an ultrasonic scaler, that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.~~

(~~B~~ A) An orthodontic assistant permit course that shall meet the curriculum requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain ~~separate~~ approval to teach the orthodontic duties allowed for an unlicensed dental assistant which are already required areas of instruction, specifically the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument. The incorporated curriculum ~~and~~ shall be no less than 51 hours~~, including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction~~ of combined didactic, laboratory and pre-clinical instruction consistent with the requirements of Section 1070.7 plus additional hours of instruction in ultrasonic scaling for cement removal consistent with the requirements of Section 1070.5. Additionally, RDA programs shall not be required, but may elect to, assign clinical externship hours or incorporate clinical competencies for the purposes of instruction in orthodontic assistant permit duties. All experiences shall be performed and evaluated up to the pre-clinical level and within the institutional facilities under the supervision of the program faculty. Upon successful graduation of the program, students shall not be required to complete 12 months of work experience as a dental assistant and shall be considered immediately eligible to apply for board examination and obtain a permit as an orthodontic assistant.

(~~C~~ B) A dental sedation assistant permit course that shall meet the curriculum requirements of Cal. Code Regs., Title 16, Section 1070.8.

(~~D~~C) A registered dental assisting ~~educational~~ program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a certificate or certificates of completion to the program graduate specific to the subject area and in addition to the RDA program certificate of completion. Certificates shall be used for demonstration of compliance with education requirements for the permit subject as part of a total program for registered dental assisting and shall include the institutional name, board-approved provider number for the program, total hours of instruction completed in the subject area consistent with the requirements of this Section, a disclosure statement to both the graduate and any employer indicating that the recipient of the certificate is not allowed to perform the duties of a permit holder until such time as a board-issued permit has been obtained, and certification signature indicating successful completion of approved curriculum. The certificate holder shall utilize the certificate as proof of candidate eligibility at the time of application submission

and shall be deemed an eligible candidate for examination and permit issuance as having met all educational requirements ~~for the permit examination~~.

Dental Board proposed language for §1070.2 is as follows:

§ 1070.2. Approval of Registered Dental Assistant Educational Programs.

(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive Board approval prior to operation.

(b) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. All programs accredited by the American Dental Association Commission on Dental Accreditation (Commission) shall submit to the Board after each site visit a copy of the final report of the Commission's findings within 30 days of the final report issuance. New programs approved by the Commission shall apply to the Board and shall submit proof of Provisional Approval status by the Commission, a copy of the institutional self study, and applications for Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site-evaluate a program.

(c) If the program is granted the status of “Approved with Reporting Requirements” from the Commission, the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of “Approval without Reporting Requirements” is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.

(d) In order for a registered dental assistant program to secure and maintain approval by the Board, it shall meet the requirements of Sections 1070 and 1070.1 and the requirements contained in this Section.

(1) A program shall notify the Board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the Board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.

(2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to

monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

(3) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of Sections 1070 and 1070.1, the following requirements shall be met:

(A) By January 1, 2012, each faculty member shall have completed a course or certification program in educational methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(B) The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the administration of the program including the following:

(i) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(ii) Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.

(iii) Maintaining copies of minutes of all advisory committee and staff meetings for not less than five years.

(C) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1.

(4) The program shall have sufficient financial resources available to support the program and to comply with this Section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior

to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of Board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and the remaining hours utilized in clinical instruction in extramural dental facilities. No more than 20 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties. Programs whose demonstrated total hours exceed 800 and who meet all the instructional requirements in this Section, may utilize the additional instructional hours as deemed appropriate for program success. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed “Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (New 9/10)”, hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(6) In addition to the requirements of Section 1070 with regard to extramural instruction:

(A) No more than 25 percent of extramural clinical instruction shall take place in a specialty dental practice.

(B) Program faculty shall visit each extramural dental facility at least once every ten clinical days.

(7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(A) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operatory, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one

set of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of a CAD machine and patient monitoring equipment specific to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment or CAD machine.

(B) Instruments must be provided to accommodate students needs in learning to identify, exchange, and prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

(C) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.

(8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

(A) Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control, and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content and prior to performances or activities involving patients.

(B) All programs shall provide students with additional instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) prior to the student's performance of procedures on patients.

(9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b)(11) and (b)(12) of this Section, programs shall include the following content:

(A) Instruction in radiation safety that meets all of the requirements of Cal. Code Regs., Title 16, Sections 1014 and 1014.1.

(B) Instruction in coronal polishing that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.4.

(C) Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.3.

(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the Board as equivalent. The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.

(E) Instruction in infection control that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.6.

(F) Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing education courses.

(10) A program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:

(A) A course in the removal of excess cement with an ultrasonic scaler, that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.

(B) An orthodontic assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand

instrument, and shall be no less than 51 hours, including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction.

(C) A dental sedation assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.8.

(D) A Registered Dental Assisting educational program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a certificate or certificates of completion to the graduate. The certificate holder shall be deemed an eligible candidate for the permit examination process as having met all educational requirements for the permit examination.

(11) General didactic instruction shall include, at a minimum, the following:

(A) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy. (General Dentistry STD 2-18a)

(B) Principles of conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry. (Dental Specialties STD 2-18b)

(C) Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016, as well as principles of the Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, risk management, and professional codes of ethical behavior.

(D) Principles of infection control, waste management, and hazardous communication requirements in compliance with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. Instruction in infection control shall meet the education requirements set forth in Section 1070.6(e).

(E) Principles related to pharmacology and biomedical sciences including nutrition and microbiology.

(F) Principles of medical-dental emergencies and first aid management.

(G) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.

(H) Principles of record classifications including management, storage, and retention protocol for all dental records including legal and ethical issues involving patient records.

(I) Principles and protocols of special needs patient management, the psychology and management of dental patients, and overall interpersonal relationships.

(J) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.

(K) Principles, protocols, manipulation, use, and armamentaria for contemporary dental materials used in general and specialty dentistry.

(L) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.

(M) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.

(N) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.

(O) All content for instruction in radiation safety as set forth in Cal. Code Regs., Title 16, Section 1014.1.

(P) All content for instruction in coronal polishing as set forth in Cal. Code Regs., Title 16, Section 1070.4.

(Q) All content for instruction in the application of Pit and Fissure Sealants as set forth in Cal. Code Regs., Title 16, Section 1070.3.

(12) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.

(13) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1752.1, 1752.4 and 1752.6, Business and Professions Code.

WORKING DOCUMENT

CADAT's proposed language for §1070.3 is as follows:

~~Approval of~~ Pit and Fissure Sealant Certification – Approval; Continued Approved Status for Stand-Alone Courses in Pit and Fissure Sealant Application; Pre-Requisites; Curriculum Requirements; Issuance of Certification

~~The following minimum criteria shall be met for a course in the application of pit and fissure sealants to secure and maintain approval by the Board.~~
~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

(a) A course in the application of pit and fissure sealants is one in which has, as its primary purpose, providing theory and clinical application in preventative sealant techniques. A single standard of care shall be maintained and the board shall approve and continue to approve only courses which continuously maintain a high quality standard of instruction.

~~(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must have already completed a Board-approved course in coronal polishing.~~

(b) A pit and fissure sealant course provider applying for initial and continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board with all related fees. Consistent with CCR Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective January 1, 2016, all stand-alone course providers of pit and fissure sealant courses shall seek renewal as a registered course provider every two (2) years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference (insert here) and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and

all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(A) All faculty and staff documentation;
(B) Course content outlines and examination records;
(C) Educational objectives or outcomes;
(D) Competency forms for each participant;
(E) Evidence of registration documents and protocols used for participant registration;
(F) Attendance records and rosters; and
(G) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

~~(c) Administration/Facility. Adequate provision for the supervision and operation of the course shall be made.~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed Board-approved courses in coronal polishing and the application of pit and fissure sealants. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate the application of pit and fissure sealants. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.~~

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of pit and fissure sealants, or for violation or non-compliance of this Section and all applicable regulations.

(d) The following criteria shall be met by a course in pit and fissure sealants to secure and maintain approval by the Board. Courses approved prior to the effective date of these regulations, shall submit to the Board a completed “Notice of Compliance with New Requirements for Pit and Fissure Sealant Courses” (*insert date*), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1 and the following:

WORKING DOCUMENT

1. Providers shall demonstrate how evidence that all course pre-requisites has been met prior to acceptance of the participant in the course. Course pre-requisites are:
    (i) Current and valid licensure as a Registered Dental Assistant, and
    (ii) Current and valid certification in basic life support.
2. All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in Pit and Fissure Sealants, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate pit and fissure sealants. Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course that shall include curriculum addressing clinical evaluation criteria, course outline development, test construction, and developing student-learning outcomes.
3. Stand-alone courses in pit and fissure sealants shall not be required to employ a dentist for the purposes of oversight during pre-clinical or clinical instruction but must seek permission or prescription by a licensed dentist who shall diagnose and prescribe sealant placement for each patient utilized during clinical instruction. Each clinical patient approved for sealant placement must possess a minimum of two (2) virgin, non-restored, natural teeth, sufficiently erupted allowing for proper caries identification procedures to be performed by the student, and so that a dry field can be maintained for application of the etching, or etchant/bond combination, and sealant materials by the student.
4. Additionally, all patient's or their guardian must complete a health history form with consent acknowledging the procedure is being performed by a student with permission by a licensed dentist or the patient's dentist of record. Such documentation shall be maintained in the student records.
5. A course in pit and fissure sealants shall be of sufficient duration for the student to develop minimum competency in all aspects of the subject area, but shall in no event be less than ~~16~~ 24 clock hours, including at least ~~4~~ 8 hours of didactic training, at least ~~4~~ 8 hours of ~~laboratory~~ pre-clinical training, and at least 8 hours of clinical training.
6. Each student must ~~possess the necessary requirements for application for RDA licensure or must~~ currently possess an active, valid and current ~~RDA~~ license as a registered dental assistant. ~~Each student must~~
7. A detailed course outline shall be established and maintained consistent with CCR 1070 and 1070.1 and shall be provided to students prior to the start of instruction.
8. Providers of pit and fissure sealant courses shall issue Course Completion Certification Cards to each participant upon successful completion of the

course. Each card shall transmit to the board the name, date of birth and RDA license number of each course completer, all provider information, date(s) of the course, course approval code issued by the board, and certification by signature verifying completion requirements. Such proof of completion shall be issued by the participant to the Board for proof of certification.

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

~~(A) Providing daily guidance of didactic, laboratory and clinical assignments.~~

~~(B) Maintaining for a period of not less than 5 years:~~

~~1. Copies of curricula, course outlines, objectives, and grading criteria.~~

~~2. Copies of faculty credentials, licenses, and certifications.~~

~~3. Individual student records, including those necessary to establish satisfactory completion of the course.~~

~~(C) Informing the Board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. f~~acilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in applying pit and fissure sealants.

~~(1) Lecture classrooms; classroom size and equipment shall accommodate the number of students enrolled.~~

~~2) Operatories; operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time. [In addition]:~~

(A) Each operatory shall replicate a modern dental office containing functional equipment including a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.

(B) Each operatory must be of sufficient size to accommodate a practitioner, a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in the application of pit and fissure sealants. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as

~~practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.~~

(g) (~~5~~1) Didactic Instruction: Areas of instruction shall include ~~at least~~ the following as they relate to pit and fissure sealants:

(A) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal and Abnormal Anatomical and Physiological Tooth Descriptions

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics:

1. Legal requirements
2. Description and goals of sealants
3. Indications and contraindications
4. Role in preventive programs
5. Use of caries identification devices and materials

(E) Sealant Materials and Caries Identification Devices:

1. Etchant and/or etchant/bond combination material composition, process, storage and handling
2. Sealant material composition, polymerization type, process, storage and handling
3. Armamentaria for etching and sealant application

4. Problem solving for etchant and sealant material placement/manipulation

5. Armamentaria for caries identification

(F) Sealant Criteria:

1. Areas of application

2. Patient selection factors

3. Caries identification ~~Other indication factors~~ protocols

(G) Preparation Factors:

1. Moisture control protocol

2. Tooth/teeth preparation procedures prior to etching or etchant/bond

3. Recording of caries identification devices or materials

(H) Acid Etching or Etchant/Bond Combination:

1. Material preparation

2. Application areas

3. Application time factors

4. Armamentaria

5. Procedure

6. Etchant or etchant/bond evaluation criteria

(I) Sealant Application:

1. Application areas

2. Application time factors

3. Armamentaria

4. Procedure for chemical cure and light cure techniques

5. Sealant evaluation criteria

6. Sealant adjustment techniques

(J) Infection control protocols

(K) Clinical re-call re-evaluation protocols

(L) OSHA Bloodborne Pathogens Standard review

(a) Successful completion of a written examination to include all areas of didactic instruction must occur prior to pre-clinical instruction and experiences and shall be constructed and administered in a manner consistent with all state-administered examinations.

(~~6~~2)Pre-Clinical Instruction: ~~There shall be no more than 14 students per instructor during laboratory instruction. Laboratory~~ Pre-clinical instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain ~~laboratory~~ pre-clinical experience to achieve minimum competence in caries identification and pit and fissure sealant application prior to the performance of procedures on patients.

(a) A procedure has been successfully completed only if each sealant placed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all pre-clinical experiences.

(b) In accordance with Section 1070.1, there shall be no more than six students per instructor during pre-clinical instruction and experiences.

(c) Successful completion of all pre-clinical/laboratory competencies must occur prior to clinical instruction and experiences.

(~~7~~3) Clinical Experiences: ~~shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction.~~ Clinical instruction and competency evaluations shall include clinical experience on four patients with two of the four patients used for the clinical examination. Patient selection shall follow all stated criteria.

(a) Each clinical patient must have a minimum of ~~four (4)~~ two (2) virgin, non-restored, natural teeth, sufficiently erupted for the student to perform caries identification procedures and so that a dry field can be maintained, for application of the etching, or etchant/bond combination,

and sealant materials. ~~Such clinical instruction shall include teeth in all four quadrants for each patient.~~

(b) Each clinical patient shall undergo caries identification procedures by the student as part of the procedural experience and to ensure student demonstrates to minimum competency the protocols for proper sealant tooth selection.

(c) A procedure has been successfully completed only if each sealant placed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all clinical experiences.

(d) In accordance with Section 1070.1, there shall be no more than six students per instructor during clinical instruction and experiences.

(4) Upon completion of the course, each student must be able to:

(a) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.

(b) Explain the procedure to patients.

(c) Recognize decalcification, caries and fracture lines.

(d) Identify the indications and contraindications for sealants.

(e) Identify the characteristics of a caries identification device, light curing devices, isolation devices, and self-curing and light-cured sealant materials.

(f) Define the appropriate patient selection factors and indication factors for sealant application.

(g) Utilize proper armamentaria in an organized sequence.

(h) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.

(i) Demonstrate the proper technique for teeth preparation prior to etching.

(j) Select and dispense the proper amount of etchant and sealant material when using materials requiring etchant; and the proper use of etchless sealant materials including bondable materials.

(k) Demonstrate the proper techniques for application of the etchant and sealant material.

(l) Implement problem solving techniques associated with pit and fissure sealants.

(m) Evaluate the etchant and sealant placement techniques according to appropriate criteria.

(n) Check the occlusion and proximal contact for appropriate placement techniques.

(o) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.

(p) Maintain aseptic techniques including disposal of contaminated material.

~~(h) Externship Instruction. (1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

~~(i) Evaluation and Examination.~~

~~(1) Upon completion of the course, each student must be able to:~~

~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.~~

~~(B) Explain the procedure to patients.~~

~~(C) Recognize decalcification, caries and fracture lines.~~

~~(D) Identify the indications and contraindications for sealants.~~

~~(E) Identify the characteristics of self-curing and light cured sealant material.~~

~~(F) Define the appropriate patient selection factors and indication factors for sealant application.~~

~~(G) Utilize proper armamentaria in an organized sequence.~~

~~(H) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.~~

~~(I) Demonstrate the proper technique for teeth preparation prior to etching.~~

~~(J) Select and dispense the proper amount of etchant and sealant material.~~

~~(K) Demonstrate the proper techniques for application of the etchant and sealant material.~~

~~(L) Implement problem solving techniques associated with pit and fissure sealants.~~

~~(M) Evaluate the etchant and sealant placement techniques according to appropriate criteria.~~

~~(N) Check the occlusion and proximal contact for appropriate placement techniques.~~

~~(O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.~~

~~(P) Maintain aseptic techniques including disposal of contaminated material.~~

(h) Extramural dental facilities may be utilized by a course for the purposes of sealant clinical competencies. There shall be a written contract of affiliation with each clinical

facility and the extramural supervising licensed dentist utilized by a course consistent with the requirements in CCR Section 1070.

~~(2) Each student shall pass a written examination which reflects the entire curriculum content.~~

~~(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.~~

Dental Board proposed language for §1070.3 is as follows:

§ 1070.3. Approval of Pit and Fissure Sealant Courses.
The following minimum criteria shall be met for a course in the application of pit and fissure sealants to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must have already completed a Board-approved course in coronal polishing.

(c) Administration/Facility. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed Board-approved courses in coronal polishing and the application of pit and fissure sealants. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate the application of pit and fissure sealants. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing daily guidance of didactic, laboratory and clinical assignments.

(B) Maintaining for a period of not less than 5 years:

1. Copies of curricula, course outlines, objectives, and grading criteria.

2. Copies of faculty credentials, licenses, and certifications.

3. Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the Board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in applying pit and fissure sealants. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.

(B) Each operatory must be of sufficient size to accommodate a practitioner, a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in the application of pit and fissure sealants. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to pit and fissure sealants:

WORKING DOCUMENT

(A) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal/Abnormal Anatomical and Physiological Tooth Descriptions

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics

1. Legal requirements

2. Description and goals of sealants

3. Indications and contraindications

4. Role in preventive programs

(E) Sealant Materials

1. Etchant and/or etchant/bond combination material composition, process, storage and handling

2. Sealant material composition, polymerization type, process, storage and handling

3. Armamentaria for etching and sealant application

4. Problem solving for etchant and sealant material placement/manipulation

(F) Sealant Criteria

1. Areas of application

2. Patient selection factors

3. Other indication factors

(G) Preparation Factors

1. Moisture control protocol

2. Tooth/teeth preparation procedures prior to etching or etchant/bond

(H) Acid Etching or Etchant/Bond Combination

1. Material preparation
2. Application areas
3. Application time factors
4. Armamentaria
5. Procedure
6. Etchant or etchant/bond evaluation criteria

(I) Sealant Application

1. Application areas
2. Application time factors
3. Armamentaria
4. Procedure for chemical cure and light cure techniques
5. Sealant evaluation criteria
6. Sealant adjustment techniques

(J) Infection control protocol

(K) Clinical re-call re-evaluation protocols

(6) There shall be no more than 14 students per instructor during laboratory instruction. Laboratory instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in pit and fissure sealant application prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with two of the four patients used for the clinical examination. Each clinical patient must have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant

materials. Such clinical instruction shall include teeth in all four quadrants for each patient.

(h) Externship Instruction.

(1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.

(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.

(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.

(B) Explain the procedure to patients.

(C) Recognize decalcification, caries and fracture lines.

(D) Identify the indications and contraindications for sealants.

(E) Identify the characteristics of self curing and light cured sealant material.

(F) Define the appropriate patient selection factors and indication factors for sealant application.

(G) Utilize proper armamentaria in an organized sequence.

(H) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.

(I) Demonstrate the proper technique for teeth preparation prior to etching.

(J) Select and dispense the proper amount of etchant and sealant material.

(K) Demonstrate the proper techniques for application of the etchant and sealant material.

(L) Implement problem solving techniques associated with pit and fissure sealants.

(M) Evaluate the etchant and sealant placement techniques according to appropriate criteria.

(N) Check the occlusion and proximal contact for appropriate placement techniques.

(O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.

(P) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1754 and 1777, Business and Professions Code.

WORKING DOCUMENT

CADAT's proposed language for §1070.4 is as follows:

CCR §1070.4:
Coronal Polishing Certification - Approval; Continued Approved Status for Courses and Programs Providing Instruction in Coronal Polishing; Course Pre-Requisites; Curriculum Requirements; Issuance of Certification

~~The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.~~

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

(a) A course in the performance of coronal polishing procedures is one that has as its primary purpose providing theory and clinical application in plaque and stain removal techniques from supragingival tooth surfaces. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) A coronal polishing course provider applying for initial or continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all related fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective 1/1/2016, all stand-alone course providers of coronal polishing courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board and incorporated herein by reference, (insert here) which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(A) All faculty and staff documentation;

(B) Course content outlines and examination records;

(C) Educational objectives or outcomes;

(D) Competency forms for each participant;

(E) Evidence of registration documents and protocols used for participant registration;

(F) Attendance records and rosters; and

(G) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of coronal polishing, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of CCR Sections 1070 and 1070.1, the following criteria shall be met by a course in coronal polishing to secure and maintain approval by the board. Curriculum content pertaining to coronal polishing offered by a school or program approved by the board for instruction in registered dental assisting shall be deemed to be approved if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below and shall not be subject to biennial renewal unless offering a stand-alone course aside from a registered dental assisting program. To maintain approval, course providers and programs in registered dental assisting approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Coronal Polishing ~~Courses~~ Certification (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

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(1) Unless otherwise incorporated in a board-approved registered dental assisting program, providers shall demonstrate how evidence that all course pre-requisites have been met prior to acceptance of the participant in the certification course. Course pre-requisites are:

a. Current and valid licensure as a Registered Dental Assistant, and

b. Current and valid certification in basic life support.

(2) When instruction is incorporated in a registered dental assisting program, students must have completed instruction in infection control, basic chairside skills, anatomy, tooth morphology and dental materials and must have obtained certification in basic life support, as defined herein, prior to the start of instruction.

(3) All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in coronal polishing, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate coronal polishing. Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course specific to curriculum addressing clinical evaluation criteria, course outline development, test construction, and developing student-learning outcomes.

(4) Dental assisting programs and stand-alone courses in coronal polish shall not be required to employ a dentist for the purposes of oversight during pre-clinical or clinical instruction. Each clinical patient approved for coronal polishing must be deemed calculus free prior to clinical performance by the student and may be deemed so by faculty of the course or program.

(1) Additionally, all patient's or their guardian must complete a health history form with consent acknowledging the procedure is being performed by a student of the course or program. Such documentation shall be maintained in the student records.

(2) A course in coronal polishing shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than ~~12~~ 16 clock hours, including at least ~~4~~ 8 hours of didactic training, at least 4 hours of ~~laboratory~~ pre-clinical training, and at least 4 hours of clinical training.

~~(3)~~ Unless a current enrolled student of a registered dental assisting program, each student of a course in coronal polishing must ~~possess the necessary requirements for application for RDA licensure or must~~ currently possess an active, valid and current ~~RDA~~ license as a registered dental assistant. ~~Each student must~~

(4) A detailed course outline shall be provided to students prior to the start of instruction.

(5) Providers of coronal polishing certification courses shall issue a Course Completion Certification Card to each participant upon successful completion of the course. Each card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, course approval code issued by the board, and certification by signature verifying completion requirements. Such proof of completion shall be issued by the participant to the Board for proof of certification.

(6) Programs in registered dental assisting who offer coronal polishing as a portion of a total program of study shall be exempt from this requirement unless offering a stand-alone course but shall issue wall certificates only to those having successfully graduated from the program, denoting compliance with educational requirements and shall include the program/school name, board-approved program provider number, total hours of instruction completed, a disclosure statement to both the student and any employer indicating that the recipient of the certificate of completion is not allowed to perform the function of coronal polishing until such time as licensure as a registered dental assistant has been obtained, and certification signature indicating successful graduation from the program.

~~(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.~~

~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made. [Specifically],~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in coronal polishing. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.~~

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

~~A. Providing guidance of didactic, laboratory and clinical assignments.~~

~~B. Maintaining for a period of not less than 5 years:~~

I. Copies of curricula, course outlines, objectives, and grading criteria.

II. Copies of faculty credentials, licenses, and certifications.

III. Individual student records, including those necessary to establish satisfactory completion of the course.

C. Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in the performance of coronal polishing.

(1) Such facilities shall include safe, adequate and educationally conducive: Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing, and,

A. Each operatory must be of sufficient size to accommodate a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in coronal polishing. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.

(5) Emergency Materials/Basic Life Support.

~~(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.~~

~~(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.~~

~~(g) Program Content.~~

~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the performance of coronal polishing.~~

~~(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.~~

~~(5) Areas of instruction shall include at least the following as they relate to coronal polishing:~~

(g) Didactic Instruction: Areas of instruction shall include the following as they relate to coronal polishing:

(A) Coronal Polishing Basics:

(1) Legal requirements

(2) Description and goals of coronal polishing

(3) Indications and contraindications of coronal polishing

(4) Criteria for an acceptable coronal polish

(B) Principles of plaque and stain formation:

(1) Clinical description of plaque, intrinsic and extrinsic stains, and calculus

(2) Etiology of plaque and stain

(3) Clinical description of teeth that have been properly polished and are free of stain

(4) Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials:

(1) Polishing agent(s) composition, storage and handling

(2) Abrasive material(s) composition, storage, and handling, and factors which affect rate of abrasion

(3) Disclosing agent composition, storage and handling

(4) Armamentaria for disclosing and polishing techniques

(5) Contraindications for disclosing and polishing techniques

(D) Principals of tooth polishing:

(1) Clinical application of disclosing before and after a coronal polish

(2) Instrument grasps and fulcrum techniques

(3) Purpose and techniques of the mouth mirror for indirect vision and retraction

(4) Characteristics, manipulation and care of dental handpieces, mechanical devices and rotary devices used when performing a coronal polish procedure

~~(5) Pre-medication requirements for the compromised patient~~ Introduction of advanced technologies in coronal polishing including the use of air polishing devices and selective polishing procedures

(6) Use of ~~adjunct materials for stain removal and~~ traditional and contemporary polishing techniques, including selective polishing

(7) Techniques for coronal polishing of adults and children

(8) Procedures for cleaning fixed and removable prosthesis and orthodontic appliances

(9) Disclosing and polishing evaluation criteria

(E) Infection control protocols

(F) OSHA Bloodborne Pathogens Standards

(a) Successful completion of a comprehensive written examination to include all areas of didactic instruction must occur prior to pre-clinical instruction and experiences and shall be constructed and administered in a manner consistent with all state-administered examinations.

(h) Pre-Clinical Instruction: ~~There shall be no more than 14 students per instructor during laboratory instruction. Laboratory~~ Pre-clinical instruction may be conducted on a fully articulated typodont, simulated model, or mannequin device and shall include flexible facial covering that simulates cheeks and shall include a flexible tongue. Sufficient time shall be available for all students to obtain ~~laboratory~~ at least two pre-clinical experiences to achieve minimum competence in coronal polishing prior to the performance of procedures on patients.

(a) A procedure has been successfully completed only if each polish performed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all pre-clinical experiences.

(b) In accordance with Section 1070.1, there shall be no more than six students per instructor during pre-clinical instruction and experiences.

(c) Successful completion of all pre-clinical competencies must occur prior to clinical instruction and experiences.

(~~7~~i) Clinical Experiences: ~~shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction.~~ Clinical instruction and competency evaluations shall include clinical experience on three patients with two of the three patients used for the clinical examination. The clinical examination must include one performance utilizing selective polishing technique and one performance utilizing full mouth polishing technique. Patient selection and evaluation shall follow all stated criteria.

(a) Each clinical patient must have, at minimum, a mixed dentition or at least 2/3 of their natural teeth in place. Careful consideration shall be given to utilizing selective polishing techniques on clinical patients possessing implants, orthodontic bands and brackets, or removable appliances.

(b) Each clinical performance shall utilize all polishing techniques and procedures to ensure the student demonstrates to minimum competency the protocols for proper device and technique selection.

(c) A procedure has been successfully completed only if each polish performed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all clinical experiences.

(d) In accordance with Section 1070.1, there shall be no more than six students per instructor during clinical instruction and experiences.

(j) Upon completion of the course, each student must be able to:

(a) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.

(b) Explain the procedure to patients.

(c) Recognize decalcification and mottled enamel.

(d) Identify plaque, calculus and stain formation within the oral cavity.

(e) Identify the indications and contraindications for disclosing and coronal polishing.

(f) ~~Identify the pre-medications for the compromised patient~~. Recognize advanced technologies in coronal polishing including the use of air polishing devices and selective polishing procedures

(g) Utilize proper armamentaria in an organized sequence for disclosing and polishing.

(h) Perform plaque disclosure.

(i) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(j) ~~Select and dispense the proper amount of polishing agent.~~ Utilize both full mouth and selective polishing techniques

(k) Demonstrate proper polishing techniques using ~~appropriate cup adaptation, stroke, and handpiece use~~ traditional and contemporary mechanical devices

(l) Demonstrate the use of floss, tape, and abrasive strips when appropriate.

(m) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.

(n) Maintain aseptic techniques including disposal of contaminated material.

~~(6) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.~~

~~(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.~~

~~(h) Externship Instruction.~~

~~(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical~~

~~training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

~~(i) Evaluation and Examination.~~

~~(1) Upon completion of the course, each student must be able to:~~

~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.~~
~~(B) Explain the procedure to patients.~~
~~(C) Recognize decalcification and mottled enamel.~~
~~(D) Identify plaque, calculus and stain formation within the oral cavity.~~
~~(E) Identify the indications and contraindications for disclosing and coronal polishing.~~
~~(F) Identify the pre-medications for the compromised patient.~~
~~(G) Utilize proper armamentaria in an organized sequence for disclosing and polishing.~~
~~(H) Perform plaque disclosure.~~
~~(I) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.~~
~~(J) Select and dispense the proper amount of polishing agent.~~
~~(K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.~~
~~(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.~~
~~(M) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.~~

~~(N) Maintain aseptic techniques including disposal of contaminated material.~~

~~(2) Each student shall pass a written examination which reflects the entire curriculum content.~~

~~(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.~~

Dental Board proposed language for §1070.4 is as follows:

§ 1070.4. Approval of Coronal Polishing Courses.
The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.

(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in coronal polishing. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing guidance of didactic, laboratory and clinical assignments.

(B) Maintaining for a period of not less than 5 years:

i. Copies of curricula, course outlines, objectives, and grading criteria.

ii. Copies of faculty credentials, licenses, and certifications.

iii. Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in coronal polishing. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing.

(B) Each operatory must be of sufficient size to accommodate a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in coronal polishing. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the performance of coronal polishing.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to coronal polishing:

(A) Coronal Polishing Basics

i. Legal requirements

ii. Description and goals of coronal polishing

iii. Indications and contraindications of coronal polishing

iv. Criteria for an acceptable coronal polish

(B) Principles of plaque and stain formation

i. Clinical description of plaque, intrinsic and extrinsic stains, and calculus

ii. Etiology of plaque and stain

iii. Clinical description of teeth that have been properly polished and are free of stain.

iv. Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials

i. Polishing agent composition, storage and handling

ii. Abrasive material composition, storage, and handling, and factors which affect rate of abrasion

iii. Disclosing agent composition, storage and handling.

iv. Armamentaria for disclosing and polishing techniques.

v. Contraindications for disclosing and polishing techniques.

(D) Principals of tooth polishing

i. Clinical application of disclosing before and after a coronal polish.

ii. Instrument grasps and fulcrum techniques

iii. Purpose and techniques of the mouth mirror for indirect vision and retraction.

iv. Characteristics, manipulation and care of dental handpieces when performing a coronal polish.

v. Pre-medication requirements for the compromised patient.

vi. Use of adjunct materials for stain removal and polishing techniques

vii. Techniques for coronal polishing of adults and children.

viii. Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.

ix. Disclosing and polishing evaluation criteria.

(E) Infection control protocols

(6) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.

(h) Externship Instruction.

(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.

(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.

(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.

(B) Explain the procedure to patients.

(C) Recognize decalcification and mottled enamel.

(D) Identify plaque, calculus and stain formation within the oral cavity.

(E) Identify the indications and contraindications for disclosing and coronal polishing.

(F) Identify the pre-medications for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for disclosing and polishing.

(H) Perform plaque disclosure.

(I) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(J) Select and dispense the proper amount of polishing agent.

(K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.

(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.

(M) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.

(N) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1645.1 and 1753.5, Business and Professions Code.

CADAT's proposed language for §1070.4 is as follows:

CCR §1070.5:

WORKING DOCUMENT

Ultrasonic Scaling for Orthodontic Cement Removal* Certification for the RDA – Approval; Continued Approved Status for Stand-Alone Courses in Ultrasonic Scaling for Cement Removal for the RDA; Curriculum Requirements; Issuance of Certification

The following minimum criteria shall be met for a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler, hereinafter referred to as "ultrasonic scaling", to secure and maintain approval by the Board.

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

~~(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license.~~
(a) A course in the performance of ultrasonic scaling for is one that has as its primary purpose providing theory and clinical application in the mechanical removal of orthodontic cement from around bands and brackets utilized in orthodontic treatment. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) An ultrasonic scaling course provider applying for initial and continuing approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all applicable fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective 1/1/2016, all stand-alone course providers of ultrasonic scaling courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current

course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(A) All faculty and staff documentation;

(B) Course content outlines and examination records;

(C) Educational objectives or outcomes;

(D) Competency forms for each participant;

(E) Evidence of registration documents and protocols used for participant registration;

(F) Attendance records and rosters; and

(G) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of ultrasonic scaling, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in ultrasonic scaling to secure and maintain approval by the board. To maintain approval, courses approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Ultrasonic Scaling Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

(1) All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in Ultrasonic Scaling for Cement Removal, and shall have the education, background, and occupational experience and/or

teaching expertise necessary to perform, teach, and evaluate ultrasonic scaling for cement removal procedures. Prior to instruction, all faculty and instructional staff shall complete a board-approved two-hour educational methodology certification course specific to ultrasonic scaling which shall include curriculum addressing laboratory evaluation criteria, course outline development, test construction, and developing student learning outcomes.

(2) A course in ultrasonic scaling shall be of sufficient duration for the student to develop minimum competence, but shall in no event be less than ~~4~~ 6 clock hours, including ~~at least~~ 3 hours of didactic training and at least 3 hours of laboratory training.

(3) Each student in a stand-alone course must possess an active, valid and current ~~RDA~~ license as a registered dental assistant. Courses must establish and demonstrate to the board the protocols necessary to ensure students have met licensure as a prerequisite prior to the start of instruction. Students enrolled in a board-approved Orthodontic Assistant Permit Course are exempt from this prerequisite.

(4) Registered dental assisting programs incorporating ultrasonic scaling as a component of a total program of instruction shall ensure all students have completed instruction in infection control and basic chairside skills prior to instruction in orthodontic procedures involving ultrasonic scaling for cement removal.

(5) A detailed course outline shall be provided to the board established and maintained consistent with CCR 1070(i) and shall be provided to students prior to the start of instruction.

(6) Providers of ultrasonic scaling for cement removal certification courses shall issue a Course Completion Certification Card to each participant upon successful completion of the course. Each card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, course approval code issued by the board, and certification by signature verifying completion requirements. Such proof of completion shall be issued by the participant to the Board for proof of certification.

~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach and evaluate ultrasonic scaling. All faculty~~

~~responsible for clinical evaluation shall have completed a two hour methodology course.~~

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

~~(A) Providing guidance of didactic and laboratory assignments.~~

~~(B) Maintaining for a period of not less than 5 years:~~

~~a) Copies of curricula, course outlines, objectives, and grading criteria.~~

~~b) Copies of faculty credentials, licenses, and certifications.~~

~~c) Individual student records, including those necessary to establish satisfactory completion of the course.~~

~~(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours, including at least 2 hours of laboratory training.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in the performance of ultrasonic scaling.~~

~~(1)~~ Such facilities shall include safe, adequate and educationally conducive~~: (f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:~~

~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.~~

~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.~~

~~(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water~~

syringe; adjustable light; oral evacuation equipment; work surface, hand-washing sink; and all other armamentarium required to instruct in the performance of ultrasonic scaling.

(B) Each operatory must be of sufficient size to accommodate a student and an instructor at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in ultrasonic scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont for every four students. This procedure shall be performed by an operator wearing gloves, mask, and safety glasses.

(4) Infection Control. The program shall establish written laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space and equipment shall be provided for preparing and sterilizing all armamentarium.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the various protocols used in the performance of ultrasonic scaling.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic and laboratory instruction and practical examination evaluation criteria.

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of ultrasonic scaling. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

~~(5) Areas of instruction shall include at least the following as they relate to ultrasonic scaling:~~

(g) Didactic Instruction: Areas of instruction shall include the following as they relate to ultrasonic scaling for cement removal:

(A) Ultrasonic Scaling Basics:

(1) Legal requirements~~;~~

(2) Description and goals of ultrasonic scaling~~;~~

(3) Indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal~~;~~

(4) Criteria for acceptable cement removal from orthodontically banded teeth

(B) Tooth morphology and anatomy of the oral cavity as they relate to the use of an ultrasonic scaler in cement removal of orthodontically banded teeth.

(C) Armamentarium and equipment use and care.

(D) Principles of cement removal from orthodontically banded teeth:

(1) Characteristics of ultrasonic scaler units and tips for cement removal~~;~~

(2) Instrument grasps and fulcrum techniques~~;~~

(3) Purpose and techniques of the mouth mirror for indirect vision and retraction~~;~~

(4) Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth~~;~~

(5) Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage~~;~~

(6) Patient and operator safety including systemic medical complications and managing patients with pacemakers;

(7) Use of adjunct material for removal of excess cement from orthodontically banded teeth;

(8) Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;

(9) Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(a) Successful completion of a written examination to include all areas of didactic instruction must occur prior to laboratory instruction and experiences and shall be constructed and administered in a manner consistent with all state-administered examinations.

(h) Laboratory Instruction: There shall be no more than six students per instructor during laboratory instruction and experiences. Laboratory instruction shall be conducted on a fully articulated typodont, simulated model, or mannequin device containing orthodontic bands or brackets or a combination thereof and shall include flexible facial covering that simulates cheeks. Sufficient time shall be available for all students to ~~obtain~~ complete at least three laboratory experiences to achieve minimum competence in the performance of ultrasonic scaling prior to examination.

(a) A procedure has been successfully completed only if each student completes a cement removal procedure involving at least two teeth on an orthodontically prepared typodont, mannequin or model using cementation product(s) easily visible to the operator.

(b) A total of three performances shall be completed and evaluated, with one of the three performances used as a final examination for competence.

(c) Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all laboratory experiences.

(i) Upon completion of the course, each student must be able to:

(a) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.

(b) Describe the necessary aspects of pre-operative instructions to patients.

(c) Recognize loose appliances.

(d) Recognize decalcification and mottled enamel.

(e) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.

(f) Identify pre-medications for the compromised patient.

(g) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.

(h) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(i) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.

(j) J) Maintain aseptic techniques including disposal of contaminated materials.

~~(6) There shall be no more than six (6) students per instructor during laboratory instruction. Laboratory experience will consist of practice on orthodontically banded typodonts. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of ultrasonic scaling prior to examination on two orthodontically banded typodonts for evaluation of clinical competence.~~

~~(h) Extramural Instruction.~~

~~(1) If an extramural facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised instruction in the removal of excess cement from orthodontically banded teeth.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extramural sites and evaluating student competence in performing procedures both before and after the extramural assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and extramural personnel.~~

~~(4) Dentists who intend to provide extramural facilities shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~
~~(5) There shall be a written contract of affiliation with each extramural facility utilized by the program. Such contract shall describe the settings in which the instruction will be received, affirm that the extramural facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

~~(i) Evaluation and Examination.~~

~~(1) Upon completion of the course, each student must be able to:~~

~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.~~

~~(B) Describe the necessary aspects of pre-operative instructions to patients.~~

~~(C) Recognize loose appliances.~~

~~(D) Recognize decalcification and mottled enamel.~~

~~(E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.~~

~~(F) Identify pre-medications for the compromised patient.~~

~~(G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.~~

~~(H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.~~

~~(I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.~~

~~J) Maintain aseptic techniques including disposal of contaminated materials.~~

~~(2) Each student shall pass a written examination which reflects the entire curriculum content.~~

~~(3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.~~

Dental Board proposed language for §1070.5 is as follows:

§ 1070.5. Approval of Ultrasonic Scaling Courses.
The following minimum criteria shall be met for a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler, hereinafter referred to as “ultrasonic scaling”, to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license.

(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach and evaluate ultrasonic scaling.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing guidance of didactic and laboratory assignments.

(B) Maintaining for a period of not less than 5 years:

(i) Copies of curricula, course outlines, objectives, and grading criteria.

(ii) Copies of faculty credentials, licenses, and certifications.

(iii) Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours, including at least 2 hours of laboratory training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface, hand-washing sink; and all other armamentarium required to instruct in the performance of ultrasonic scaling.

(B) Each operatory must be of sufficient size to accommodate a student and an instructor at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in ultrasonic scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont for every four students. This procedure shall be performed by an operator wearing gloves, mask, and safety glasses.

(4) Infection Control. The program shall establish written laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space and equipment shall be provided for preparing and sterilizing all armamentarium.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the various protocols used in the performance of ultrasonic scaling.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic and laboratory instruction and practical examination evaluation criteria.

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of ultrasonic scaling. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to ultrasonic scaling:

(A) Ultrasonic Scaling Basics

i. Legal requirements;

ii. Description and goals of ultrasonic scaling;

iii. Indications and contraindication of using an ultrasonic scaler as it relates to other methods of cement removal;

iv. Criteria for acceptable cement removal from orthodontically banded teeth.

(B) Tooth morphology and anatomy of the oral cavity as they relate to the use of an ultrasonic scaler in cement removal of orthodontically banded teeth.

(C) Armamentarium and equipment use and care.

(D) Principles of cement removal from orthodontically banded teeth

i. Characteristics of ultrasonic scaler units and tips for cement removal;

ii. Instrument grasps and fulcrum techniques;

iii. Purpose and techniques of the mouth mirror for indirect vision and retraction;

iv. Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;

v. Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;

vi. Patient and operator safety including systemic medical complications and managing patients with pacemakers;

vii. Use of adjunct material for removal of excess cement from orthodontically banded teeth;

viii. Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;

ix. Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(E) Infection control protocols

(6) There shall be no more than six (6) students per instructor during laboratory instruction. Laboratory experience will consist of practice on orthodontically banded typodonts. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of ultrasonic scaling prior to examination on two orthodontically banded typodonts for evaluation of clinical competence.

(h) Extramural Instruction.

(1) If an extramural facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised instruction in the removal of excess cement from orthodontically banded teeth.

(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extramural sites and evaluating student competence in performing procedures both before and after the extramural assignment.

(3) Objective evaluation criteria shall be used by the program faculty and extramural personnel.

(4) Dentists who intend to provide extramural facilities shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(5) There shall be a written contract of affiliation with each extramural facility utilized by the program. Such contract shall describe the settings in which the instruction will be received, affirm that the extramural facility has the necessary equipment and armamentarium appropriate for the procedures to be performed,

and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.

(B) Describe the necessary aspects of pre-operative instructions to patients.

(C) Recognize loose appliances.

(D) Recognize decalcification and mottled enamel.

(E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.

(F) Identify pre-medications for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.

(H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.

(J) Maintain aseptic techniques including disposal of contaminated materials.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.

WORKING DOCUMENT

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1754, Business and Professions Code.

CADAT's proposed language for §1070.6 is as follows:

CCR §1070.6:
Infection Control Courses for Unlicensed Dental Assistants – Approval; Continued Approved Status for Stand-Alone Courses in Infection Control; Curriculum Requirements; Issuance of Certification

~~In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1 of the Business and Professions Code, to secure and maintain approval by the Board:~~

~~(a) Adequate provisions for the supervision and operation of a course in infection control shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not be required to be licensed by the Board, but faculty shall have experience in the instruction of the California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005). In addition, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.~~

~~(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005), but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.~~

(a) A course in infection control is one that has as its primary purpose providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) An infection control course provider applying for initial and continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all applicable fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board.

(1) Effective 1/1/2016, all stand-alone course providers of infection control courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

I. All faculty and staff documentation;

II. Course content outlines and examination records;

III. Educational objectives or outcomes;

IV. Competency forms for each participant;

V. Evidence of registration documents and protocols used for participant registration;

VI. Attendance records and rosters; and

VII. Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than four (4) years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable

federal or state laws relating to the performance of infection control procedures, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course offering certification in infection control to secure and maintain approval by the board. To maintain approval, course providers approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Infection Control Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

(1) All faculty and instructional staff of a dental assisting or registered dental assisting program approved by the board, whose curriculum meeting the requirements of these regulations is required, shall have been licensed for a minimum of four years, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate infection control protocols and procedures.

(2) ~~shall not be required to be licensed by the board, but shall have experience in the instruction of the California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005).~~

(2) Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course specific to curriculum addressing evaluation criteria, course outline development, test construction, and developing student-learning outcomes.

(3) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005), but in no event less than eight hours, including at least ~~four~~ six hours of didactic instruction, and at least two hours of laboratory or preclinical instruction. ~~and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.~~

(4) A detailed course outline shall be provided to students prior to the start of instruction.

(5) Providers of infection control certification courses shall issue Course Completion Certification Cards to each participant upon successful completion of the course content and the Dental Assisting National Board's (DANB) Infection Control certification examination. Each completion card card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, examination completion date with certification number issued by DANB, course approval code issued by the board, and certification by signature verifying completion requirements.

~~(f) facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in the performance of ultrasonic scaling.~~

~~(3) Such facilities shall include safe, adequate and educationally conducive:~~

~~(4) The minimum requirements for equipment and armamentaria shall include personal protective equipment, sterilizer approved by the United States Food and Drug Administration (FDA), ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85), local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.~~

(g) Didactic Instruction: Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):

(A) Basic dental science and microbiology as they relate to infection control in dentistry

(B) Legal and ethical aspects of infection control procedures

(C) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding the minimum standards for infection control

(D) Principles of modes of disease transmission and prevention

hazardous chemicals associated with infection control

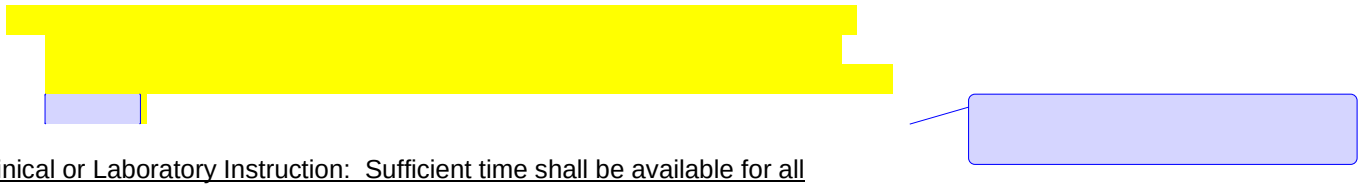
(F) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area

(G) Principles and protocols associated with sharps management

(H) Principles and protocols of infection control for laboratory areas

(I) Principles and protocols of waterline maintenance

(J) Principles and protocols of regulated and nonregulated waste management



(h) Pre-clinical or Laboratory Instruction: Sufficient time shall be available for all students to complete at least three pre-clinical experiences to achieve minimum competence in infection control with one used as a final examination.

(a) A procedure has been successfully completed only if each skill performed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all pre-clinical/laboratory experiences.

(b) In accordance with Section 1070.1, there shall be no more than six students per instructor during pre-clinical instruction and experiences.

(c) Skills required to be evaluated for competency shall include:

(1) Demonstrate the application of ~~Apply~~ hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) ~~Apply the appropriate~~ Demonstrate the proper techniques and protocols for ~~the preparation, sterilization, and storage of~~ preparing instruments for sterilization using a sterilization device including~~, at a minimum,~~ the application of personal protective equipment, the use of utility gloves for precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, placement of internal or external process indicators, and labeling~~, sterilization, drying, storage, and delivery to work area.~~

(4) Demonstrate the proper technique to pre-clean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) ~~Maintain~~ Demonstrate proper utilization of a sterilizer including, at a minimum, proper ~~instrument~~ loading and unloading of instrument packages, operation cycle, the proper use and placement of a biological spore tester, and ~~handling and disposal~~ management of sterilization and disinfection chemicals.

~~(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).~~

~~(e) Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):~~

~~(1) Basic dental science and microbiology as they relate to infection control in dentistry.~~

~~(2) Legal and ethical aspects of infection control procedures.~~

~~(3) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding the minimum standards for infection control.~~

~~(4) Principles of modes of disease transmission and prevention.~~

~~(5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.~~

~~(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.~~

~~(7) Principles and protocols associated with sharps management.~~

~~(8) Principles and protocols of infection control for laboratory areas.~~

~~(9) Principles and protocols of waterline maintenance.~~

~~(10) Principles and protocols of regulated and nonregulated waste management.~~

~~(11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.~~

~~(f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination:~~

~~(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.~~

~~(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.~~

~~(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.~~

~~(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.~~

~~(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.~~

~~(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.~~

~~(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.~~

~~(8) Perform waterline maintenance, including use of water tests and purging of waterlines.~~

~~(g) Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:~~

~~(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.~~

~~(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.~~

~~(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.~~

~~(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.~~

~~(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.~~

~~(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.~~

~~(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.~~

~~(8) Perform waterline maintenance, including use of water tests and purging of waterlines.~~

~~(h) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.~~

~~(i) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Infection Control Courses (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.~~

Dental Board proposed language for §1070.6 is as follows:

§ 1070.6. Approval of Infection Control Courses.
In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1 of the Business and Professions Code, to secure and maintain approval by the Board:

(a) Adequate provisions for the supervision and operation of the course in infection control shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not be required to be licensed by the Board, but faculty shall have experience in the instruction of California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005). In addition, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.

(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005), but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall

utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, sterilizer approved by the United States Food and Drug Administration (FDA), ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85), local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).

(e) Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):

(1) Basic dental science and microbiology as they relate to infection control in dentistry.

(2) Legal and ethical aspects of infection control procedures.

(3) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding the minimum standards for infection control.

(4) Principles of modes of disease transmission and prevention.

(5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.

(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.

(7) Principles and protocols associated with sharps management.

(8) Principles and protocols of infection control for laboratory areas.

(9) Principles and protocols of waterline maintenance.

(10) Principles and protocols of regulated and nonregulated waste management.

(11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure

requirements, and monitoring systems for radiation safety and sterilization systems.

(f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination:

(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines.

(g) Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:

(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing,

sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines.

(h) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(i) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Infection Control Courses (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4 and 1752.1, Business and Professions Code.

CADAT's proposed language for §1070.7 is as follows:

CCR §1070.7:
~~Approval of~~ Orthodontic Assistant Permit Courses - Approval; Curriculum Requirements; Issuance of Certification

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a orthodontic assistant permit course to secure and maintain approval by the Board.

(a) An orthodontic assistant permit course provider applying for initial approval shall submit to the board an application and other required documents and information on forms prescribed by the board. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. At no

time may the Board or its designee approve a course that shall knowing limit access or discriminate against student access.

(1) Effective 1/1/2016*),* all stand-alone course providers of orthodontic assistant permit courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(a) All faculty and staff documentation;

(b) Course content outlines and examination records;

(c) Educational objectives or outcomes;

(d) Competency forms for each participant;

(e) Evidence of documents and protocols used for participant registration;

(f) Attendance records and rosters; and

(g) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

(b) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of infection control procedures, or for violation or non-compliance of this Section and all applicable regulations.

(c) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a permit course in orthodontic assisting to secure and maintain approval by the board. Curriculum content pertaining to this section offered by a school or program approved by the board for instruction in registered dental assisting shall be deemed to be approved if the school or program has submitted an application for approval of curriculum into an approved RDA program that is satisfactory to the board and shall not be subject to biennial renewal unless offering a stand-alone course aside from a registered dental assisting program. To maintain approval, course providers and programs in registered dental assisting approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(d) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

(1) Each student must possess the necessary requirements for enrollment in an orthodontic assistant permit course prior to the start of instruction which includes 12 months of work experience as an unlicensed dental assistant, for which at least six months must have been completed, and shall be verified prior to the start of instruction. A student who is not currently licensed as a registered dental assistant must show evidence of having completed certification in basic life support and has already completed board-approved courses in infection control and dental practice act at the time of course enrollment and prior to the start of instruction. Courses must establish and demonstrate to the board the protocols necessary to ensure students have met all course pre-requisites prior to the start of instruction.

(2) All faculty and instructional staff shall have been licensed for a minimum of four years and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate the duties, educational protocols and clinical procedures of the course. Prior to instruction, all faculty and instructional staff shall complete a board-approved two-hour methodology certification course which shall include curriculum addressing clinical, pre-clinical and laboratory evaluation criteria, course outline development, test construction, and developing student learning outcomes.

(3) Additionally, all patient's or their guardian must complete a health history form with consent acknowledging the clinical procedures required for the course are being performed by a student. Such documentation shall be maintained in the student records of the course.

(4) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permit holders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a Board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20 clinical.

(5) A detailed course outline shall be provided to the board established and maintained consistent with CCR 1070(i) and shall be provided to students prior to the start of instruction.

(6) Providers of orthodontic assistant permit courses shall issue Course Completion Certification Cards to each participant upon successful completion of the course content and the Dental Assisting National Board's (DANB) Certified Orthodontic Assistant certification examination. Each completion card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, examination completion date with certification number issued by DANB, course approval code issued by the board, and certification by signature verifying completion requirements.

(e) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permit holders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a Board-

approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20 clinical.

(f) The minimum requirements for equipment and armamentaria shall include fully articulated banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, fully articulated regular typodonts with full dentition and soft gingiva in the ratio of at least one for every four students, a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permit holders are authorized to perform under Business and Professions Code Section 1750.3.

(g) In addition to the requirements of Section 1070, all faculty or instructional staff members responsible for clinical evaluation shall have completed a board-approved two-hour educational methodology course in clinical evaluation of orthodontic procedures prior to conducting clinical evaluations of students.

(h) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive, as well as, instruction in basic background information on orthodontic practice. "Basic background information on orthodontic practice" means, for purposes of this subdivision, the orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(i) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material: malleability, stiffness, ductility, and work

(C) Techniques for orthodontic banding and removal, which shall include all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.

(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(j) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall contain the following:

(A) Chemistry of etching materials and tooth surface preparation

(B) Application and time factors

(C) Armamentaria

(D) Techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(k) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following elements:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

(D) Bonding material characteristics, application techniques, and curing time factors.

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall contain typodont experience with selecting, prepositioning, tooth etching, positioning, curing and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

(3) Clinical instruction shall contain selecting, adjusting, prepositioning, etching, curing and removal of anterior and posterior brackets on at least two patients.

(l) The following requirements shall be met for archwire placement and ligation:

(1) Didactic instruction shall contain the following:

(A) Archwire characteristics.

(B) Armamentaria.

(C) Procedures for placement of archwire previously adjusted by the dentist.

(D) Ligature systems, purpose and types, including elastic, wire, and self-ligating.

(2) Laboratory instruction shall contain typodont experience on the following:

(A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.

(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall contain the following:

(A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.

(B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.

(m) The following requirements shall be met for cement removal with a hand instrument:

(1) Didactic instruction shall contain the following:

(A) Armamentaria

(B) Techniques of cement removal using hand instruments and related materials

(2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.

(3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.

(n) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal. Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.
~~(o) a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.~~

(o) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (insert date)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Dental Board proposed language for §1070.7 is as follows:

§ 1070.7. Approval of Orthodontic Assistant Permit Courses.
In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by an orthodontic assistant permit course to secure and maintain approval by the Board.

(a) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permitholders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic

bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a Board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic hours, 22 laboratory hours, and 20 clinical hours.

(b) The minimum requirements for equipment and armamentaria shall include banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permitholders are authorized to perform under Business and Professions Code Section 1750.3.

(c) In addition to the requirements of Section 1070, all faculty or instructional staff members responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive, as well as instruction in basic background information on orthodontic practice. “Basic background information on orthodontic practice” means, for purposes of this subdivision, the orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(e) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material: malleability, stiffness, ductility, and work hardening.

(C) Techniques for orthodontic banding and removal, which shall include all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.

(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(f) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall contain the following:

(A) Chemistry of etching materials and tooth surface preparation

(B) Application and time factors

(C) Armamentaria

(D) Techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following elements:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

(D) Bonding material characteristics, application techniques, and curing time factors.

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall contain typodont experience with selecting, prepositioning, tooth etching, positioning, curing, and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

(3) Clinical instruction shall contain selecting, adjusting, prepositioning, etching, curing, and removal of anterior and posterior brackets on at least two patients.

(h) The following requirements shall be met for archwire placement and ligation:

(1) Didactic instruction shall contain the following:

(A) Archwire characteristics.

(B) Armamentaria.

(C) Procedures for placement of archwire previously adjusted by the dentist.

(D) Ligature systems, purpose, and types, including elastic, wire, and self-ligating.

(2) Laboratory instruction shall contain typodont experience on the following:

(A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.

(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall contain the following:

(A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.

(B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.

(i) The following requirements shall be met for cement removal with a hand instrument:

(1) Didactic instruction shall contain the following:

(A) Armamentaria

(B) Techniques of cement removal using hand instruments and related materials

(2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.

(3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.

(j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal. Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.

(k) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(l) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2 and 1752.4, Business and Professions Code.

CADAT's proposed language for §1070.8 is as follows:

CCR §1070.8:
~~Approval of~~ Dental Sedation Assistant Permit Courses - Approval; Curriculum Requirements; Issuance of Certification

WORKING DOCUMENT

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the Board. As used in this section, the following definitions apply: "IV" means "intravenous", “AED” means automated external defibrillator, “CO2” means carbon dioxide, and ““ECG” or “EKG” means electrocardiogram.

(a) A dental sedation assistant permit course provider applying for initial approval shall submit to the board an application and other required documents and information on forms prescribed by the board. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board.

(1) Effective 1/1/2016, all stand-alone course providers of dental sedation assistant permit courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(a) All faculty and staff documentation;

(b) Course content outlines and examination records;

(c) Educational objectives or outcomes;

(d) Competency forms for each participant;

(e) Evidence of documents and protocols used for participant registration;

(f) Attendance records and rosters; and

(g) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than four years.

(b) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of infection control procedures, or for violation or non-compliance of this Section and all applicable regulations.

(c) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a permit course in dental sedation assisting to secure and maintain approval by the board. To maintain approval, course providers approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(~~a~~c) (1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

(2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.

(~~b~~d) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permit holders are

authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in subdivisions (j – n) of this Section during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.

(~~e~~e) The following are minimum requirements for equipment and armamentaria to be owned and made available by the approved course provider:

(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO2; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment that the California Code of Regulations, Title 16, Division 10, Chapter 2, Article 5, Section 1043 require for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(~~d~~f) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(~~e~~g) General didactic instruction shall contain:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during conscious sedation and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(h) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this Section.

(i) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patent airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

(~~h~~j) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(~~i~~k) With respect to health history and patient assessment, didactic instruction shall include, at a minimum but not be limited to, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(jl) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and ECG/EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an ECG/EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(~~k~~m) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO2 with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and

shall then be eligible to complete an examination on this section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(~~l~~n) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.

(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.

(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and

strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(o) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.

(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(p) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall be eligible for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this Section.

(g) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(r) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed “Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (insert date)”, hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Dental Board proposed language for §1070.8 is as follows:

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.
In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the Board. As used in this Section, the following definitions apply: “IV” means intravenous, “AED” means automated external defibrillator, “CO2” means carbon dioxide, and “ECG” and “EKG” both mean electrocardiogram.

(a) (1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

(2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in subdivisions (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.

(c) The following are minimum requirements for equipment and armamentaria:

(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO2; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment required by Cal. Code Regs., Title 16, Section 1043 for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(e) General didactic instruction shall contain:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during conscious sedation and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(f) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this Section.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO2 with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(l) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.

(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.

(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.

(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then be eligible for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed “Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 9/10)”, hereby

incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.4, 1750.5 and 1752.4, Business and Professions Code.

CADAT's proposed language for §1070.9 is as follows:

Radiation Health and Safety Certification - Approval; Continued Approved Status for Courses and Programs Providing Instruction in Radiation Safety; Course Pre-Requisites; Curriculum Requirements; Issuance of Certification

~~The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.~~

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

(a) A radiation safety course is one that has as its primary purpose providing theory, laboratory and clinical application in radiographic techniques. A single standard of care shall be maintained and the Board shall approve only those courses which continuously maintain a high quality standard of instruction. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) A course provider applying for initial or continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all related fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective 1/1/2016, all stand-alone course providers of radiation safety courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall

include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

a. All faculty and staff documentation;

b. Course content outlines and examination records;

c. Educational objectives or outcomes;

d. Competency forms for each participant;

e. Evidence of registration documents and protocols used for participant registration;

f. Attendance records and rosters; and

g. Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of coronal polishing, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in radiation heath and safety to secure and maintain approval by the board. Curriculum content pertaining to radiation safety offered by a school or program approved by the board for instruction in registered dental assisting shall be deemed to be approved if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below and shall not be subject to biennial renewal unless offering a stand-alone course aside from a registered dental assisting program. To maintain approval, course providers and programs in registered dental assisting approved prior to the effective date of these regulations, shall submit to the board a completed “Notice of Compliance with New Requirements for Radiation Health and Safety ~~Courses~~ Certification (*insert date*)”,

hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

(1) Unless otherwise incorporated in a Board-approved Registered Dental Assisting Program, providers shall demonstrate how evidence that all course pre-requisites has been met prior to acceptance of the participant in the certification course. Course pre-requisites:

i. Completion of a Board-approved eight (8) hour certification course in Infection Control, and

ii. Current and valid certification in basic life support.

(2) All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in California radiation health and safety, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course specific to curriculum addressing clinical evaluation criteria, course outline development, test construction, and developing student-learning outcomes.

(3) Dental assisting programs and stand-alone courses in radiation safety shall not be required to employ a dentist for the purposes of oversight during pre-clinical instruction when the use of radiology training mannequins are utilized.

(4) Effective 1/1/2016, all course providers and dental assisting programs approved by the Board shall be exempt from requiring clinical competency performances for radiation safety certification if patient oversight cannot be conducted by a licensed dentist on staff within the instructional facility as defined in CCR Section 1070. Where programs cannot provide a licensed dentist to perform clinical oversight, the clinical performances and evaluation procedures shall be conducted during the student's clinical externship rotation in accordance with all criteria as set forth by regulations for clinical competency completion, including direct supervision by a licensed dentist, prescription of the patient's need for a series of radiographs and a signed contract of affiliation by the dentist provided by the program or course provider, who shall maintain all contracts with the student records for the time prescribed by regulation.

(5) All patient's or their guardian must complete a health history form with consent acknowledging the procedure is being performed by a student of the course or program. Such documentation shall be maintained in the student

records. When a health history form is completed as a condition of the course requirements in an extramural facility, such form shall be made available to the program or course by the supervising licensed dentist.

(6) A course in radiation safety shall be of sufficient duration, but in no event less than 32 hours including at least 16 hours of didactic instruction, at least 8 hours of laboratory instruction, and at least 8 hours of supervised clinical instruction for the student to obtain applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve minimum competence in the various protocols and procedures used in the application of dental radiographic techniques and radiation safety.

(7) A detailed course outline shall be provided to students prior to the start of instruction.

(8) Providers of radiation safety certification courses shall issue Course Completion Certification Cards to each participant upon successful completion of the course content and the Dental Assisting National Board's (DANB) Radiation Health and Safety certification examination. Each completion card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, examination completion date with certification number issued by DANB, course approval code issued by the board, and certification by signature verifying completion requirements.

(9) Programs in dental assisting and registered dental assisting approved by the board required to incorporate content in radiation health and safety as a portion of a total program of study shall issue Course Completion Certification Cards to each student who completes the required content for certification, including examination, but who may or may not graduate form the program. Each completion card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, examination completion date with certification number issued by DANB, course approval code issued by the board, and certification by signature verifying completion requirements.

(10) In addition to the facility requirements defined in CCR Section 1070, the facility used for laboratory/pre-clinical instruction shall be deemed adequate if it is properly equipped with supplies and equipment for practical work and includes, for every six students, at least the following:

(i) One functioning radiography (X-ray) machine which is adequately filtered and collimated that is equipped with the appropriate position-indicating devices for each technique being taught, and is properly registered and permitted in compliance with the Department of Health Services and the California Radiation Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section 30100);

(ii) One (1) X-ray training mannequin head designed for instruction in radiographic techniques per X-ray unit;

(iii) One (1) film view box per operatory; and

(iv) One (1) lead impregnated adult-size X-ray apron with cervical (thyroid) collar, either attached or detached from the apron, per X-ray unit.

(11) The area shall be deemed adequate if it is of sufficient size to accommodate students' needs in learning and is properly equipped with supplies and equipment for practical work which may include processing and viewing equipment or any combination thereof. Such facility requirements may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility and where such equipment may be located in the operatory area where exposures will occur.

(12) The choice of image receptor for laboratory, pre-clinical and clinical experiences may be either traditional film or digital sensor or any combination thereof as determined by the program and course provider. Nothing herein shall require a dental assisting program or course provider to obtain computerized equipment for the purposes of instruction or demonstration.

(13) X-ray exposure areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

f) **Didactic Instruction.** Areas of didactic instruction shall include, at a minimum, the following as they relate to exposure, processing and evaluation of dental radiographs:

(1) Radiation physics and biology;

(2) Radiation protection and safety;

(3) Recognition of normal anatomical landmarks, structures, hard and soft tissues, normal and abnormal conditions of the oral cavity as they relate to dental radiographs;

(4) Radiograph exposure and processing techniques;

(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity;

(6) Intraoral techniques and dental radiograph armamentaria, including holding devices and image receptors;

(7) Intraoral and extraoral examination including principles of exposure, methods of retention and evaluation;

(8) Proper use of patient protection devices and personal protective equipment for operator use;

(9) Identification and correction of faulty radiographs;

(10) Introduction to contemporary exposure techniques including the use of computerized digital radiography and extraoral imaging that may include panographs or cone-beam imaging;

(11) Infection control procedures in compliance with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005);

(12) Radiographic records management;

(13) Identification and recognition of common errors in techniques and processing for intra and extra oral exposures;

(14) Identification of various extra oral techniques, machine types, and uses; and

(15) Introduction to techniques and exposure guidelines for special exposures to include, but not limited to pediatric, edentulous, partially edentulous, endodontic and patients with special needs;

(g) **Laboratory Instruction.** All laboratory instruction and performances shall only occur in accordance with CCR Section 1070 and 1070.1. Sufficient hours of laboratory instruction and experiences shall ensure that a student successfully completes, on an x-ray training mannequin head only, at least the procedures set forth below utilizing an image receptor deemed appropriate by the course director:

(1) ____ full mouth periapical series, consisting of at least 18 radiographs each, four (4) of which must be bitewings;

Comment [DK29]: DBC to increase to four

(2) Two horizontal or vertical bitewing series, consisting of at least four (4) radiographs each;

(3) Developing, digitizing or processing, and mounting or sequencing of exposed radiographs;

(4) Completion of student and instructor written evaluation of radiographs identifying errors, causes of errors, corrections and, if applicable, the number of re-exposures necessary for successful completion of a series to minimum competency.

(A) A laboratory procedure has been successfully completed only if each series of radiographs is evaluated and deemed to be of diagnostic quality.

(B) Successful completion of all laboratory competencies must occur prior to clinical instruction and experiences.

(h) **Clinical Instruction and Evaluation**. As part of an organized program of instruction herein.

(1) Successful completion of a minimum of four (4) full mouth periapical series, consisting of at least 18 radiographs each, four (4) of which must be bitewings. All exposures made on human subjects shall only be made using diagnostic criteria established during the clinical instructional period, and shall in no event exceed three re-exposures per subject per series.

(2) Successful developing or processing, and mounting or sequencing of exposed human subject radiographs;

(3) Completion of student and clinical supervisor written evaluations of each radiographic series identifying errors, causes of error, and correction and, if applicable, the number of re-exposures necessary for successful completion of a series to clinical competency.

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(h) Written Examinations: Prior to certification and completion of the course, the student must demonstrate successfully each of the following:

(1) Completion of written examinations in California radiation health and safety and the principles of dental radiographs must occur prior to laboratory instruction, laboratory competencies, and clinical instruction and experiences.

(2) The written examinations shall include questions specific to items addressed in California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 (Section 30305 et seq.) relative to the special requirements for the use of x-ray in the healing arts, and shall be constructed and administered in a manner consistent with all licensing examinations administered by the state or national testing boards.

(3) The Dental Assisting National Board Radiation Health and Safety Certification written examination shall be successfully completed by each student prior to the completion of the radiation safety course.

(i) Extramural Dental Facilities.

Clinical instruction and oversight

shall be performed under the direct supervision of a licensed dentist who shall deem the radiographs necessary by written prescription. Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances and shall not be provided in an extramural dental facility.

(1) The course director, or a designated faculty member, shall be responsible for selecting a extramural dental facility and evaluating student competence before the clinical assignment.

(2) Prior to student assignment in an extramural dental facility, the course director, or a designated faculty or instructional staff member, shall orient all supervising dentists who shall provide basic technical assistance, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the licensed dentist in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the course.

(3) Programs and courses using extramural faculty for dental radiographic clinical experiences shall provide to the Board, upon request or renewal of provider status, copies of all contracts of affiliation and documentation demonstrating compliance with this Section.

Comment [DK32]: DBC to strike

(4) There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical facility will be used, cancellation terms and conditions, and shall provide that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed and that such equipment and armamentaria are in safe operating condition.

CADAT's proposed language for §1070.10 is as follows:

Non-Registered Dental Assisting Programs - Approval; Continued Approved Status; Curriculum Requirements; Issuance of Certification

(a) Effective the date of these regulations *(insert date),* all programs instructing in the basic, elementary duties and functions of an unlicensed dental assistant and obtaining a few for such education and training in California shall apply for and receive approval and re-approval by the board approval prior to operation and in compliance with CCR Sections 1070 and 1070.1.

(b) In order for a dental assistant program to secure and maintain approval by the Board, it shall, at all times, meet the for the supervision and operation of a dental assisting program as set forth by the board and, shall comply with all federal and state regulations as set forth by the Department of Education, and the following:

(1) A program shall provide documentation to the Board to demonstrate compliance with Section 1070 and Section 1070.1 to obtain initial approval and re-approval.

(2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

(3) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1. In addition, the program director shall actively participate in and be responsible for the administration of the program including the following areas:

a) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.
b) Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.

c) Maintaining copies of minutes of all advisory committee and staff meetings for not less than five years.

(4) The program shall have sufficient financial resources available to support the program and to comply with this Section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of Board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing the basic and elementary dental assistant duties as defined in statute for an unlicensed dental assistant, but in no event less than 500 hours, and shall include at least 250 hours of didactic instruction, at least 100 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and, 150 hours utilized in supervised clinical instruction in either extramural dental facilities or conducted in the program's facilities or a

combination thereof. No more than 20 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties and instruction shall be conducted within the program's facilities. Programs whose demonstrated total hours exceed 500 and who meet all the instructional requirements in this Section, may utilize the additional instructional hours as deemed appropriate for program success but shall not exceed 150 total hours in extramural dental facilities for supervised clinical instruction and competencies.

(6) Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. In addition to the requirements of Section 1070 and 1070.1 with regard to extramural instruction and facility use:

a) If utilized, no more than 20 total hours of extramural clinical instruction shall take place in a specialty dental practice. Specialty dentistry clinical experiences are optional and are not required of a registered dental assisting program.

b) Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.

c) The major portion of the students' time in clinical assignments must be spent assisting with, or participating in, patient care.

d) The dental assisting faculty must plan, approve, supervise, and evaluate the student's clinical experience, and the following conditions must be met:

    i. A formal agreement exists between the educational institution and the facility providing the experience.

    ii. The program administrator retains authority and responsibility for the student.

    iii. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program.

    iv. The facility accommodates the scheduling needs of the program

    v. Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students.

    vi. Expectations and orientation are provided to all parties prior to student assignment

vii. Students must maintain a record of their activities in each clinical assignment.

viii. During the clinical phase of the program, program faculty must conduct seminars

ix. The student must be present and working clinically at the time of the site visit and a report by the visiting faculty member shall be completed and entered into the student record.

x. At no time shall a telephone communication with the extramural facility be deemed equivalent to or determined to be an acceptable alternative to a physical site visit by the program faculty or staff.

(7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that unlicensed dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(A) Upon initial application, re-application and site evaluation for continued approved status, the program must demonstrate, in a manner consistent with current accreditation evaluation standards and the requirements herein, the manner in which the program provides all necessary equipment specific to the current duties and functions of dental assistants, with the exception of duties pertaining to patient monitoring, and during laboratory, preclinical, and clinical instruction as appropriate to each type of session. The program must demonstrate how the equipment and armamentaria ratios established successfully meet the total number of enrolled students of each class as indicated on the initial application for program approval and re-approval each seven (7) years by the board.

(B) Instruments must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

(C) Provision shall be made for reasonable access to current and diverse dental, dental assisting and multidisciplinary literature including reference texts, current journals, audiovisual materials, and other resources necessary to support teaching, student learning needs, services and research. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. The program shall maintain a working

model of a kit of such emergency materials for demonstration and instructional purposes only.

(8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

(A) Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content, shall consist of no least than 50 hours of direct didactic instruction, which shall occur prior to performances or activities involving patients including student partners.

(B) All programs shall provide students with instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and shall successfully pass the Dental Assisting National Board Infection Control and OSHA certification examination.

(9) In addition to the requirements of Sections 1070 and 1070.1 dental assistant programs shall provide general didactic, laboratory and clinical instruction to the level of minimal competency in the following content areas and, where certification regulations are provided by the Board, such content areas shall be, unless otherwise indicated herein, consistent with such regulations. The content categories include, but are not limited to Biomedical and Dental Sciences, Dental Materials, Ethics and Professional Responsibilities, Dental Office Instruments and Equipment, Chairside Assisting, Dental Business Office, Health and Safety, Emergencies, Dental Office Communication, and New and Emerging Technologies.

a) Didactic, preclinical, clinical and laboratory performance evaluation are integral parts of the programs curriculum. Instruction in the use of safety procedures, infection control protocols, and equipment maintenance shall be adhered to at all times. Students must meet a minimum level of satisfactory competency as defined by the program. Programs shall demonstrate to the satisfaction of the Board the manner in which sufficient time and competency evaluation is achieved.

b) The major portion of the students' time during clinical rotation must be spent assisting with or participating in patient care. Prior to clinical

rotations, students demonstrate minimum competence in performing the procedures that they will be expected to perform in their clinical rotation.

c) Upon completion of this program, the program will provide a certificate to the student verifying that educational requirements have been met in the areas of Infection Control, Dental Practice Act and Radiation Safety and shall include the programs Registered Provider Number issued by the Board for each subject area as defined in CCR Section _____ of this Article.

d) In the area of Biomedical Sciences, the program must integrate throughout the didactic, preclinical, laboratory, and clinical performance components of the curriculum, the following content:

i. Bloodborne pathogens and related diseases

ii. Community resources available

iii. At-risk behaviors

iv. Environmental Protection Agency (both State and Federal) regulations

v. Hazardous chemicals and biomedical waste

vi. Asepsis and isolation

vii. Microbiology and disease prevention

viii. Emerging diseases and their disorders

ix. Waste management and regulatory compliance

x. All sections of the DPA minimum standards for Infection Control

xi. Environmental management systems

xii. OSHA and CDC regulations:

a. Hazard communication safety signs, symbols and labels consistent with current requirements for State and Federal guidelines incorporating the Globally Harmonized System (GHS)

b. Fire safety, disaster and evacuation procedures

WORKING DOCUMENT

E. In the area of Dental Sciences, the program must provide instruction in and didactic evaluation of the following areas:

i. Medical and dental terminology

ii. General anatomy and physiology

iii. Head and neck anatomy

iv. Oral anatomy, histology and embryology

v. Occlusion

vi. Cavity classification and design

vii. Oral diseases

viii. Pharmacology related to dental assisting procedures

ix. Record keeping

F. In the area of Dental Materials, the program must provide instruction in and laboratory and performance evaluation in the properties, use and manipulation of:

i. Gypsum

ii. Restorative materials

iii. Light cure and chemical bond

iv. Temporary

v. Permanent

vi. Bases, liners and bonding agents

vii. Matrix retainers, bands and wedges

viii. Acid etch

ix. Dental cements

x. Impression materials

CADAT's proposed language for §1070.11 is as follows:

******Entirely new section******

WORKING DOCUMENT

CCR §1070.11:
Continuing Education and Professional Development Requirements for Dental Assisting Licensees and Permit Holders; Renewal Cycle; Portfolio of Learning; Audits of Portfolio

A) Definitions:

Continuing Education. "Continuing Education" means a course of study specific to the performance of dental-related procedures, where a license or permit issued by the State is impacted, and where such education is directly related to the clinical and supplemental practice of the licensee or permit holder. As used in this Chapter, continuing education is specific to dental sciences and the duties and functions of the licensee or permit holder.

Core subject. "Core subject" means those areas of knowledge that relate to public safety and professionalism as determined by the board or a committee of the board.

Course. "Course" means an educational offering, class, presentation, meeting, or other similar event.

Elective activities. "Elective activities" refers to those professional development

Fundamental activities. "Fundamental activities" means those professional

Professional Development. "Professional Development means an activity specific to advancement and continued growth of the learner in a professional position; ensures the learner is continuing to engage in coursework and advanced activities or services specific to the workplace and the advancement of the dental assisting profession.

WORKING DOCUMENT

B) Renewal Cycles for Dental Assisting Licensees and Permit Holders: Effective January 1, 2016, all dental assisting licensee and permit holders shall be required to complete renewal education consistent with this Section and whose continuing education and professional development shall be consistent with only the duties and functions of the license or permit for which they hold.

1. The initial continuing education cycle must coincide with the initial period for each licensed or permitted dental assistant. The initial cycle for each licensee or permit holder begins on the date of initial issuance and ends on the last day of the licensee or permit holder's birth month in either an even-numbered or odd-numbered year that corresponds with the licensee or permit holder's year of birth. The initial cycle varies in the number of months depending on the date of initial licensure for each licensee or permit holder.

2. A biennial continuing education cycle coincides with the biennial licensure or permit periods for each dental assistant. Each biennial renewal cycle consists of a 24-month period beginning on the first day of the month following expiration of the previous continuing education cycle. An established biennial cycle continues to apply even if the license is revoked, suspended, conditioned, or not renewed for any reason for any length of time.

C) Renewal Requirements for Dental Assisting Licensees and Permit Holders:

a) For the initial cycle continuing education and professional development requirements, each licensed or permitted dental assistant shall establish a portfolio to record, monitor, and retain acceptable documentation proving completion of clinical, core and supplemental continuing education courses, fundamental and elective professional development activities, and CPR certification. The minimum number of required hours of continuing education during the initial cycle shall be no less than four (4) hours for CPR certification renewal for all licensed dental assistants and permitted dental assistants.

b) Following the initial renewal cycle and for each renewal cycle thereafter, the minimum number of required hours of continuing education and professional development for each biennial cycle is 25 hours for all licensed dental assistants and permitted dental assistants. Each shall establish and maintain a portfolio to record, monitor, and retain acceptable documentation proving completion of clinical, core and supplemental continuing education courses, fundamental and elective professional development activities, and mandatory courses of infection control, dental practice act, annual OSHA training and CPR certification. Any hours earned in excess of the required hours for a biennial cycle must not be carried forward to the subsequent biennial cycle.

c) The requirements for continuing education are:

WORKING DOCUMENT

(1) Each licensed or permitted dental assistant must complete a minimum of 60 percent or 15 hours of the required biennial hours in mandatory, core, supplemental and clinical subjects as defined in this Section.

A. Clinical subjects are those seminars, symposiums, or lectures pertaining to basic sciences or programs whose content directly relates to the provision of dental care and treatment to patients by allied dental healthcare providers.

B. Core subjects are those seminars, symposiums, lectures, or programs that relate to public safety and professionalism. Each licensee or permit holder shall complete core subject courses, seminars, or workshops limited only to the legally allowable duties of the license or permit being renewed.

C. Mandatory subjects are those defined in statute as required for dental assisting license and permit renewal and must include all of the following each renewal cycle:

i. A two-hour course in Infection Control specific to the regulations of the Dental Board of California's CCR Section 1005.

ii. A two-hour course in Dental Assisting Jurisprudence specific to the laws and regulations of dental assisting scope of practice, licensure or permit renewal, unprofessional conduct, legal and ethic considerations, and mandatory reporter criteria.

iii. A CPR certification course is mandatory for each licensee or permit holder to maintain current status. The CPR course must be equivalent to the American Heart Association healthcare provider course or the American Red Cross professional rescuer course. The licensee or permit holder must maintain a consecutive and current CPR certificate when renewing a license or permit. The maximum number of continuing education hours counted toward license or permit renewal shall be four (4) hours each renewal cycle.

iv. Coursework in Cal-OSHA Bloodborne Pathogens training which includes hazard communication, injury and illness prevention, exposure control and reporting, waste management, recordkeeping, training requirements for the dental office, fire and emergency protocols, general office safety protocols, and safe instrument processing protocols. Such coursework shall be completed annually, in

accordance with the Cal-OSHA Bloodborne Pathogens Standards requirements. The maximum number of hours counted toward license or permit renewal shall be four (4) hours each renewal cycle.

(2) Supplemental subjects are those courses that are not considered mandatory, clinical or core but serve as a learning experience in areas such as:

a. Dental practice management courses include computer software systems, insurance claims or billing, and Health Insurance Portability and Accountability Act (HIPAA) training;

b. Nutrition and ergonomics for the allied dental healthcare provider;

c. Teaching methodology and professional development of educators and dental assisting faculty of programs and courses;

d. Dental office recordkeeping, bilingual dental terminology, and emerging technologies in dentistry; and

e. Managing the special needs patient, the drug addicted patient, and the legal considerations of health record review.

d) Each licensed or permitted dental assistant shall be allowed a maximum of 40 percent or 10 hours of the required biennial hours in fundamental or elective activities directly related to, or supportive of, the practice of dental assisting as defined in this Section.

(2) Fundamental activities for a biennial renewal cycle include, but are not limited to:

A. Activities directly related to the provision of clinical dental care or services, performing direct chairside duties in a clinical setting.

B. Volunteerism or community service directly relating to the practice of dentistry; providing clinical services and direct patient care during state-wide community health events.

C. The board shall approve other additional fundamental activities if the Dental Assisting Council finds the activity to be directly related to dental care and treatment of patients by dental assistants or public safety and professionalism of dental assisting.

F. Elective activities for a biennial renewal cycle include, but are not limited to:

(1) General attendance at a multiday state or national conference or convention specific to dental assisting;

(2) Volunteerism or community service directly relating to the practice of dentistry during international or national mission work, or dental health presentations to students or groups;

(3) Reading and completion of published articles or other forms of self-study directly relating to the practice of dental assisting;

(4) Scholarly activities include, but are not limited to:

(a) Teaching a professional course directly related to the practice of dental assisting, or presenting a continuing dental education program;

(b) Presenting a table clinic directly related to the practice of dental assisting;

(c) Authoring a published dental article or text in a recognized publication; and

(d) Participating in test construction for an accredited state or nationally recognized dental assisting test administrator or organization.

(5) Leadership or committee involvement with a dental assisting professional association for a maximum of three (3) credit hours.

(6) The board shall approve other additional fundamental activities if the Dental Assisting Council finds the contents of the activity to be directly related to, or supportive of, the practice of dental assisting.

Acceptable Documentation for Portfolio of Learning. All dental assisting licensees and permit holders must record or obtain acceptable documentation of hours in continuing education and professional development activities for the licensee or permit holder's portfolio. All education and professional development is credited on an hour-for-hour basis with provisions allowed for credits issued in 30-minute segments. Acceptable documentation includes, but is not limited to, the following:

a) A copy of the front and back of a completed CPR card or certificate from the American Heart Association, the American Red Cross, or other equivalent organization;

b) Confirming documentation from the presenting organization that provides the attendee's name, license number, name of organization or presenter, course

date, number of credit hours, subject matter, or program title; and

c) A personal log of published articles read by the licensee or permit holder including title of the article, name of author, name of journal or periodical, and date of published article.

Retention of Documentation. A licensee or permit holder must keep acceptable

Portfolio Contents. All dental assisting licensees and permit holders must establish a

Audit Process of Portfolio of Learning

Appropriate documentation. The licensee or permit holder shall submit true, complete, and accurate documentation. Falsification of any evidence for any renewal cycle or falsification or omission of documentation may result in disciplinary action including fine, citation and suspension of license or permit.

1. lack of proof of documentation or participation;
2. credit hours earned outside of renewal period being audited;
3. excess of earned hours in a category having a maximum if a deficiency exists;
4. lack of earned hours in a category having a minimum if a deficiency exists;
5. failure to submit the portfolio;
6. unacceptable professional development sources; or
7. fraudulently earned or reported hours.

B. Failing to comply with the renewal requirements by the end of the grace period shall result in the termination of license or permit and termination of the right to practice as a dental assistant. A license or permit that has expired according to this Section may be reinstated according to XXXXXX.

Audit appeal. Upon failure of an audit, the licensee or permit holder has the right to appeal the decision to the board.

Mandatory audit. The licensee or permit holder must submit to a mandatory audit of the next renewal period by the appropriate board committee when the previous audit was failed by the licensee.

Audit fee. The licensee or permit holder shall submit to the board a nonrefundable fee equaling twice the renewal fee of the license or permit at the time of audit after failing two consecutive dental assisting portfolio audits and thereafter for each failed portfolio audit.

CADAT's proposed language for §1071 is as follows:

CCR §1071:
~~Approval of RDAEF~~ Registered Dental Assistant in Extended Functions Educational Programs; Approval; Continued Approved Status; Curriculum Requirements; Issuance of Certification

(a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs shall apply for and receive approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. ~~The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopts those findings as its own.~~

(b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program to secure and maintain approval by the Board.

(1) A program applying for approval to teach all of the duties specified in Business and Professions Code Section 1753.5 shall comply with all of the requirements of this Section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Business and Professions Code Section 1753.6 shall comply with all of the requirements of this Section, except as follows:

(A) The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master points and accessory points.

(c) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the Board and shall submit documentary evidence of successful completion of a Board-approved pit and fissure sealant course.

(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a course or certification program in educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this regulation.

(e) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(c).

(f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

(1) Minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1070, there shall be at least one operatory for every two students who are simultaneously engaged in clinical instruction.

(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. “Occlusion” is the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(h) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(i) With respect to preliminary evaluation of the patient's oral health, including, charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall contain the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with at a minimum two experiences each on a posterior and anterior tooth. This instruction shall not include obturator-based techniques or other techniques that employ condensation.

(3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. This instruction shall not include obturator-based techniques that employ condensation. Simulated clinical instruction shall include fitting and cementing master points and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.

(k) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(l) With respect to final impressions for permanent indirect and toothborne restorations:

(1) Didactic instruction shall contain the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(m) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall contain the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and

evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(4) Clinical instruction shall require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements:

(A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.

(B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.

(C) At least ten (10) percent of the experiences shall use amalgam.

(D) Students who complete twenty (20) restorations and meet all the instructional requirements of the Section may complete additional Class I, II, III or V restorations as deemed appropriate for program success.

(n) With respect to polishing and contouring existing amalgam restorations:

(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.

(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(o) With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall contain the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials,

with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.

(p) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(q) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Dental Board proposed language for §1071 is as follows:

§ 1071. Approval of RDAEF Educational Programs.

(a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs shall apply for and receive approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own.

(b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program to secure and maintain approval by the Board.

(1) A program applying for approval to teach all of the duties specified in Business and Professions Code Section 1753.5 shall comply with all of the requirements of this Section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Business and Professions Code Section 1753.6 shall comply with all of the requirements of this Section, except as follows:

(A) The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master points and accessory points.

(c) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the Board and shall submit documentary evidence of successful completion of a Board-approved pit and fissure sealant course.

(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a course or certification program in educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(e) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(c).

(f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

(1) Minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1070, there shall be at least one operatory for every two students who are simultaneously engaged in clinical instruction.

(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h) to (o), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. “Occlusion” is the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Tooth isolation and matrix methodology review.

(h) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(i) With respect to preliminary evaluation of the patient's oral health, including charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall contain the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation, including characteristics, manipulation, use of gutta percha and related materials, and criteria for an

acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with a minimum of two experiences each on a posterior and anterior tooth. This instruction shall not include obturator-based techniques or other techniques that employ condensation.

(3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. This instruction shall not include obturator-based techniques that employ condensation. Simulated clinical instruction shall include fitting and cementing master points and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.

(k) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(l) With respect to final impressions for permanent indirect and toothborne restorations:

(1) Didactic instruction shall contain the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(m) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall contain the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(4) Clinical instruction shall require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements:

(A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.

(B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.

(C) At least ten (10) percent of the experiences shall use amalgam.

(D) Students who complete the 20 restorations and meet all the instructional requirements of this Section may complete additional Class I, II, III or V restorations as deemed appropriate for program success.

(n) With respect to polishing and contouring existing amalgam restorations:

(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.

(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(o) With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall contain the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.

(p) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(q) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed “Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational

Programs (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.

§ 1071.1. Requirements for Approval of RDAEF Educational Programs. [Repealed]

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756, Business and Professions Code.

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MEMORANDUM

DATE	April 30, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Jennifer Casey, Dental Assisting Educational Program Analyst Dental Board of California
SUBJECT	**DAC 10:** Update on the Dental Assisting Program Re-Evaluations and Site Visits

Background

Pursuant to California Code of Regulations (CCR), Title 16, Section 1070, *General Provisions Governing All Dental Assistant Educational Programs and Courses*, Dental Board of California (Board) approved dental assisting programs and courses are to be re-evaluated approximately every seven (7) years to ensure compliance with all applicable statutes and regulations for continued Board approval.

The Board currently oversees 88 Registered Dental Assistant (RDA) programs and 546 stand-alone courses. Some programs, and many courses, have not been visited or re-evaluated by the Board since their initial approval.

Staff Update

In an effort to meet the requirements of CCR, Title 16, Section 1070(a)(2), Board staff is developing a plan and timeline for program and course re-evaluations and site visits to present at the August 2015 Dental Assisting Council meeting. The re-evaluation of programs and courses may include a site visit or may require written documentation that ensures compliance with all regulations. Board staff will send written notification to the program or course director approximately 60 days prior to the Board's re-evaluation. The letter will include instructions for the submission of required documentation. The Board will also mail the announcements regarding the re-evaluations to interested parties, place announcements on the Board's website, and send an email to those who have signed up to receive email notifications from the Board.

A list of current Board-approved dental assisting programs is attached (Attachment 1), showing the date of the last known site visit. This list will be utilized by staff in developing the schedule for upcoming re-evaluations of programs.

As part of the comprehensive dental assisting regulatory package, staff plans to draft language requiring an annual survey be completed by all program and course directors. This survey will be in line with what is currently required by the American Dental Association's Commission on Dental Accreditation (CODA), in an effort to lessen the burden on directors of CODA-accredited programs and streamline the review process. The addition of an annual survey will enable staff to keep better track of Board-approved programs and courses to ensure they are in compliance.

Additionally, the Board is in the process of recruiting and training additional subject matter experts (SME's) in the dental assisting program and course evaluation process, in an effort to expedite the implementation of the plan. A curriculum training session for current SME's is scheduled for June 26-27, 2015.

Attachment 1
RDA Program Site Visits

School Code	School Name	City	Last Site Visit
CA413	Galen College	Fresno	
CA419	North-West College	West Covina	
CA420	North-West College	Pomona	
CA421	ConCorde Career College	San Diego	2004
CA425	ConCorde Career College	Garden Grove	2004
CA430	ConCorde Career College	San Bernardino	2004
CA435	ConCorde Career College	North Hollywood	2004
CA436	Carrington Career College	Sacramento	2008
CA446	San Joaquin Valley College	Visalia	1989
CA448	UEI	Huntington Park	2006
CA453	UEI	Encino	
CA454	San Bernardino ROP	Hesperia	2005
CA455	Shasta Trinity ROP	Redding	2003
CA495	North Orange County ROP	Fullerton	2005
CA498	Riverside County ROP	Riverside	2004
CA500	Mt. Diablo Adult Ed. Loma Vista Center	Concord	2004
CA506	College of Alameda	Alameda	CODA
CA508	Allan Hancock College	Santa Maria	1995
CA511	Cerritos Community College	Norwalk	CODA
CA514	Chaffey College	Rancho Cucamonga	CODA
CA515	Citrus College	Glendora	CODA
CA516	Diablo Valley College	Pleasant Hill	CODA
CA517	Foothill College	Los Altos Hills	CODA
CA518	Cypress College	Cypress	CODA
CA519	Grossmont Health Occupational Ctr	El Cajon	1992
CA523	College of Marin, Indian Valley Campus	Novato	CODA
CA527	Monterey Peninsula College	Monterey	
CA528	Orange Coast College	Costa Mesa	CODA
CA529	Pasadena City College	Pasadena	CODA
CA530	Reedley College	Reedley	2005
CA532	Sacramento City College	Sacramento	CODA
CA533	San Diego Mesa College	San Diego	CODA
CA534	City College of San Francisco	San Francisco	CODA
CA535	San Jose City College	San Jose	CODA
CA536	College of San Mateo	San Mateo	CODA
CA538	Santa Rosa Junior College	Santa Rosa	CODA
CA590	Baldy View ROP	Ontario	2005
CA601	San Joaquin Valley College	Bakersfield	1991
CA602	San Joaquin Valley College	Fresno	1993
CA605	Butte County ROP	Chico	2003
CA608	Eden Area ROP	Hayward	2005
CA609	Carrington Career College	San Leandro	1994
CA612	Southern California ROC	Torrance	2005
CA721	Palomar College	San Marcos	CODA
CA745	Contra Costa College	San Pablo	CODA
CA776	Hacienda La Puente	La Puente	CODA

Attachment 1
RDA Program Site Visits

CA838	College of the Redwoods	Eureka	CODA
CA867	American Career College	Los Angeles	2005
CA868	Carrington Career College	Pleasant Hill	
CA871	Pima Medical Institute	Chula Vista	1999
CA872	My Denist, School for Dental Assistants	Huntington Park	2003
CA876	Carrington Career College	San Jose	2008
CA877	Tri Cities ROP	Whittier	2008
CA879	UEI	Chula Vista	2008
CA882	Carrington Career College	Citrus Heights	2009
CA883	Inter Coast College	El Cajon	2008
CA884	Kaplan College	Bakersfield	2008
CA885	Kaplan College	Clovis	2008
CA886	Carrington Career College	Antioch	2008
CA888	Kaplan College	Sacramento	2008
CA890	Kaplan College	Modesto	2008
CA896	American Career College	Anaheim	2008
CA897	Blake Austin College	Vacaville	2013
CA898	Kaplan College	Riverside	2009
CA899	Kaplan College	San Diego	2009
CA900	Kaplan College	Vista	2010
CA901	Kaplan College	Palm Springs	2009
CA902	Carrington Career College	Stockton	2010
CA903	Moreno Valley College	Moreno Valley	2014
CA905	American Career College	Ontario	2013
CA906	Milan	Palm Desert	2014
CA907	Milan	Visalia	2012
CA908	Carrington Career College	Pomona	2014
CA909	UEI	El Monte	2014
CA913	San Bernardino ROP	Twenty Nine Palms	2014
CA914	4-D College	Victorville	2014
CA915	UEI	Gardena	Prov Appr 4/24/2013
CA916	UEI	Anaheim	Prov Appr 4/25/2013
CA917	UEI	Riverside	Prov Appr 4/26/2013
CA918	UEI	San Marcos	Prov Appr 1/28/2014
CA919	San Joaquin Valley College	Temecula	Prov Appr 3/28/2014
CA920	The Valley School for Dental Assisting	Encino	Prov Appr 4/15/2014
CA921	Riverside County Office of Education	Indio	Prov Appr 10/9/2014
CA922	West Wood College	Torrance	Prov Appr 10/8/2014

List of the last known site visit for all RDA programs with current Board-approval

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MEMORANDUM

DATE	May 4, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Jennifer Casey, Dental Assisting Educational Program Analyst Dental Board of California
SUBJECT	**DAC 11:** Discussion and Possible Action Regarding the Issuance of Course Completion Certificates to Students Who Fail to Graduate from a Board-Approved Registered Dental Assistant Program that Does Not Have Stand-Alone Course Approval

Background

When a program is applying for Board approval, it states on page three (3) of the application that they must submit stand-alone course applications and fees if they wish to provide the individual courses outside of the program. Programs typically do not apply for stand-alone course approval if they do not plan to offer the course(s) to students outside of the Board-approved registered dental assistant (RDA) program. This has become a problem for the students who were enrolled in Board-approved RDA programs at Heald and Everest Colleges at the time of their closure in April. Students that had not yet graduated from those programs prior to their closure are not able to obtain program completion certificates. These students may have completed the Infection Control, Pit and Fissure Sealants, Radiation Safety, and/or other sections of the curriculum, but they were unable to complete the entire program and receive a certificate of completion due to the sudden closure of Corinthian Colleges, including California Heald and Everest Colleges. Without stand-alone course approval, students currently are not able to receive credit for completing an individual course (i.e., Infection Control) if they do not complete the entire program. With this interpretation, these students are not able to receive credit for the courses they did complete in the Board-approved program.

The following pros and cons should be considered:

For Issuance and Acceptance of Certificates:

- The applications and standards they are held to for the individual courses within a program (i.e., Infection Control) are no different than the standards we hold the stand-alone courses.
- The course curriculum was reviewed and approved by the Board prior to program approval.

- We do not want to create additional barriers for these students who are unable to complete their program due to extenuating circumstances.

Against Issuance and Acceptance of Certificates:

- The Board did not receive a course application fee ($300) or individual application for each course that the program would be issuing individual certificates, as requested on the RDA Program application.
- There would be no way to regulate if a course is intentionally being offered outside of the program which would require stand-alone course approval.

Council Action Requested

Staff requests the Council take the following action:

- Discuss the issue outlined above and make a recommendation either for or against the issuance and acceptance of individual course certificates to students who fail to graduate from a Board-approved RDA program that does not have stand-alone course approval. Council's recommendation will be incorporated into the comprehensive dental assisting regulatory package draft language.

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MEMORANDUM

DATE	May 4, 2015
TO	Dental Assisting Council Members Dental Board of California
FROM	Jana Adams, Dental Assisting Examination Coordinator
SUBJECT	**DAC 12:** Discussion and Possible Action Regarding the Implementation of AB 1174 (Bocanegra, Chapter 662, Statutes of 2014)

AB 1174 (attached) expands the scope of practice for Registered Dental Assistants (RDA), Registered Dental Assistant in Extended Functions (RDAEF), and Registered Dental Hygienists (RDH) to better enable the practice of teledentistry in accordance with the findings of a Health Workforce Pilot Program (HWPP), and enables reimbursement by Medi-Cal for Virtual Dental Home (VDH) treatment.

More specifically, this would authorize the RDA's, RDAEF's and RDH's to determine which radiographs to perform and place protective restorations on. It would also provide that "face-to-face" contact between a health care provider and a patient would not be required under Medi-Cal for teledentistry.

Currently, Board Staff has not been contacted by any RDA's or RDAEF's who are interested in the courses or the permit that would be offered. Also, Board Staff hasn't been contacted by any course providers.

The implementation of AB 1174 will be included as a part of the comprehensive rulemaking package and staff will be working with the Dental Hygiene Committee (DHC) to ensure continuity between the two agencies.

Assembly Bill No. 1174

CHAPTER 662

An act to amend Sections 1684.5, 1925, and 1944 of, to add Section 1926.05 to, and to add, repeal, and add Sections 1753.55 and 1910.5 of, the Business and Professions Code, and to add and repeal Section 128196 of the Health and Safety Code, and to amend Section 14132.725 of the Welfare and Institutions Code, relating to oral health.

[Approved by Governor September 27, 2014. Filed with Secretary of State September 27, 2014.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1174, Bocanegra. Dental professionals.

(1) Under existing law, the Dental Practice Act, the Dental Board of California licenses and regulates dentists. Existing law creates, within the jurisdiction of the board, a Dental Assisting Council that is responsible for the regulation of dental assistants, registered dental assistants, and registered dental assistants in extended functions and a Dental Hygiene Committee of California, that is responsible for the regulation of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions. Existing law governs the scope of practice for those professionals, and authorizes a dentist to require or permit one of those professionals, referred to as a dental auxiliary, to perform specified duties, including exposing emergency radiographs upon the direction of the dentist, prior to the dentist examining the patient.

This bill would add to those specified duties exposing radiographs, as specified, make a dentist responsible to provide a patient or the patient's representative written notice, including specified contact information and disclosing that the care was provided at the direction of that authorizing dentist, and would prohibit a dentist from concurrently supervising more than a total of 5 dental auxiliaries, as specified. The bill would authorize specified registered dental assistants in extended functions, registered dental hygienists, and registered dental hygienists in alternative practice to determine which radiographs to perform and to place protective restorations, as specified. The bill would require the board to adopt related regulations, and would also require the committee to review proposed regulations and submit any recommended changes to the board for review to establish a consensus.

(2) Existing law requires the committee to establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, registered dental hygienist in alternative practice, and registered dental hygienist in extended functions. Existing law limits the fee for each review of courses required for licensure that are not accredited to $300. Under

existing law, those fees are further limited to the reasonable regulatory cost incurred by the committee.

This bill would instead limit the fee for each review or approval of course requirements for licensure or procedures that require additional training to $750.

(3) Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including certain dental services, as specified. Existing law provides that, to the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for "teleophthalmology and teledermatology by store and forward," as defined to mean the asynchronous transmission of medical information to be reviewed at a later time by a licensed physician or optometrist, as specified, at a distant site.

This bill would additionally provide that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teledentistry by store and forward, as defined.

(4) Existing law authorizes the Office of Statewide Health Planning and Development to approve Health Workforce Pilot Projects (HWPP) No. 172, as defined. The office has approved operation HWPP No. 172, relating to dental workforce, through December 15, 2014.

This bill would extend the operation of HWPP through January 1, 2016. The bill would also delete redundant provisions, and would make conforming changes.

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

SECTION 1. Section 1684.5 of the Business and Professions Code is amended to read:

1684.5. (a) In addition to other acts constituting unprofessional conduct under this chapter, it is unprofessional conduct for any dentist to perform or allow to be performed any treatment on a patient who is not a patient of record of that dentist. A dentist may, however, after conducting a preliminary oral examination, require or permit any dental auxiliary to perform procedures necessary for diagnostic purposes, provided that the procedures are permitted under the auxiliary's authorized scope of practice. Additionally, a dentist may require or permit a dental auxiliary to perform all of the following duties prior to any examination of the patient by the dentist, provided that the duties are authorized for the particular classification of dental auxiliary pursuant to Article 7 (commencing with Section 1740):

(1) Expose emergency radiographs upon direction of the dentist.

(2) If the dental auxiliary is a registered dental assistant in extended functions, a registered dental hygienist, or a registered dental hygienist in alternative practice, determine and perform radiographs for the specific purpose of aiding a dentist in completing a comprehensive diagnosis and

treatment plan for a patient using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist pursuant to Sections 1753.55, 1910.5, and 1926.05. A dentist is not required to review patient records or make a diagnosis using telehealth.

(3) Perform extra-oral duties or functions specified by the dentist.

(4) Perform mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, malocclusions, existing restorations, and missing teeth.

(b) For purposes of this section, "patient of record" refers to a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist.

(c) For purposes of this section, if dental treatment is provided to a patient by a registered dental assistant in extended functions, a registered dental hygienist, or a registered dental hygienist in alternative practice pursuant to the diagnosis and treatment plan authorized by a supervising dentist, at a location other than the dentist's practice location, it is the responsibility of the authorizing dentist that the patient or the patient's representative receive written notification that the care was provided at the direction of the authorizing dentist and that the notification include the authorizing dentist's name, practice location address, and telephone number. This provision shall not require patient notification for dental hygiene preventive services provided in public health programs as specified and authorized in Section 1911, or for dental hygiene care when provided as specified and authorized in Section 1926.

(d) A dentist shall not concurrently supervise more than a total of five registered dental assistants in extended functions, registered dental hygienists, or registered dental hygienists in alternative practice providing services pursuant to Sections 1753.55, 1910.5, and 1926.05.

(e) This section shall not apply to dentists providing examinations on a temporary basis outside of a dental office in settings including, but not limited to, health fairs and school screenings.

(f) This section shall not apply to fluoride mouth rinse or supplement programs administered in a school or preschool setting.

SEC. 2. Section 1753.55 is added to the Business and Professions Code, to read:

1753.55. (a) A registered dental assistant in extended functions is authorized to perform additional duties as set forth in subdivision (b) pursuant to the order, control, and full professional responsibility of a supervising dentist if the licensee meets one the following requirements:

(1) Is licensed on or after January 1, 2010.

(2) Is licensed prior to January 1, 2010, has successfully completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, and passed the examination as specified in Section 1753.4.

(b) (1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific

purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental assistant in extended functions shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.

(ii) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(c) The functions described in subdivision (b) may be performed by a registered dental assistant in extended functions only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the board, of having completed a board-approved course in those functions.

(1) No later than January 1, 2018, the board shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental assistant in extended functions pursuant to this section, using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. The board shall submit to the committee proposed regulatory language for the Interim Therapeutic Restoration to the committee for the purpose of promulgating regulations for registered dental hygienists and registered dental hygienists in alternative practice as described in Section 1910.5. The language submitted by the board to the committee shall mirror the curriculum requirements for the registered dental assistant in extended functions. Any subsequent amendments to the regulations that are promulgated by the board for the Interim Therapeutic Restoration curriculum shall be submitted to the committee.

(2) Until the regulations adopted by the board pursuant to paragraph (1) become effective, the board shall use the competency-based training protocols established by HWPP No. 172 through the Office of Statewide Health Planning and Development to approve courses of instruction for the procedures authorized in this section.

(3) A registered dental assistant in extended functions who has completed the prescribed training in HWPP No. 172 established by the Office of Statewide Health Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code shall be deemed to have satisfied the requirement for completion of a course of instruction approved by the board.

(4) In addition to the instructional components described in this subdivision, a program shall contain both of the instructional components described in this paragraph:

(A) The course shall be established at the postsecondary educational level.

(B) All faculty responsible for clinical evaluation shall have completed a one-hour methodology course in clinical evaluation or have a faculty appointment at an accredited dental education program prior to conducting evaluations of students.

(d) The board may issue a permit to a registered dental assistant in extended functions who files a completed application, including the fee, to provide the duties specified in this section after the board has determined the registered dental assistant in extended functions has completed the coursework required in subdivision (c).

(e) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

SEC. 3. Section 1753.55 is added to the Business and Professions Code, to read:

1753.55. (a) A registered dental assistant in extended functions is authorized to perform the additional duties as set forth in subdivision (b) pursuant to the order, control, and full professional responsibility of a supervising dentist, if the licensee meets one of the following requirements:

(1) Is licensed on or after January 1, 2010.

(2) Is licensed prior to January 1, 2010, has successfully completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, and passed the examination as specified in Section 1753.4.

(b) (1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental assistant in extended functions shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.

(ii) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(c) The functions described in subdivision (b) may be performed by a registered dental assistant in extended functions only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the board, of having completed a board-approved course in those functions.

(d) No later than January 1, 2018, the board shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental assistant in extended functions pursuant to this section using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. The board shall submit to the committee proposed regulatory language for the curriculum for the Interim Therapeutic Restoration to the committee for the purpose of promulgating regulations for registered dental hygienists and registered dental hygienists in alternative practice as described in Section 1910.5. The language submitted by the board shall mirror the instructional curriculum for the registered dental assistant in extended functions. Any subsequent amendments to the regulations that are promulgated by the board for the Interim Therapeutic Restoration curriculum shall be submitted to the committee.

(e) The board may issue a permit to a registered dental assistant in extended functions who files a completed application, including the fee, to provide the duties specified in this section after the board has determined the registered dental assistant in extended functions has completed the coursework required in subdivision (c).

(f) This section shall become operative on January 1, 2018.

SEC. 4. Section 1910.5 is added to the Business and Professions Code, to read:

1910.5. (a) In addition to the duties specified in Section 1910, a registered dental hygienist is authorized to perform the following additional duties, as specified:

(1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist shall follow protocols established by the supervising dentist. This paragraph shall only apply in the following settings:

(A) In a dental office setting.

(B) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting.

(ii) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(b) The functions described in subdivision (a) may be performed by a registered dental hygienist only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the committee, of having completed a committee-approved course in those functions.

(c) (1) No later than January 1, 2018, the committee shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental hygienist and registered dental hygienist in alternative practice pursuant to Sections 1910.5 and 1926.05 using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. The committee shall use the curriculum submitted by the dental board, pursuant to Section 1753.55, to adopt

regulatory language for approval of courses of instruction for the Interim Therapeutic Restoration. Any subsequent amendments to the regulations for the Interim Therapeutic Restoration curriculum that are promulgated by the committee shall be agreed upon by the board and the committee.

(2) Prior to January 1, 2018, the committee shall use the competency-based training protocols established by HWPP No. 172 through the Office of Statewide Health Planning and Development to approve courses of instruction for the procedures authorized in this section.

(3) A registered dental hygienist who has completed the prescribed training in HWPP No. 172 established by the Office of Statewide Health Planning and Development pursuant to Article 1 (commencing with Section 128125) of Chapter 3 of Part 3 of Division 107 of the Health and Safety Code shall be deemed to have satisfied the requirement for completion of a course of instruction approved by the committee.

(4) In addition to the instructional components described in this subdivision, a program shall contain both of the instructional components described in this paragraph:

(A) The course shall be established at the postsecondary educational level.

(B) All faculty responsible for clinical evaluation shall have completed a one-hour methodology course in clinical evaluation or have a faculty appointment at an accredited dental education program prior to conducting evaluations of students.

(d) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

SEC. 5. Section 1910.5 is added to the Business and Professions Code, to read:

1910.5. (a) In addition to the duties specified in Section 1910, a registered dental hygienist is authorized to perform the following additional duties, as specified:

(1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental hygienist shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand

instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting.

(ii) In a public health setting, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(b) The functions described in subdivision (a) may be performed by a registered dental hygienist only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the committee, of having completed a committee-approved course in those functions.

(c) No later than January 1, 2018, the committee shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental hygienist and registered dental hygienist in alternative practice pursuant to Sections 1910.5 and 1926.05, using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. The committee shall use the curriculum submitted by the board pursuant to Section 1753.55 to adopt regulatory language for approval of courses of instruction for the Interim Therapeutic Restoration. Any subsequent amendments to the regulations for the Interim Therapeutic Restoration curriculum that are promulgated by the committee shall be agreed upon by the board and the committee.

(d) This section shall become operative on January 1, 2018.

SEC. 6. Section 1925 of the Business and Professions Code is amended to read:

1925. A registered dental hygienist in alternative practice may practice, pursuant to subdivision (a) of Section 1907, subdivision (a) of Section 1908, subdivisions (a) and (b) of Section 1910, Section 1910.5, and Section 1926.05 as an employee of a dentist or of another registered dental hygienist in alternative practice, as an independent contractor, as a sole proprietor of an alternative dental hygiene practice, as an employee of a primary care clinic or specialty clinic that is licensed pursuant to Section 1204 of the Health and Safety Code, as an employee of a primary care clinic exempt from licensure pursuant to subdivision (c) of Section 1206 of the Health and Safety Code, as an employee of a clinic owned or operated by a public hospital or health system, or as an employee of a clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

SEC. 7. Section 1926.05 is added to the Business and Professions Code, to read:

1926.05. (a) In addition to the duties specified in Section 1926, a registered dental hygienist in alternative practice is authorized to perform the duties pursuant to Section 1910.5, in the following settings:

(1) Residences of the homebound.

(2) Schools.

(3) Residential facilities and other institutions.

(b) A registered dental hygienist in alternative practice is authorized to perform the duties pursuant to paragraph (2) of subdivision (a) of Section 1910.5 in the settings specified in this section under the general supervision of a dentist.

SEC. 8. Section 1944 of the Business and Professions Code is amended to read:

1944. (a) The committee shall establish by resolution the amount of the fees that relate to the licensing of a registered dental hygienist, a registered dental hygienist in alternative practice, and a registered dental hygienist in extended functions. The fees established by board resolution in effect on June 30, 2009, as they relate to the licensure of registered dental hygienists, registered dental hygienists in alternative practice, and registered dental hygienists in extended functions, shall remain in effect until modified by the committee. The fees are subject to the following limitations:

(1) The application fee for an original license and the fee for issuance of an original license shall not exceed two hundred fifty dollars ($250).

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

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

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

(5) The fee for examination for licensure as a registered dental hygienist in alternative practice shall not exceed the actual cost of administering the examination.

(6) The biennial renewal fee shall not exceed one hundred sixty dollars ($160).

(7) The delinquency fee shall not exceed one-half of the renewal fee. Any delinquent license may be restored only upon payment of all fees, including the delinquency fee, and compliance with all other applicable requirements of this article.

(8) The fee for issuance of a duplicate license to replace one that is lost or destroyed, or in the event of a name change, shall not exceed twenty-five dollars ($25) or one-half of the renewal fee, whichever is greater.

(9) The fee for certification of licensure shall not exceed one-half of the renewal fee.

(10) The fee for each curriculum review and site evaluation for educational programs for dental hygienists who are not accredited by a

committee-approved agency shall not exceed two thousand one hundred dollars ($2,100).

(11) The fee for each review or approval of course requirements for licensure or procedures that require additional training shall not exceed seven hundred fifty dollars ($750).

(12) The initial application and biennial fee for a provider of continuing education shall not exceed five hundred dollars ($500).

(13) The amount of fees payable in connection with permits issued under Section 1962 is as follows:

(A) The initial permit fee is an amount equal to the renewal fee for the applicant's license to practice dental hygiene in effect on the last regular renewal date before the date on which the permit is issued.

(B) If the permit will expire less than one year after its issuance, then the initial permit fee is an amount equal to 50 percent of the renewal fee in effect on the last regular renewal date before the date on which the permit is issued.

(b) The renewal and delinquency fees shall be fixed by the committee by resolution at not more than the current amount of the renewal fee for a license to practice under this article nor less than five dollars ($5).

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

(d) Fees collected pursuant to this section shall be collected by the committee and deposited into the State Dental Hygiene Fund, which is hereby created. All money in this fund shall, upon appropriation by the Legislature in the annual Budget Act, be used to implement the provisions of this article.

(e) No fees or charges other than those listed in this section shall be levied by the committee in connection with the licensure of registered dental hygienists, registered dental hygienists in alternative practice, or registered dental hygienists in extended functions.

(f) The fee for registration of an extramural dental facility shall not exceed two hundred fifty dollars ($250).

(g) The fee for registration of a mobile dental hygiene unit shall not exceed one hundred fifty dollars ($150).

(h) The biennial renewal fee for a mobile dental hygiene unit shall not exceed two hundred fifty dollars ($250).

(i) The fee for an additional office permit shall not exceed two hundred fifty dollars ($250).

(j) The biennial renewal fee for an additional office as described in Section 1926.4 shall not exceed two hundred fifty dollars ($250).

(k) The initial application and biennial special permit fee is an amount equal to the biennial renewal fee specified in paragraph (6) of subdivision (a).

(*l*) The fees in this section shall not exceed an amount sufficient to cover the reasonable regulatory cost of carrying out the provisions of this article.

SEC. 9. Section 128196 is added to the Health and Safety Code, to read:

128196. (a) Notwithstanding Section 128180, the office shall extend the duration of the health workforce project known as Health Workforce Pilot Project No. 172 until January 1, 2016, in order to maintain the competence of the clinicians trained during the course of the project, and to authorize training of additional clinicians in the duties specified in HWPP No. 172.

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

SEC. 10. Section 14132.725 of the Welfare and Institutions Code is amended to read:

14132.725. (a) To the extent that federal financial participation is available, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Services appropriately provided through the store and forward process are subject to billing and reimbursement policies developed by the department.

(b) For purposes of this section, "teleophthalmology, teledermatology, and teledentistry by store and forward" means an asynchronous transmission of medical or dental information to be reviewed at a later time by a physician at a distant site who is trained in ophthalmology or dermatology or, for teleophthalmology, by an optometrist who is licensed pursuant to Chapter 7 (commencing with Section 3000) of Division 2 of the Business and Professions Code, or a dentist, where the physician, optometrist, or dentist at the distant site reviews the medical or dental information without the patient being present in real time. A patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward shall be notified of the right to receive interactive communication with the distant specialist physician, optometrist, or dentist and shall receive an interactive communication with the distant specialist physician, optometrist, or dentist, upon request. If requested, communication with the distant specialist physician, optometrist, or dentist may occur either at the time of the consultation, or within 30 days of the patient's notification of the results of the consultation. If the reviewing optometrist identifies a disease or condition requiring consultation or referral pursuant to Section 3041 of the Business and Professions Code, that consultation or referral shall be with an ophthalmologist or other appropriate physician and surgeon, as required.

(c) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this section by means of all-county letters, provider bulletins, and similar instructions.

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STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
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MEMORANDUM

DATE	May 5, 2015
TO	Dental Assisting Council Members, Dental Board of California
FROM	Jana Adams, Dental Assisting Examination Coordinator Michael Placencia, Legislative and Regulatory Analyst
SUBJECT	**DAC 13:** Discussion and Possible Action Regarding the Applicability of: Health and Safety Code, Division 104, Part 1, Chapter 4, Article 5 Regarding Radiologic Technologists; California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 Relating to Special Requirements for the Use of X-Ray in the Healing Arts; California Code of Regulations, Title 16, Sections 1014 and 1014.1 Relating to Radiation Safety Course Requirements for the Dental Board of California

Background

Board-approved registered dental assistant (RDA) programs are routinely evaluated and inspected by the California Department of Public Health (CDPH) and other state, federal, and county agencies, for compliance with applicable Health and Safety codes (H&S), California Code of Regulations (CCR), and other applicable local and federal code sections.

There has been some confusion with the current laws relating to radiation safety course requirements and the laws of other agencies, such as CDPH. While CCR, Title 16, Sections 1014 and 1014.1, Approval of Radiation Safety Courses and Requirements for Radiation Safety Courses, do not require that a course director or instructor be on staff, the requirements outlined in these Sections do not preclude the current laws of other agencies.

Attachment 1 includes current laws applicable to radiation safety educational courses.

Council Action Requested

The Council may discuss the attached laws and ask any questions or request additional items at a future meeting.

HEALTH AND SAFETY CODE - HSC
DIVISION 104. ENVIRONMENTAL HEALTH [106500 - 119405]
(Division 104 added by Stats. 1995, Ch. 415, Sec. 6.)
PART 1. ENVIRONMENTAL HEALTH PERSONNEL [106500 - 107175]
(Part 1 added by Stats. 1995, Ch. 415, Sec. 6.)
CHAPTER 4. Professional Certification [106600 - 107175]
(Chapter 4 added by Stats. 1995, Ch. 415, Sec. 6.)

ARTICLE 5. Radiological Technologists [106955 - 107111]
(Article 5 added by Stats. 1995, Ch. 415, Sec. 6.)

106955.
No person shall operate or maintain any X-ray fluoroscope, or other equipment or apparatus employing roentgen rays, in the fitting of shoes or other footwear or in the viewing of bones in the feet. This section shall not apply to any licensed physician and surgeon, podiatrist, chiropractor, or any person practicing a licensed healing art, or any technician working under the direct and immediate supervision of those persons. Any person violating this section shall be guilty of a misdemeanor.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

106960.
It shall be unlawful for any person to implant foreign materials within the scalp of any other person for the purpose of preventing or alleviating baldness. “Foreign materials” shall include, but shall not be limited to, synthetic fibers and strands of human hair from another person. A violation of this section shall be a misdemeanor.
This section shall not be applicable to procedures for the transplantation of a person’s own hair or to procedures for the fixation of hairpieces, toupees, or wigs.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

106965.
(a) It shall be unlawful for any person to administer or use diagnostic or therapeutic X-ray on human beings in this state after July 1, 1971, unless that person has been certified or granted a permit pursuant to subdivision (b) or (c) of Section 114870 or pursuant to Section 114885, is acting within the scope of that certification or permit, and is acting under the supervision of a licentiate of the healing arts.
(b) On and after July 15, 1993, it shall be unlawful for any person to perform mammography in this state unless that person has a current and valid certificate in mammographic radiologic technology issued pursuant to subdivision (b) of Section 114870, is acting within the scope of that certificate, and is acting under the supervision of a licentiate of the healing arts. Nothing in this article shall be construed as authorizing a person licensed under the Chiropractic Initiative Act to administer, use, or supervise the use of mammographic X-ray equipment.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

106970.

It shall be unlawful for any person to direct, order, assist, or abet a violation of Section 106965.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

106975.
Section 106965 shall not apply to any of the following persons:
(a) Licentiates of the healing arts.
(b) Students in an approved school for radiologic technologists and in schools of medicine, podiatry or chiropractic when the students are operating X-ray machines under the supervision of an instructor who is a certified radiologic technologist or a certified supervisor or operator; and students of dentistry, dental hygiene and dental assisting when the students are operating X-ray machines under the supervision of an instructor who is a licensed dentist.
(c) Any person employed by an agency of the government of the United States while performing the duties of employment.
(d) Persons temporarily exempted pursuant to Section 107020.
(e) A licensed dentist; or person who, under the supervision of a licensed dentist, operates only dental radiographic equipment for the sole purpose of oral radiography. This exemption applies only to those persons who have complied with the requirements of Section 1656 of the Business and Professions Code.
(f) A person who has been certified or granted a limited permit pursuant to subdivision (b) or (c) of Section 114870 and who performs dental radiography in a dental X-ray laboratory upon the written order of a licensed dentist.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

106976.
(a) Notwithstanding any other provision of the Radiologic Technology Act (Section 27), a person who is currently certified as meeting the standards of competence in nuclear medicine technology pursuant to Article 6 (commencing with Section 107150) may perform a computerized tomography scan only on a dual mode machine on which both a nuclear medicine procedure, including a positron emission tomography scan, and a computerized tomography scan may be performed if both of the following conditions are met:
(1) The person holds a current, valid certificate in computerized tomography issued by the American Registry of Radiologic Technologists, or a similarly recognized organization, has registered with the department pursuant to Article 5.5 (commencing with Section 107115) as participating in on-the-job training to meet the clinical competencies required by the American Registry of Radiologic Technologists, or a similarly recognized organization, and is under the direct supervision of a person who holds a current, valid certificate in diagnostic radiology technology, or is a student described in subdivision (b) of Section 106975.
(2) The person is under the supervision of a person who is an authorized user identified on a specific license authorizing medical use of radioactive materials pursuant to the Radiation Control Law (Chapter 8 (commencing with Section 114960) of Part 9).
(b) A violation of this section is a misdemeanor pursuant to Section 107170 and a violator is subject to discipline pursuant to Section 107165.
(Amended by Stats. 2008, Ch. 238, Sec. 1. Effective January 1, 2009.)

106980.
Certification in radiologic technology pursuant to subdivision (b) or (c) of Section 114870 shall not authorize any of the following:
(a) The use of diagnostic, mammographic, or therapeutic X-ray equipment except under the supervision of a certified supervisor or operator.
(b) The interpretation of any radiograph or a diagnosis based upon it.
(c) The reporting of any diagnosis to a patient except as ordered by a licentiate of the healing arts.
(d) The use of any title or designation indicating or implying the right to practice any of the healing arts.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

106985.
(a) (1) Notwithstanding Section 2052 of the Business and Professions Code or any other law, a radiologic technologist certified pursuant to the Radiologic Technology Act (Section 27) may, under the direct supervision of a licensed physician and surgeon, and in accordance with the facility's protocol that meets, at a minimum, the requirements described in paragraph (2), perform venipuncture in an upper extremity to administer contrast materials, manually or by utilizing a mechanical injector, if the radiologic technologist has been deemed competent to perform that venipuncture, in accordance with paragraph (3), and issued a certificate, as described in subdivision (b).
(2) (A) In administering contrast materials, a radiologic technologist may, to ensure the security and integrity of the needle's placement or of an existing intravenous cannula, use a saline-based solution that conforms with the facility's protocol and that has been approved by a licensed physician and surgeon. The protocol shall specify that only contrast materials or pharmaceuticals approved by the United States Food and Drug Administration may be used and shall also specify that the use shall be in accordance with the labeling.
(B) A person who is currently certified as meeting the standards of competence in nuclear medicine technology pursuant to Article 6 (commencing with Section 107150) and who is authorized to perform a computerized tomography scanner only on a dual-mode machine, as described in Section 106976, may perform the conduct described in this subdivision.
(3) Prior to performing venipuncture pursuant to paragraph (1), a radiologic technologist shall have performed at least 10 venipunctures on live humans under the personal supervision of a licensed physician and surgeon, a registered nurse, or a person the physician or nurse has previously deemed qualified to provide personal supervision to the technologist for purposes of performing venipuncture pursuant to this paragraph. Only after completion of a minimum of 10 venipunctures may the supervising individual evaluate whether the technologist is competent to perform venipuncture under direct supervision. The number of venipunctures required in this paragraph are in addition to those performed for meeting the requirements of paragraph (2) of subdivision (d). The facility shall document compliance with this subdivision.
(b) The radiologic technologist shall be issued a certificate as specified in subdivision (e) or by an instructor indicating satisfactory completion of the training and education described in subdivision (d). This certificate documents completion of the required education and training and may not, by itself, be construed to authorize a person to perform venipuncture or to administer contrast materials.

(c) (1) “Direct supervision,” for purposes of this section, means the direction of procedures authorized by this section by a licensed physician and surgeon who shall be physically present within the facility and available within the facility where the procedures are performed, in order to provide immediate medical intervention to prevent or mitigate injury to the patient in the event of adverse reaction.
(2) “Personal supervision,” for purposes of this section, means the oversight of the procedures authorized by this section by a supervising individual identified in paragraph (3) of subdivision (a) who is physically present to observe, and correct, as needed, the performance of the individual who is performing the procedure.
(d) The radiologic technologist shall have completed both of the following:
(1) Received a total of 10 hours of instruction, including all of the following:
(A) Anatomy and physiology of venipuncture sites.
(B) Venipuncture instruments, intravenous solutions, and related equipment.
(C) Puncture techniques.
(D) Techniques of intravenous line establishment.
(E) Hazards and complications of venipuncture.
(F) Postpuncture care.
(G) Composition and purpose of antianaphylaxis tray.
(H) First aid and basic cardiopulmonary resuscitation.
(2) Performed 10 venipunctures on a human or training mannequin upper extremity (for example, an infusion arm or a mannequin arm) under personal supervision. If performance is on a human, only an upper extremity may be used.
(e) Schools for radiologic technologists shall include the training and education specified in subdivision (d). Upon satisfactory completion of the training and education, the school shall issue to the student a completion document. This document may not be construed to authorize a person to perform venipuncture or to administer contrast materials.
(f) Nothing in this section shall be construed to authorize a radiologic technologist to perform arterial puncture, any central venous access procedures including repositioning of previously placed central venous catheter except as specified in paragraph (1) of subdivision (a), or cutdowns, or establish an intravenous line.
(g) This section shall not be construed to apply to a person who is currently certified as meeting the standards of competence in nuclear medicine technology pursuant to Article 6 (commencing with Section 107150), except as provided in subparagraph (B) of paragraph (2) of subdivision (a).
(h) Radiologic technologists who met the training and education requirements of subdivision (d) prior to January 1, 2013, need not repeat those requirements, or perform the venipunctures specified in paragraph (3) of subdivision (a), provided the facility documents that the radiologic technologist is competent to perform the tasks specified in paragraph (1) of subdivision (a).
(Amended by Stats. 2013, Ch. 76, Sec. 121. Effective January 1, 2014.)

106990.
A radiologic technologist certified pursuant to subdivision (b) of Section 114870 may use the title, certified radiologic technologist (CRT). No other person shall use the designation. The department may prescribe appropriate titles for use by categories of persons granted permits pursuant to subdivision (c) of Section 114870 and may limit the use of the titles.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

106995.
The department shall prescribe minimum qualifications for granting of permits and certificates in radiologic technology in any classification, as well as continuing education requirements for holders of these permits and certificates in order to protect the public health and safety.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107000.
Except as provided in Sections 107035, 107040, or 25685, and in addition to the requirements as may be prescribed pursuant to Section 106995, each applicant for certification as a radiologic technologist pursuant to subdivision (b) of Section 114870 shall submit evidence satisfactory to the department that he or she has satisfactorily completed a course in an approved school for radiologic technologists, or has completed a course of study and training in radiologic technology that in the opinion of the department is equivalent to the minimum requirements of a course in an approved school for radiologic technologists.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107005.
Except as provided in Section 107035, in order to be certified as a radiologic technologist pursuant to subdivision (b) of Section 114870, an applicant shall pass a written examination approved by the department and administered by the department or by the other agency or organization designated by the department.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107010.
The department may accept in lieu of its own examination a certificate of another agency or organization that certifies radiologic technologists, provided the certificate was issued on the basis of qualifications and an examination deemed by the department to be reasonably equivalent to the standards established by the department.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107015.
The department shall certify as a radiologic technologist any applicant who meets the requirements of the Radiologic Technology Act (Section 27).
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107020.
The department may issue a permit authorizing the temporary practice of radiologic technology to any applicant for certification who has complied with the experience and education requirements of Section 107000 and is awaiting examination. A permit shall convey the same rights as a certificate for the period for which it is issued in the classification for which the applicant is eligible, and shall be valid until 90 days after the date of the next examination held pursuant to Section 107025, except that if the applicant does not take the examination the permit shall expire on the date of the examination.

(Amended by Stats. 1997, Ch. 97, Sec. 2. Effective July 21, 1997.)

107025.
The department shall hold at least one examination each year, for applicants for certification, at the times and places as the department may determine.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107030.
Not less than two months prior to the date of each examination, the department shall cause a notice thereof to be published in two or more newspapers of general circulation, and at least one radiologic technologist magazine, all of which are published within the state.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107035.
Any officer, employee, or designated agent of the department may enter at all reasonable times upon any private or public property for the purpose of inspecting and determining whether or not there is compliance with or violation of the Radiologic Technology Act (Section 27), or of the regulations adopted pursuant thereto, and the owner, occupant, or person in charge of the property shall permit the entry and inspection.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107040.
Whenever, in the judgment of the department, any person has engaged in or is about to engage in any acts or practices that constitute or will constitute a violation of any provision of the Radiologic Technology Act (Section 27), or any rule, regulation, or order issued thereunder, and at the request of the department, the Attorney General may make application to the superior court for an order enjoining these acts or practices, or for an order directing compliance, and upon a showing by the department that the person has engaged in or is about to engage in any acts or practices, a temporary or permanent injunction, restraining order, or other order may be granted.
(Amended by Stats. 2006, Ch. 538, Sec. 419. Effective January 1, 2007.)

107045.
(a) The department shall approve schools for radiologic technologists that, in the judgment of the department, will provide instruction adequate to prepare individuals to meet requirements for certification as radiologic technologists under the Radiologic Technology Act (Section 27).
(b) The department shall provide for reasonable standards for approved schools, for procedures for obtaining and maintaining approval, and for revocation of approval where standards are not maintained.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107050.

When approving a school for radiologic technologists, the department may take into consideration accreditation, approval, or certification of the school by other agencies or organizations if the department finds that accreditation, approval, or certification was granted on the basis of standards that will afford the same protection to the public as the standards provided by the Radiologic Technology Act (Section 27) or the regulations adopted pursuant thereto.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107055.
The department may inspect schools for radiologic technologists prior to approval and at other times as it deems necessary to determine that the purposes of the Radiologic Technology Act (Section 27) are being met, and may require any reports from schools as it deems necessary to carry out the purposes of the Radiologic Technology Act (Section 27).
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107060.
The department may enter into an agreement with another state agency to perform all or part of the functions necessary in order to approve and maintain approval of schools for radiologic technologists.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107065.
Every holder of a certificate or a permit issued pursuant to the Radiologic Technology Act (Section 27) may be disciplined as provided in Sections 107065 and 107670. The proceedings under Sections 107065 and 107670 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 department shall have all of the powers granted therein.
(Amended by Stats. 2006, Ch. 538, Sec. 420. Effective January 1, 2007.)

107070.
Certificates and permits may be denied, revoked, or suspended by the department, for any of the following reasons:
(a) Habitual intemperance in the use of any alcoholic beverages, narcotics, or stimulants to the extent as to incapacitate for the performance of professional duties.
(b) Incompetence or gross negligence in performing radiologic technology functions.
(c) Conviction of practicing one of the healing arts without a license in violation of Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.
(d) Procuring a certificate or permit by fraud, or misrepresentation, or because of mistake.
(e) Use of a designation implying certification as a radiologic technologist by one not so certified.
(f) Nonpayment of fees prescribed in accordance with Section 107080.
(g) Violation of Section 106965 or 106980 or any other provision of the Radiologic Technology Act (Section 27) or regulation of the department.

(h) Conviction, either within or outside of this state, of a felony or misdemeanor involving moral turpitude, that was committed during the performance of radiologic technology duties. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge of a felony or misdemeanor involving moral turpitude, that was committed during the performance of radiologic technology duties, is deemed to be a conviction within the meaning of this section. However, upon recommendation of either the court that imposed or suspended sentence of the parole or probation authority having a person under surveillance or having discharged him or her from surveillance that the person has responded to correctional and rehabilitative processes to a degree that might warrant waiver of the provisions of this section, the department may, at its discretion, take no action pursuant to this subdivision.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107075.
Any person who violates or aids or abets the violation of any of the provisions of the Radiologic Technology Act (Section 27) or regulation of the department adopted pursuant to that act is guilty of a misdemeanor.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107080.
(a) The application fee for any certificate or permit issued pursuant to the Radiologic Technology Act (Section 27) shall be established by the department in an amount as it deems reasonably necessary to carry out the purpose of that act.
(b) The fee for any examination conducted pursuant to the Radiologic Technology Act (Section 27) after failure of that examination within the previous 12 months shall be fixed by the department in an amount it deems reasonably necessary to carry out that act.
(c) The annual renewal fee for each certificate or permit shall be fixed by the department in an amount it deems reasonably necessary to carry out the Radiologic Technology Act (Section 27).
(d) The penalty fee for renewal of any certificate or permit if application is made after its date of expiration shall be five dollars ($5) and shall be in addition to the fee for renewal prescribed by subdivision (c).
(e) The fee for a duplicate certificate or permit shall be one dollar ($1).
(f) No fee shall be required for a certificate or permit or a renewal thereof except as prescribed in the Radiologic Technology Act (Section 27).
(Amended by Stats. 2006, Ch. 74, Sec. 33. Effective July 12, 2006.)

107085.
Failure to pay the annual fee for renewal on or before the expiration date of the certificate or permit shall automatically suspend the certificate or permit. If the prescribed fee is not paid within six months following the date, the certificate or permit shall be revoked. A certificate or permit revoked for nonpayment of the renewal fee may be reinstated within five years from the time of revocation upon payment of the penalty fee plus twice the annual renewal fee. If the application for reinstatement is not made within five years from the date of suspension of the certificate or permit, the certificate or permit shall be canceled and shall not be subject to reinstatement.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107090.
The department may establish a schedule of fees for permits issued pursuant to subdivisions (c) and (e) of Section 114870, and Sections 114885 and 107115, if the revenue from the fees is related to the costs of administering the Radiologic Technology Act (Section 27).
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107095.
The department may establish a schedule of fees to be paid by schools applying for approval as approved schools for radiologic technologists and, on an annual basis, by schools that are included on the department's list of approved schools for radiologic technologists.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107100.
(a) All fees payable under the Radiologic Technology Act (Section 27) shall be collected by and paid to the department for deposit into the Radiation Control Fund established pursuant to Section 114980.
(b) This section shall become operative on July 1, 1993.
(Added by Stats. 1995, Ch. 415, Sec. 6. Effective January 1, 1996.)

107110.
It shall be unlawful for any licentiate of the healing arts to administer or use diagnostic, mammographic, or therapeutic X-ray on human beings in this state after January 1, 1972, unless that person is certified pursuant to subdivision (e) of Section 114870, Section 114872, or Section 114885, and is acting within the scope of that certification.
(Amended by Stats. 2009, Ch. 434, Sec. 1. Effective January 1, 2010.)

107111.
A licentiate of the healing arts who is certified by an examining board in radiology recognized by the department shall be granted a certificate to supervise the operation of X-ray machines and to operate X-ray machines without restrictions.
(Added by renumbering Section 107115 by Stats. 1997, Ch. 97, Sec. 3. Effective July 21, 1997.)

Section 1014. Approval of Radiation Safety Courses.

(a) A radiation safety course is one which has as its primary purpose providing theory and clinical application in radiographic techniques. A single standard of care shall be maintained and the board shall approve only those courses which continuously maintain a high quality standard of instruction.
(b) A radiation safety course applying for approval shall submit to the board an application and other required documents and information on forms prescribed by the board. The board may approve or deny approval of any such course. Approval may be granted after evaluation of all components of the course has been performed and the report of such evaluation indicates that the course meets the board's requirements. The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.
(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards or for fraud, misrepresentation or violation of any applicable federal or state laws relating to the operation of radiographic equipment.
(d) The processing times for radiation safety course approval are set forth in Section 1061.

Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference: Section 1656 Business and Professions Code; and Section 106975, Health and Safety Code.

HISTORY

1. New Article 3.1 (Sections 1014 and 1014.1) filed 6-13-85; effective upon filing pursuant to Government Code Section 11346.2(d) (Register 85, No.24).
2. Amendment of subsection (b) and new subsection (d) filed 2-22-88; operative 3-23-88 (Register 88, No. 10).
3. Amendment of subsection (b) and amendment ofNotefiled 10-5-2005; operative 11-4-2005 (Register 2005, No. 40).

Section 1014.1. Requirements for Radiation Safety Courses.

A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below.

(a) Educational Level. The course shall be established at the postsecondary educational level or a level deemed equivalent thereto by the board.

(b) Program Director. The program director, who may also be an instructor, shall actively participate in and be responsible for at least all of the following:

1. (1) Providing daily guidance of didactic, laboratory and clinical assignments;
2. (2) Maintaining all necessary records, including but not limited to the following:
3. (A) Copies of current curriculum, course outline and objectives;
4. (B) Faculty credentials;
5. (C) Individual student records, which shall include pre-clinical and clinical evaluations, examinations and copies of all successfully completed radiographic series used toward course completion. Records shall be maintained for at least five years from the date of course completion.
6. (3) Issuing certificates to each student who has successfully completed the course and maintaining a record of each certificate for at least five years from the date of its issuance;
7. (4) Transmitting to the board on a form prescribed by the board the name, last four digits of the social security number and, where applicable, license number of each student who has successfully completed the course;
8. (5) Informing the board of any significant revisions to the curriculum or course outlines.

(c) Faculty. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:

1. (1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the board;
2. (2) All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. All faculty responsible for clinical evaluation shall have completed a two hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation;
3. (3) Shall have either passed the radiation safety examination administered by the board or equivalent licensing examination as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice or, on or after January 1, 1985, shall have successfully completed a board

approved radiation safety course. (d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures specified by board regulations shall be followed.

4. (1) A radiographic operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is equipped with the appropriate position-indicating devices for each technique being taught.

5. (2) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using either manual or automatic equipment.

6. (3) X-ray areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations. (e) Program Content. Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.

7. (1) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, and clinical instruction.

8. (2) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall assure that students who successfully complete the course can expose, process and evaluate dental radiographs with minimum competence.

9. (3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.

10. (4) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:

11. (A) Radiation physics and biology

12. (B) Radiation protection and safety

13. (C) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs

14. (D) Radiograph exposure and processing techniques using either manual or automatic methods

15. (E) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity

16. (F) Intraoral techniques and dental radiograph armamentaria, including holding devices

17. (G) Interproximal examination including principles of exposure, methods of retention and evaluation

18. (H) Intraoral examination including, principles of exposure, methods of retention and evaluation
19. (I) Identification and correction of faulty radiographs
20. (J) Supplemental techniques including the optional use of computerized digital radiography
21. (K) Infection control in dental radiographic procedures
22. (L) Radiographic record management.

Students may be given the opportunity to obtain credit by the use of challenge examinations and other methods of evaluation.

(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on an x-ray manikin at least the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality. There shall be no more than 6 students per instructor during laboratory instruction.

1. (1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings; no more than one series may be completed using computer digital radiographic equipment;
2. (2) Two bitewing series, consisting of at least 4 radiographs each;
3. (3) Developing or processing, and mounting or sequencing of exposed radiographs;
4. (4) Student and instructor written evaluation of radiographs.

(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with one of the four patients used for the clinical examination. Clinical experience shall include:

1. (1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings. Traditional film packets must be double film. No more than three series may be completed using computer digital radiographic equipment. Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only be made for diagnostic purposes, and shall in no event exceed three (3) exposures per subject. All clinical procedures on human subjects shall be performed under the supervision of a licensed dentist in accordance with section 106975 of the Health and Safety Code.
2. (2) Developing or processing, and mounting or sequencing of exposed human subject radiographs;
3. (3) Student and instructor written evaluation of radiographs.

(h) Clinical Facilities. There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical training will be received and shall provide that the clinical facility has the necessary equipment and accessories appropriate for the procedures to be performed and that such equipment and accessories are in safe operating condition. Such clinical facilities

shall be subject to the same requirements as those specified in subdivision (g).
(i) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques, but shall in no event be less than 32 clock hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction.

(j) Certificates. A certificate shall be issued to each student who successfully completes the course. The certificate shall specify the number of course hours completed. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations.

Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference: Section 1656, Business and Professions Code; and Section 106975, Health and Safety Code.

HISTORY

Amendment of subsections (d), (e) and (g) filed 4-16-90; operative 5-16-90 (Register 90, No. 17).
Amendment of section and Notefiled 10-5-2005; operative 11-4-2005 (Register 2005, No. 40).

TITLE 17. PUBLIC HEALTH
DIVISION 1. STATE DEPARTMENT OF HEALTH SERVICES
CHAPTER 5. SANITATION (ENVIRONMENTAL)
SUBCHAPTER 4. RADIATION
GROUP 3. STANDARDS FOR PROTECTION AGAINST RADIATION
ARTICLE 4. SPECIAL REQUIREMENTS FOR THE USE OF X-RAY IN THE HEALING ARTS

17 CCR § 30313
§ 30313. Special Requirements for X-Ray Therapy Equipment Operated at Potentials of 50 kV and Below.
(a) Equipment.
(1) All provisions of Section 30312(a) apply.
(2) A therapeutic-type protective tube housing shall be used. Contact therapy machines shall meet the additional requirement that the leakage radiation at 2 inches from the surface of the housing not exceed 0.1 R/hr.
(3) Automatic timers shall be provided which will permit accurate presetting and determination of exposures as short as one second.
(b) Operating Procedures.
(1) All provisions of Section 30312(b) apply except 30312(b)(1) and 30312(b)(7).
(2) In the therapeutic application of apparatus constructed with beryllium or other low-filtration windows adequate shielding shall be required to protect against unnecessary exposure from the useful beam, and special safeguards are essential to avoid accidental exposures to the useful beam. There shall be on the control panel some easily discernible device which will give positive information as to whether or not the tube is energized.
(3) Machines having an output of more than 1,000 roentgens per minute at any accessible place shall not be left unattended without the power being shut off at the primary disconnecting source.
(4) If the X-ray tube of a contact therapy machine is hand-held during irradiation, the operator shall wear protective gloves and apron.

Note: Authority cited: Sections 208 and 25811, Health and Safety Code. Reference: Sections 25801, 25802, 25811 and 25815, Health and Safety Code.

HISTORY
1. Amendment filed 3-5-71; effective thirtieth day thereafter. Approved by State Building Standards Commission 2-26-71 (Register 71, No. 10).
2. Renumbering and amendment filed 9-4-73 as an emergency; effective upon filing (Register 73, No. 36). Approved by State Building Standards Commission 11-30-73.
3. Certificate of Compliance filed 12-28-73 (Register 73, No. 52).
4. Amendment of subsections (a)(1), (b)(1) and (b)(4) filed 6-18-87; operative 7-18-87 (Register 87, No. 28).
5. Change without regulatory effect amending subsection (b)(3) filed 11-1-91 pursuant to section 100, title 1, California Code of Regulations (Register 92, No. 5).

6. Amendment of section heading filed 3-3-94 as an emergency; operative 3-3-94 (Register 94, No. 9). A Certificate of Compliance must be transmitted to OAL by 7-1-94 or emergency language will be repealed by operation of law on the following day.
7. Certificate of Compliance as to 3-3-94 order transmitted to OAL 6-7-94 and filed 7-14-94 (Register 94, No. 28).
This database is current through 4/24/15 Register 2015, No. 17
17 CCR § 30313, 17 CA ADC § 30313

EXAMINATION COMMITTEE

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

NOTICE OF EXAMINATION COMMITTEE MEETING

Thursday, May 14, 2015

Upon Conclusion of the Dental Assisting Council Meeting

Crowne Plaza San Francisco Airport
1177 Airport Blvd., Burlingame, CA 94010
650-342-9200 (Hotel) or 916-263-2300 (Board Office)

MEMBERS OF THE EXAMINATION COMMITTEE

Chair – Stephen Casagrande, DDS
Vice Chair – Steven Morrow, DDS
Yvette Chappell-Ingram, Public Member
Judith Forsythe, RDA
Ross Lai, DDS
Huong Le, DDS, MA
Debra Woo, DDS

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 website 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 M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation.

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

1. Call to Order/Roll Call/Establishment of Quorum

2. Approval of the February 26, 2015 Examination Committee Meeting Minutes

3. Western Regional Examination Board (WREB) Update

4. American Dental Licensing Examination (ADEX) Report

5. Staff Update on Portfolio Pathway to Licensure

6. Public Comment of Items Not on the Agenda

The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

7. Future Agenda Items
   Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.

8. Committee Member Comments for Items Not on the Agenda
   The Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

9. Adjournment

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
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EXAMINATION COMMITTEE MEETING MINUTES

Thursday, February 26, 2015
Doubletree by Hilton
1646 Front Street, San Diego, CA 92101
DRAFT

Members Present
Chair – Stephen Casagrande, DDS
Vice Chair – Steven Morrow, DDS
Yvette Chappell-Ingram, Public Member
Judith Forsythe, RDA
Ross Lai, DDS
Huong Le, DDS, MA
Debra Woo, DDS

Members Absent

1. **Call to Order/Roll Call/Establishment of Quorum**
   Dr. Casagrande, Chair, called the Examination Committee meeting to order at 3:34pm. Roll was called and a quorum established.

2. **Approval of the November 6, 2014 Examination Committee Meeting Minutes**
   M/S/C (Forsythe/Lai) to approve the November 6, 2014 Examination Committee meeting minutes. There was no public comment.

   Support: Casagrande, Morrow, Chappell-Ingram, Forsythe, Lai, Le, Woo **Oppose:** 0 **Abstain:** 0

   The motion passed unanimously.

3. **Western Regional Examination Board (WREB) Update**
   Dr. Nathaniel Tippett, President of WREB, invited any questions. Dr. Le, the Board's liaison to WREB reported that she attended the WREB meeting in Phoenix on February 13, 2015. Dr. Tippitt stated that of the 2,163 candidates that took the WREB exam in 2014, 2,063 passed. There was discussion regarding the use of 3rd year dental students as assistants at the exam. Dr. Casagrande asked if WREB ever gave an exam that included a crown and bridge. Dr. Tippett answered that they beta tested a single unit crown but the logistics were found to be too difficult and prohibitive. There was no public comment.

4. **Staff Update on Portfolio Pathway to Licensure**
   Dr. Casagrande gave an overview of the information provided and thanked Tina Vallery, Licensing Analyst for the Dental Board, for a nice report. Dr. Morrow introduced Loma Linda student Tom Schaeffer, President of the American Student Dental Association. Mr. Schaeffer spoke on behalf of the students regarding the Portfolio Pathway to Licensure. There was discussion regarding outreach to educate dental students about this new

pathway. Mr. Schaeffer suggested contacting student leadership to talk to the Deans of the various California dental schools. Ms. Fischer recognized Dr. Robert Blye one of the authors of the exam calibration materials who will also serve as one of the auditors for the Board. There were no further comments.

5. Discussion and Possible Action Regarding Approval of the Portfolio Audit Handbook

M/S/C (Morrow/Forsythe) to recommend that the Board approve the acceptance of the Portfolio Examination Audit Process handbook. There was no public comment.

Support: Casagrande, Morrow, Chappell-Ingram, Forsythe, Lai, Le, Woo **Oppose:** 0 **Abstain:** 0

The motion passed unanimously.

6. Public Comment of Items Not on the Agenda

There were no public comments.

7. Future Agenda Items

There were no future agenda item requests.

8. Committee Member Comments for Items Not on the Agenda

There were no further committee member comments.

9. Adjournment

Dr. Casagrande adjourned the committee at 4:11pm.

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MEMORANDUM

DATE	April 2, 2015
TO	Examination Committee Members Dental Board of California
FROM	Linda Byers, Executive Assistant
SUBJECT	**EX 3:** Update on Western Regional Examining Board (WREB) Activities

Dr. Huong Le will provide a verbal report.

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MEMORANDUM

DATE	May 6, 2015
TO	Examination Committee Members Dental Board of California
FROM	Jennifer Jackson, Licensing Analyst
SUBJECT	**EX 4:** American Dental Licensing Examination (ADEX) Report

Background

At the February 2014 Board meeting, Dr. Casagrande, Chair of the Examination Committee, appointed a subcommittee to research accepting the North East Regional Board of Examiners (NERB) examination as a possible requirement for licensure in California. Dr.'s Le and Lai were appointed to work with staff in researching the feasibility of accepting other regional exams.

In August 2014, the Senate Business, Professions and Economic Development Committee (Committee) was contacted by Mercury, a company representing the NERB, asking if the Committee would consider legislation to accept the American Board of Dental Examiners, Inc. (ADEX) results as a pathway to licensure in California, similar to WREB. The Committee recommended Mercury contact the Board to discuss the request for future consideration. Additionally, the Committee suggested that the Board review the issue of accepting the NERB examination results and other regional board examinations as a pathway to licensure in California during the upcoming Sunset Review process.

ADEX is proposing to work with the Board to facilitate the recognition of the ADEX Examination as an option for initial licensure in California. The goal of ADEX is to create a uniform national clinical examination which would be accepted for licensure by all State dental boards. There are 34 member States in ADEX whose membership requires that they accept the ADEX examination in dentistry and/or dental hygiene. The ADEX is accepted in 46 US States and jurisdictions as well as Jamaica. ADEX would like the Board to accept its dental clinical examination as a pathway to licensure, similar to what was done when the Board accepted the Western Regional Examination Board (WREB) examination.

The ADEX examinations are administered uniformly by Regional Testing Agencies, which include the Commission on Dental Competency and Assessment (CDCA)

formally known as NERB, the Southern Regional Testing Agency (SRTA), and the Coalition of Independent Testing Agency (CITA). The content validity of the ADEX examination is based on a National Independent Occupational Analysis completed in 2011. Examination methodology requires that the examination tests all testable skill sets based on criticality and frequency.

SB 1865 established the acceptance of the WREB examination. The bill specified that prior to the implementation of WREB, the department's Office of Examination Resources review the WREB examination to assure compliance with the requirements of Business and Professions Code (BPC) Section 139.

In order to maintain compliance with BPC139, the same would apply to ADEX. Prior to acceptance of the examination, an occupational analysis (OA) would need to be done to determine if the ADEX meets the requirements of BPC 139. ADEX recognizes the significant costs involved with the process and has offered to underwrite all associated costs of a third party of the Board's choosing. However, after speaking with Board legal counsel, this is not possible.

It should be noted that the acceptance of new regional examinations will have a significant fiscal impact upon the Board. The Board currently has one full-time staff services analyst dedicated to the processing of all applications for dentistry via the WREB pathway. Per the DCA Budget Analyst, it is estimated that an additional SSA to staff the program would cost the Board $87,000 the first year and $79,000 ongoing. There are approximately 3800 dental candidates who take the ADEX examination annually. It is unknown how many of those would apply for licensure in California. It is assumed that the Board would need *at least* one additional staff services analyst for every additional regional examination added to the Board's pathways to licensure.

The cost estimates related to conducting an OA and examination validation for the ADEX examination were provided by the Office of Professional Examination Services (OPES). The projected cost of the OA is $50,000 and the projected cost for the examination validation is between $20,000 - $50,000. The costs estimates for the project do not include Subject Matter Experts (SME) costs (travel, hotel, per diem, etc.) The projects start date would be subject to OPES scheduling availability and would take approximately 13 months. In addition, the Board would incur costs associated with modifications to its licensing systems Legacy and Breeze. Estimated costs range from $300,000 to $1.5 million. It was shared that another Board had a similar situation and the cost to update Breeze after 'go-live' was approximately $498,000.

Due to current budget constraints, the Board is not in a position to absorb such costs and would most likely need to increase licensure fees as a result.

To date, there has been no known discussion with California dental schools.

As the committee reviews how to address the ADEX request, consideration should be given to how this could affect the Portfolio Pathway to licensure and the trend of accepting a Portfolio Examination as opposed to a national clinical examination.

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February 9, 2016

Executive Summary ADEX

RE: California Board of Dentistry

Ms. Karen Fisher
Executive Director, CA Board of Dentistry

ADEX is proposing to work with the California Board of Dentistry to facilitate the recognition of the ADEX Initial Licensure Examinations in Dentistry as an option for initial licensure in California.

The American Board of Dental Examiners (ADEX) is a non-profit corporation of State Boards of Dentistry focused on the development of a state of the art, high quality uniform National dental and dental hygiene clinical licensure examination for the sole use by States Board of Dentistry to assess competency and protect the health, safety and welfare of the public. ADEX uses the most current methodology, technology and assessments in test development to design and develop the ADEX examinations. Through the collaboration of state boards of dentistry, testing agencies, professional organizations and educational institutions ADEX is committed to excellence, integrity and innovation required to develop these high stakes examinations.

The ADEX philosophy is motivated by the concept of a Uniform National Dental and Dental Hygiene Licensure Examination accepted by all States and Jurisdictions of the United States (US,) and administered throughout the country in accredited dental and dental hygiene programs by regional and or independent testing agencies. With the understanding that dentistry is not fundamentally different in one part of the country to another, ADEX brings the licensing state dental boards together to develop the content, scoring, criteria and performance parameters, so that candidates that successfully complete the ADEX examination in dentistry and dental hygiene will have the portability to practice their chosen profession throughout these United States.

ADEX was incorporated in Kansas and the Articles of Incorporation and Bylaws were adopted in May of 2005. ADEX membership is States Boards of Dentistry who accept for licensure the ADEX dental and /or dental hygiene examinations. The ADEX in reality is a Dental and Dental hygiene Examination Development committee that has replaced the exam development committees of Regional and Independent Testing Agencies. Critical to understand is that **ADEX does not administer any dental of dental hygiene examination it just develops it.**

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ADEX has 12 national districts that were based on the number of dental students, licensed dentists and to some extent the number of practicing dentists. The State of California is its own district, District 1. ADEX also has one International district with one member, Jamaica. The governance of ADEX is by the House of Representatives (HOR), which has the approval power in ADEX and the Board of Directors which oversees the day to day business. The HOR consists of one representative Dentist or Executive Director from each member State, one Hygiene representative from each district and one consumer representative from each district. There are also Associate members who sit in the HOR which are representatives of the ADA, ASDA, ADEA, ADHA, NDEBC, CDA, FSMB and NBME. The ADEX Board of Directors has one dentist representative from each district, two dental hygiene members at large elected by the HOR, two consumer representative members at large elected by the HOR and the Chairs of the Dental Exam Committee and the Dental Hygiene Exam Committee. The ADEX Executive Committee that runs the everyday business of ADEX consists of a CEO, COO, and officers. The ADEX examination is designed and developed by the ADEX Dental and Dental Hygiene Exam Committees that have representatives from each member state board and ADEX district.

The ADEX budget is based on the cost of the ADEX Annual Meeting and funding all member representatives, conducting committee meetings via conference calls throughout the year, psychometric activities, including the Technical Reports and psychometric studies required to analyze the examinations, and communication activities by ADEX to State Dental Boards. The Budget is developed independent of market share and therefore ADEX can develop its examination without a conflict of interest that could develop from a market share based budget. ADEX funding is by the participating Testing Agencies who fund the ADEX budget based their percentage of ADEX examinations administered during the previous exam season. The ADEX budget is never based on market share.

The ADEX Dental and Dental Hygiene Examinations are administered uniformly by Regional Testing Agencies, which include the Commission on Dental Competency and Assessment (CDCA) formally known as NERB, the Southern Regional Testing Agency (SRTA) and the Coalition of Independent Testing Agency (CITA). The Content Validity of the ADEX examination is based on a National Independent Occupational Analysis completed in 2011. Examination methodology requires that the examination tests all testable skill sets based on criticality and frequency. The ADEX exam is the only examination in the country that tests all testable critical skill sets in dentistry.

The ADEX dental examination consists of five stand-alone examinations in critical skill sets. The computer based examination (DSE) tests the number one skill in criticality in the Occupational Analysis; applied clinical diagnosis and treatment planning and patient medical considerations. It is a 4.5 hours examination that is case based and is the most comprehensive (robust) computer based examination in the country. The DSE is not equivalent to the National Dental Board parts 1 and 2. Evidence indicates that the pass rates of the National Dental Board parts 1 and 2 decrease the farther you are away from dental school whereas, in the ADEX DSC the pass rates increase the farther you are away from dental school indicating the practical application and focus of the DSE exam. The Prosthodontics and Endodontic portion of the examination is patient simulation (manikin based) and the Restorative and Periodontics section are clinical (patient based). The whole examination is on an electronic platform that creates efficiency, accuracy and quality assurance in the administration of the examination.

ADEX is a criterion-based examination and scoring is a criterion based scoring system. Grading is done by three independent evaluations/scores without collaboration and any failing grade must be corroborated exactly by examiners. The ADEX examination is a pass/fail examination, which more accurately shows inter-rater reliability among examiners. The ADEX examination is administered in 39 dental schools throughout the country, one in Canada, and one in Jamaica and in over 90 dental hygiene schools. There are 34 member States in ADEX whose membership requires that they accept the ADEX examination in dentistry and/or dental hygiene. The ADEX examination is accepted in 46 US States and jurisdictions as well as Jamaica. The ADEX is the most widely accepted Dental and dental hygiene examination in the country and is the only independent dental test development organization in the nation.

ADEX believes that it has been far to long for our profession to promote different standards of competency. A Uniform National Dental and Dental Hygiene examination that is accepted for licensure by every state, that is designed and developed by an organization of States Boards of Dentistry, that is administered throughout the country in the only format accepted by the American Dental Association, a Curriculum Integrated Format (CIF) allowing for the examination to be given within the candidates clinical experience and within the patients normal treatment modality, would bring dentistry into alignment with medicine, and allow for dental students to take on examination without concern of acceptance, an especially important issue for the trailing spouse or partner. These are the fundamentals of ADEX.

Dentistry is the only health profession that does not have a uniform national licensure examination. ADEX believes that the acceptance of the ADEX by California will set the corner stone that will bring to fruition the goal of a Uniform National Dental licensure examination. California is the first and largest district in ADEX. It has the largest number of dental students and licensed dentists in the country. California membership into ADEX would be significant in securing solidarity within the exam community ending an antiquated licensure process that predicated itself on market share and competition. California membership will be a valuable asset to ADEX and strengthen our ability to develop the most updated, innovative and progressive clinical licensure examination in Dentistry.

Sincerely,

Stanwood H. Kanna DDS
President, ADEX
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Guy S. Shampaine DDS
Chief Executive Officer, ADEX
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MEMORANDUM

DATE	May 6, 2015
TO	Examination Committee Members Dental Board of California
FROM	Tina Vallery, Licensing Analyst
SUBJECT	**EX 5:** Staff Update on Portfolio Pathway to Licensure

Dr. Steve Casagrande met with Dr. Michael Mulvehil and students at USC on April 29th to discuss the portfolio pathway to licensure. Dr. Casagrande will give a verbal report on that meeting.

Both Dr. Steve Casagrande and Dr. Steve Morrow met with students at the California Dental Association meeting which was held at the Anaheim Convention Center, April 30 – May 2, 2015. Dr. Casagrande met with dental students on Friday morning, gave a short power point presentation on the portfolio pathway to licensure, and answered questions. He will give further details in a verbal report. Dr. Steve Morrow also met with dental students Friday evening during a table top discussion. He will give further details in a verbal report.

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