
# DENTAL BOARD OF CALIFORNIA BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM

Submitted to the Legislature December 1, 2018

# VOLUME 2

ATTACHMENT A

# DENTAL BOARD OF CALIFORNIA POLICY AND PROCEDURE MANUAL

Dental Board of California

# Policy and Procedure Manual

Adopted by the Board
August 18, 2016

Dental Board of California
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## CHAPTER 1. INTRODUCTION

Overview

The Dental Board of California (DBC) was created by the California Legislature in 1885. Today the DBC is one of the boards, bureaus, commissions, and committees within the Department of Consumer Affairs (DCA), Business, Consumer Services, and Housing Agency. DBC's highest priority is protection of the public while exercising its licensing, regulatory, and disciplinary functions. If protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

The DBC is presently comprised of 15 members. The composition of the Board is defined in Business and Professions Code Sections 1601 and 1603 and includes eight dentists appointed by the Governor, one of whom must be a member of a faculty of any California dental college and one shall be a dentist practicing in a nonprofit community clinic; five public members, three appointed by the Governor, one by the Speaker of the Assembly and one by the Senate Rules Committee; one licensed dental hygienist appointed by the Governor; and one licensed dental assistant appointed by the Governor. Board members may serve up to two four-year terms. Board members serve without a salary, but are compensated $100 per day for each meeting day and are reimbursed for travel expenses (B&P Code § 103).

This policy and procedure manual is provided to Board members as a reference for important laws, regulations, DCA policies, and Board policies to help guide the actions of the Board members and ensure Board effectiveness and efficiency.

Definitions:

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| **BPC** | Business and Professions Code |
| **CCR** | California Code of Regulation |
| **CLEAR** | Council on Licensure Enforcement and Regulations |
| **DCA** | Department of Consumer Affairs |
| **EO** | Executive Officer |
| **SAM** | State Administrative Manual |
| **President** | Where the term "President" is used in this manual, it will be assumed to include "his or her designee" |

General Rules of Conduct:

Board members shall not speak or act for the Board without proper authorization.

Board members shall maintain the confidentiality of confidential documents and information.

Board members shall commit the time necessary to prepare for Board responsibilities.

Each Board member shall recognize the equal role and responsibilities of all Board members.

Board members shall act fairly, be nonpartisan, impartial and unbiased in their role of protecting the public.

Board members shall treat all applicants and licensees in a fair and impartial manner.

Board members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.

Board members shall not use their positions on the Board for personal, familial or financial gain.

Board members shall refrain from working on personal and/or non-Board related business during Board meetings. If necessary, members shall leave the dais***, being mindful of a quorum, to address personal and/or non-Board related business***.

## CHAPTER 2. BOARD, COUNCIL AND COMMITTEE MEETING PROCEDURES

Frequency of Meetings
*(BPC Section 101.7)*

Boards shall meet at least three times each calendar year. Boards shall meet at least once each calendar year in Northern California and once each calendar year in southern California in order to facilitate participation by the public and its licensees.

Special meetings may be held at such times as the board may elect or on the call of the president of the board, or of not less than four members thereof. (BPC Section 1608)

Notice of each meeting and the time and place thereof shall be given in accordance with the Bagley-Keene Open Meeting Act (Gov. Code § 11120 et seq).

Board, Council and Committee Member Attendance at Board Meetings
*(Board Policy)*

Members shall attend each meeting. If a member is unable to attend, he or she must contact the Board President or the Executive Officer and request to be excused from the meeting.

Board, Council and Committee Meetings
*(Government Code Section 11120 et seq.)*

Meetings are subject to all provisions of the Bagley-Keene Open Meeting Act. This act governs meetings of the state regulatory boards and meetings of committees of those boards where the committee consists of more than two members. It specifies meeting notice and agenda requirements and prohibits discussing or taking action on matters not included in the agenda.

Communications
*(Bagley-Keene Open Meeting Act, Government Code Section 11122.5(b))*

A majority of the members of the Board, a committee or Council shall not, outside of a Board meeting, use a series of communications of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter of the state body.

***(Bagley-Keene Open Meeting Act - Section II. C. Board and Committee Meetings [Restriction on Attendance at Committee Meetings])***

Council members not serving as a member of the Board shall not participate in matters under consideration by the Board during a meeting, unless there is a joint meeting of the Board and Council.

Committees
*(Board Policy, BPC 1601.1)*

The Board shall be organized into standing committees pertaining to examinations, enforcement, and other subjects the Board deems appropriate.

Committees meet when they have issues to be considered in order to make recommendations to the full Board.

The Board President and/or Committee Chair, in consultation with the Executive Officer***,*** may appoint a two-person subcommittee at any time ***as*** deemed necessary.

Dental Assisting Council
*(BPC Section 1742)*

The Dental Assisting Council (Council) will consider all matters relating to dental assistants in California and will make appropriate recommendations to the Board and the standing Committees of the Board. The members of the Council shall include the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants.

Council Member Comments During a Board meeting
(Bagley-Keene Open Meeting Act ***Section II. C. Board and Committee Meetings [Restriction on Attendance at Committee Meetings]***)

Council members not serving as a member of the Board shall not participate in matters under consideration by the Board during a meeting, unless there is a joint meeting of the Board and Council.

Public Participation
*(Board Policy)*

Public participation is encouraged throughout the public portion of the meetings. The chairs of the respective committees, as well as the Board President, acknowledge comments from the audience during general discussion of agenda items. In addition, each Board agenda includes public comment as a standing item of the agenda. This standing agenda item allows the public to request items to be placed on future agendas.

If the agenda contains matters that are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Quorum
*(BPC Section 1610)*

Eight Board members constitute a quorum of the Board for the transaction of business; four members for the council; four members for the Diversion Evaluation Committee (DAC); and three members for the Elective Facial Cosmetic Surgery Permit Credentialing Committee (EFCS). Ad Hoc

committee quorums would be a simple majority of appointed members.

- ***Members shall be mindful of the quorum before temporarily exiting the discussion.***

Agenda Items
*(Board Policy)*

Board meetings generally involve:
- Board policy
- Legislation that may be relevant to the practice of dentistry
- Content and administration of examinations
- Adoption or repeal of regulations
- Approval of fee schedules
- Appeals of Board actions

Board Procedures/Operations
- Enforcement issues such as, adoption or non-adoption of Administrative Law Judge proposed decisions, stipulated settlements, and referral of cases to the Office of Administrative Hearings
- Committee meetings
- Consideration of committee recommendations

Any Board member may submit, for consideration, items for a Board meeting agenda to the Board President and Executive Officer 30 days prior to the meeting. The Board President and Executive Officer, in consultation with legal counsel, will review and, if appropriate, approve items submitted for consideration.

**Closed Session**
**(Government Code Sections 11126(c)(2) and 11126(c)(3))**

The Board shall meet in Closed Session to deliberate and take action on disciplinary matters, litigation and personnel matters.
- Stipulations and Proposed Decisions will be distributed to Board members for a mail vote.
- Two Board members are required to hold a decision for discussion in Closed Session at a future Board meeting. If only two members hold for discussion and one of those members is unable to attend the meeting, the Boards action will revert to the majority vote on that decision.
- Effective July 1, 2016, Stipulated Surrenders and Revocations are automatically accepted by the Executive Officer without Board member vote per CCR, Title 16, Section 1001).

Notice of Meetings
*(Government Code Section 11120 et seq.)*

According to the Open Meeting Act, meeting notices must include the agenda and shall be sent to persons on the Board's mailing list at least 10 calendar days in advance. The notice shall include a staff person's name, work address and work telephone number who can provide further information prior to the meeting.

Notice of Meetings to be Posted on the Internet
*(Government Code Section 11125)*

Notice and the agenda shall also be made available on the Internet at least 10 days in advance of the meeting, and shall include the name, address, and telephone number of any person who can provide further information prior to the meeting, but need not include a list of witnesses expected to appear at the meeting. The written notice shall additionally include the address of the Internet site where notices are available.

Record of Meetings
*(Board Policy)*

The minutes are a summary, not a transcript, of each Board, Council and Committee meeting. They shall be prepared by Board staff and submitted for review by the Board members at the next Board meeting. Board minutes shall be approved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official
record of the meeting.

Board meetings are webcast in real time when webcasting resources are available. Archived copies of the webcast are available on the Board's website approximately 30 days after the meeting is held.

Recording
*(Board Policy)*

Public meetings are recorded for staff purposes. Recordings may be erased upon Board approval of the minutes or 30 days after the recording. CD copies are available, upon request, for Board members not able to attend a meeting.

Meeting Rules
*(16 CCR § 1002)*

Board, Council and Committee meetings are conducted following Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act), as a guide when conducting the meetings.

Use of Electronic Devices During Meetings
*(Bagley-Keene)*

Board members should not text or email one another during a meeting on any matter within the Board's jurisdiction. Using electronic devices to communicate secretly in such a manner would violate the Open Meeting Act. Where laptop computers or tablets are used by the Board members at the meeting because the Board provides materials electronically, the Board President shall make an announcement at the beginning of the meeting as to the reason for the use of laptop computers or tablets.

## CHAPTER 3. TRAVEL AND SALARY POLICIES AND PROCEDURES

Travel Approval
*(DCA Memorandum 96-01)*

Board, Council and Committee members shall have Board President approval for all travel except for regularly scheduled Board and committee meetings to which the Board member is assigned.

Travel Arrangements
*(Board Policy)*

Board, Council and Committee members are encouraged to coordinate with the Executive Assistant on travel arrangements and lodging accommodations.

Out-of-State Travel
*(SAM Section 700 et seq.)*

For out-of-state travel, Board members will be reimbursed for actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Out-of-state travel for all persons representing the State of California is controlled and must be approved by the Governor's Office.

Travel Claims
*(SAM Section 700 et seq. and DCA Memorandum 96-01*)

Rules governing reimbursement of travel expenses for Board members are consistent with rules that apply to management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The Executive Assistant maintains these forms and completes them as needed. It is advisable for Board members to submit their travel expense forms immediately after returning from a trip and not later than two weeks following the trip.

In order for the expenses to be reimbursed, Board members shall follow the procedures contained in DCA Departmental Memoranda which are periodically disseminated by the Director and are provided to Board members.

Per Diem Salary
*(BPC Section 103)*

BPC Section 103 regulates compensation in the form of per diem salary and reimbursement of travel and other related expenses for Board members. This section provides for the payment of per diem salary for Board members "for each day actually spent in the discharge of official duties," and provides that the Board member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

Per Diem Salary
*(Board Policy)*

The following general guidelines shall apply to the payment of per diem salary, or reimbursement for travel:

1. No per diem salary or reimbursement for travel-related expenses shall be paid to Board members except for attendance at official Board or committee meetings. Attendance at gatherings, events, hearings, conferences or meetings other than official Board or committee meetings shall be approved in advance by the Board President. The Executive Officer shall be notified of the event and approval shall be obtained from the Board President prior to Board member's attendance.

2. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a Board meeting or committee meeting to the conclusion of that meeting.

   Where it is necessary for a Board member to leave early from a meeting, the Board President shall determine if the member has provided a substantial service during the meeting and, if so, shall authorize payment of salary per diem and reimbursement for travel-related expenses.

   For Board-specified work, Board members will be compensated for actual time spent performing work authorized by the Board President. That work includes, but is not limited to, authorized attendance at gatherings, events, meetings, hearings, or conferences, and committee work. That work does not include preparation time for Board or committee meetings. Board members cannot claim per diem salary for time spent traveling to and from a Board or committee meeting.

## CHAPTER 4. SELECTION OF OFFICERS AND COMMITTEE/LIAISON APPOINTMENTS

Officers of the Board
*(BPC Section 1606)*

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

Election of Officers
*(Board Policy)*

It is board policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the board. The newly elected officers shall assume the duties of their respective offices on January 1st of the New Year.

Procedure for Nomination
*(Board Policy)*

Board Members interested in running for President, Vice-President, and Secretary shall independently submit their name to the Executive Officer ***No later than 30 days before the final scheduled meeting of the calendar year.***

Election Process
*(Board Policy)*

The Board's executive officer shall conduct the election of officers and shall set the general election procedure.

Officer Vacancies
*(Board Policy)*

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

Absence of Officers
(*Board Policy)*

If an officer is absent from two consecutive meetings, the Board may consider whether it wishes to vacate that position. If the office is that of the President, the Vice President shall assume the office of the President. ***If the office is that of the Vice President, the Secretary shall assume the office of the Vice President.*** A vacancy in the office of the Secretary shall be voted on by Board members. Officers shall then serve the remainder of the term.

Committee/Liaison Appointments
*(Board Policy)*

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

Attendance at Committee Meetings
*(Board Policy)*

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

Roles and Responsibilities of Board Officers/Committee Chairs/Liaisons
*(Board Policy)*

**President**

- Acts as spokesperson for the Dental Board (attends legislative hearings and testifies on behalf of the Board, attends meetings with stakeholders and Legislators on behalf of Board, talks to the media on behalf of the Board, and signs letters on behalf of the Board).
- Meets and/or communicates with the Executive Officer (EO) on a regular basis.
- Provides oversight to the Executive Officer in performance of the EO duties.
- Approves leave requests, verifies accuracy and approves timesheets, approves travel and signs travel expense claims for the EO.
- Coordinates the EO annual evaluation process including contacting DCA Office of Human Resources to obtain a copy of the Executive Officer Performance Evaluation Form, distributes the evaluation form to members, and collates the ratings and comments for discussion.
- Authors a president's message for every board meeting and published newsletters.
- Approves Board Meeting agendas. Chairs and facilitates Board Meetings. Chairs the Executive Committee.
- Signs specified full board enforcement approval orders.
- Establishes Committees and appoints Chairs and members.
- Establishes 2-Person subcommittees and /or task forces to research policy questions when necessary.
- Attends Dental Hygiene Committee of California meetings

**Vice President**

- May assume the duties above in the President's absence.
- Is a member of Executive Committee.

- Coordinates the revision of the Board's Strategic Plan.
- Coordinates the revision of the Board's Policy and Procedure Manual.

**Secretary**

- Calls the roll at each Board meeting and reports that a quorum has been established.
- Calls the roll for each action item.
- Is a member of Executive Committee.

**Committee Chair**

- Reviews agenda items with EO and Board President prior to Committee meetings.
- Approves the Committee agendas.
- Chairs and facilitates Committee meetings.
- Calls the roll or appoints a member to call the roll for each action item.
- Reports the activities of the Committee to the full Board.

**Liaisons**

Members acting as liaisons to Committees are responsible for keeping the Board informed regarding emerging issues and recommendations made at the Committee level.

Creation of Task Forces
*(Board Policy)*

It is the policy of the Board that:

1) task forces will be appointed sparingly as the exception rather than the rule and only when the Board finds it cannot address a specific and well defined issue through the existing committee structure;

2) task force members may be appointed by the Board President but must be approved by the full Board;

3) the charge given to the task force will be clear, specific, in writing and presented to the Board at the time of appointment;

4) task forces, of three or more members, appointed by the Board are subject to the same open meeting laws as the Board (as required by Government Code Section 11121);

5) all task forces shall give staff at least 20 days advance notice of the time, place and general agenda for any task force meeting;

6) task forces will meet and report regularly and provide the Board with minutes after every meeting;

7) no task force recommendation will be the basis for Board action in the absence of a formal written report from the task force to the Board.

## CHAPTER 5. BOARD ADMINISTRATION AND STAFF

Board Administration
*(DCA Reference Manual)*

Board members should be concerned primarily with formulating decisions on Board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for Board members to become involved in the details of program delivery. Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Officer.

Board Budget
*(Board Policy)*

The Executive Officer shall serve as the Board's budget liaison with staff and shall assist staff in the monitoring and reporting of the budget to the Board. The Executive Officer or the Executive Officer's designee will attend and testify at legislative budget hearings and shall communicate all budget issues to the Administration and Legislature.

Strategic Planning
*(Board Policy)*

The Executive Committee shall have overall responsibility for the Board's Strategic Planning Process. The Vice President shall serve as the Board's strategic planning liaison with staff and shall assist staff in the monitoring and reporting of the strategic plan to the Board. The Board will conduct periodic strategic planning sessions and may utilize a facilitator to conduct the strategic planning process.

Legislation
*(Board Policy)*

When time constraints preclude Board action, the Board delegates the authority to the Executive Officer and the Chair of the Legislative Committee to take action on legislation that would change the Dental Board of California's Dental Practice Act, or which impacts a previously established Board policy or affects the public's health, safety or welfare. Prior to taking a position on legislation, the Executive Officer shall consult with the Board President and Legislative Committee Chair. The Board shall be notified of such action as soon as possible.

Communications with Other Organizations and Individuals
*(Board Policy)*

The official spokesperson for the Dental Board of California is the President. The President may designate the Executive Officer, the Chief of Enforcement, other board members, or staff to speak on behalf of the Board.

It is the policy of the Dental Board of California to accommodate speaking requests from all organizations, schools, consumer groups, or other interested groups, whenever possible. If the Board representative is addressing a dental

school or group of potential candidates for licensure, the program must be open to all interested parties. The President may authorize board members to speak to schools, organizations, consumer groups, or other interested groups upon request by members or written requests from said schools, organizations or groups.

Media Inquiries
*(Board Policy)*

If a member of the Board receives a media call, the Member should promptly refer the caller to the Department of Consumer Affairs Public Information Officer who is employed to interface with all types of media on any type of inquiry. It is required that members make this referral as the power of the Board is vested in the Board itself and not with an individual Board Member. Expressing a personal opinion can be misconstrued as a Board policy or position and may be represented as a position that the Board has taken on a particular issue when it has not.

A Board Member who receives a call should politely thank the caller for the call, but state that it is the Board's policy to refer all callers to the Public Information Officer. The Board Member should then send an email to the Executive Officer indicating they received a media call and relay any information supplied by the caller.

Service of Lawsuits
*(Board Policy)*

Board Members may receive service of a lawsuit against themselves and the Board pertaining to a certain issue (e.g. a disciplinary matter, a complaint, a legislative matter. etc.). To prevent a confrontation, the Board Member should accept service. Upon receipt, the Board Member should notify the Executive Officer of the service and indicate the name of the matter that was served and any pertinent information. The Board Member should then mail the entire package that was served to the Executive Officer as soon as possible. The Board's legal counsel will provide instructions to the Board Members on what is required of them once service has been made. The Board Members may be required to submit a request for representation to the Board to provide to the Attorney General's Office.

Executive Officer Evaluation
*(Board Policy)*

The Board shall evaluate the performance of the Executive Officer annually.

Executive Officer Vacancy
*(Board Policy)*

In the event the Executive Officer position becomes vacant, the Board may, at its discretion, appoint the Assistant Executive Officer or another employee of the Board as the Acting Executive Officer or Interim Executive Officer. An Acting Executive Officer is only entitled to his or her current salary. If an Interim Executive Officer is appointed, the Board shall set his or her salary at an amount within the

Executive Officer's salary range.

DCA's Human Resources Division will provide assistance with the temporary appointment process and the process for the search for a new Executive Officer.

Board Staff
*(DCA Reference Manual)*

Employees of the Board, with the exception of the Executive Officer, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements. Because of this complexity, it is most appropriate that the Board delegate all authority and responsibility for management of the civil service staff to the Executive Officer. Consequently, the Executive Officer shall solely be responsible for all day-to-day personnel transactions.

Business Cards
*(Board Policy)*

Business cards will be provided to each Officer of the Board with the Board's office address, telephone and fax number, and Web site address. A Board Officer's business address, telephone and fax number, and e-mail address may be listed on the card at the member's request.

## CHAPTER 6. OTHER POLICIES AND PROCEDURES

Availability
*(Board Policy)*

It is recommended that Board members who will be unavailable for a period longer than three consecutive days, notify the Executive Officer and the Board President.

Mandatory Training
*(DCA Policy)*

State law requires board members within the Department of Consumer Affairs to complete training in several important areas, including ethics, conflict of interest laws, sexual harassment prevention and Board Member Orientation Training.

Ethics Orientation
http://www.dcaboardmembers.ca.gov/training/ethics_orientation.shtml
*(Government Code §53234)*

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

The training includes important information on activities or actions that are inappropriate or illegal. For example, generally public officials cannot take part in decisions that directly affect their own economic interests. They are prohibited from misusing public funds, accepting free travel and accepting honoraria. There are limits on gifts.

An online, interactive version of the training is available on the Attorney General's Web site at http://oag.ca.gov/ethics. An accessible, text-only version of the materials is also available at the Attorney General's Web site.

Conflict of Interest
http://www.dcaboardmembers.ca.gov/member_info/conflict_interest.shtml
*(Government Code §81000)(California Code of Regulations, §18730)*

The Department of Consumer Affairs will make and retain a copy of the statements from members of the boards, commission, committees and subcommittees and make them available for public inspection. It will forward the original statement to the Fair Political Practices Commission. Information on specific topics can be found at:
http://www.dcaboardmembers.ca.gov/member_info/conflict_interest.shtml

Sexual Harrassment Prevention
http://www.dcaboardmembers.ca.gov/training/harassment_prevention.shtml
*(Government Code §12950.1)*

All new board members are required to attend at least two hours of classroom or other interactive training and education regarding sexual harassment prevention within six months of their appointment. The Equal Employment

Opportunity (EEO) Office is responsible for ensuring that all board members complete their required training. A copy of your certificate of proof of training must be sent to the EEO Office. Please identify which Board/Committee/Commission you serve on.

For information on how to receive Sexual Harassment Prevention Training contact:

Equal Employment Opportunity Office
1625 N. Market Blvd, Ste N330
Sacramento, CA 95834
(916) 574-8280 (916) 574-8604 Fax

Board Member Orientation
*(BPC Section 453)*

Every newly appointed and reappointed board member is required to complete a training and orientation program offered by the Department of Consumer Affairs (DCA) within one year of assuming office. The training covers the functions, responsibilities and obligations that come with being a member of a DCA board.

For more information and assistance with scheduling training, please contact:

*SOLID Training Solutions*
*1747 North Market Blvd, Ste. 270*
*Sacramento, CA 95834*
*(916) 574-8316*
*SOLID@dca.ca.gov*

Board Member Disciplinary Actions
*(Board Policy)*

The Board may censure a member if, after a hearing before the Board, the Board determines that the member has acted in an inappropriate manner.

The President of the Board shall sit as President of the hearing unless the censure involves the President's own actions, in which case the Vice President of the Board shall sit as President. In accordance with the Open Meeting Act, the censure hearing shall be conducted in open session.

Removal of Board Members
*(BPC Section 1605)*

The Governor has the 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 or for incompetence or unprofessional or dishonorable conduct. The Governor may also remove from office a Board member whom directly or indirectly discloses examination questions to an applicant for examination for licensure. That member would also be subject to a misdemeanor violation (B&P Code 123).

Resignation of Board Members
*(Government Code Section 1750)*

In the event that it becomes necessary for a Board member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. State law requires written notification. A copy of this letter shall also be sent to the director of the Department, the Board President, and the Executive Officer.

Conflict of Interest
*(Government Code Section 87100)*

No Board member may make, participate in making or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any Board member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any Board member who feels he or she is entering into a situation where there is a potential for a conflict of interest should immediately consult the Executive Officer or the Board's legal counsel.

Honoraria Prohibition
*(Government Code Section 89502*)

As a general rule, members of the Board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A member of a state Board is precluded from accepting an honorarium from any source, if the Board member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances: (1) when a honorarium is returned to the donor (unused) within 30 days; (2) when an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction ls not claimed); and (3) when an honorarium is not delivered to the Board member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization.

In light of this prohibition, Board members should report all offers of honoraria to the Board President, so that he or she, in consultation with the EO and staff counsel, may determine whether the potential for conflict of interest exists.

Paid Travel to Attend Meeting Unrelated to Board Business
*(Government Code Section 89506)*

In general, payments by a third party for a public official's travel are considered a gift, subject to the per year gift limit and must be reported by the official on his or

her statement of economic interests; however, there are exceptions to this rule. Pursuant to *Government Code Section 89506, p*ayments, advances, or reimbursements, for travel, including actual transportation and related lodging and subsistence that is reasonably related to a legislative or governmental purpose, or to an issue of state, national, or international public policy, are not prohibited and are not subject to the per year gift limit if either of the following apply:

(1) The travel is in connection with a speech given by the elected state officer, local elected officeholder, candidate for elected state office or local elected office, an individual specified in Section 87200, **member of a state board or commission**, or designated employee of a state or local government agency, the lodging and subsistence expenses are limited to the day immediately preceding, the day of, and the day immediately following the speech, and the travel is within the United States.

(2) The travel is provided by a government, a governmental agency, a foreign government, a governmental authority, a bona fide public or private educational institution, as defined in Section 203 of the Revenue and Taxation Code, a nonprofit organization that is exempt from taxation under Section 501(c)(3) of the Internal Revenue Code, or by a person domiciled outside the United States which substantially satisfies the requirements for tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

Keep in mind that the rules regarding financial conflicts of interest are complex, and, therefore, Board members should contact the DCA Ethics Officer at (916) 574-8220 for assistance.

Contact with Candidates
*(Board Policy)*

Board members shall not intervene on behalf of a candidate for licensure for any reason. They should forward all contacts or inquiries to the Executive Officer or Board staff.

Gifts from Candidates
*(Board Policy)*

Gifts of any kind to Board members or the staff from candidates for licensure with the Board shall not be permitted.

Request for Records Access
*(Board Policy)*

No Board member may access the file of a licensee or candidate without the Executive Officer's knowledge and approval of the conditions of access. Records or copies of records shall not be removed from the DBC's office.

Ex Parte Communications
*(Government Code Section 11430.10 et seq.)*

The Government Code contains provisions prohibiting *ex parte* communications.

An “ex parte” communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of section 11430.10, which states:

> “While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication.”

Board members are prohibited from an *ex parte* communication with Board enforcement staff while a proceeding is pending.

Occasionally an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Chief of Enforcement.

If a Board member receives a telephone call from an applicant or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter. If the person insists on discussing the case, he or she should be told that the Board member would be required to excuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

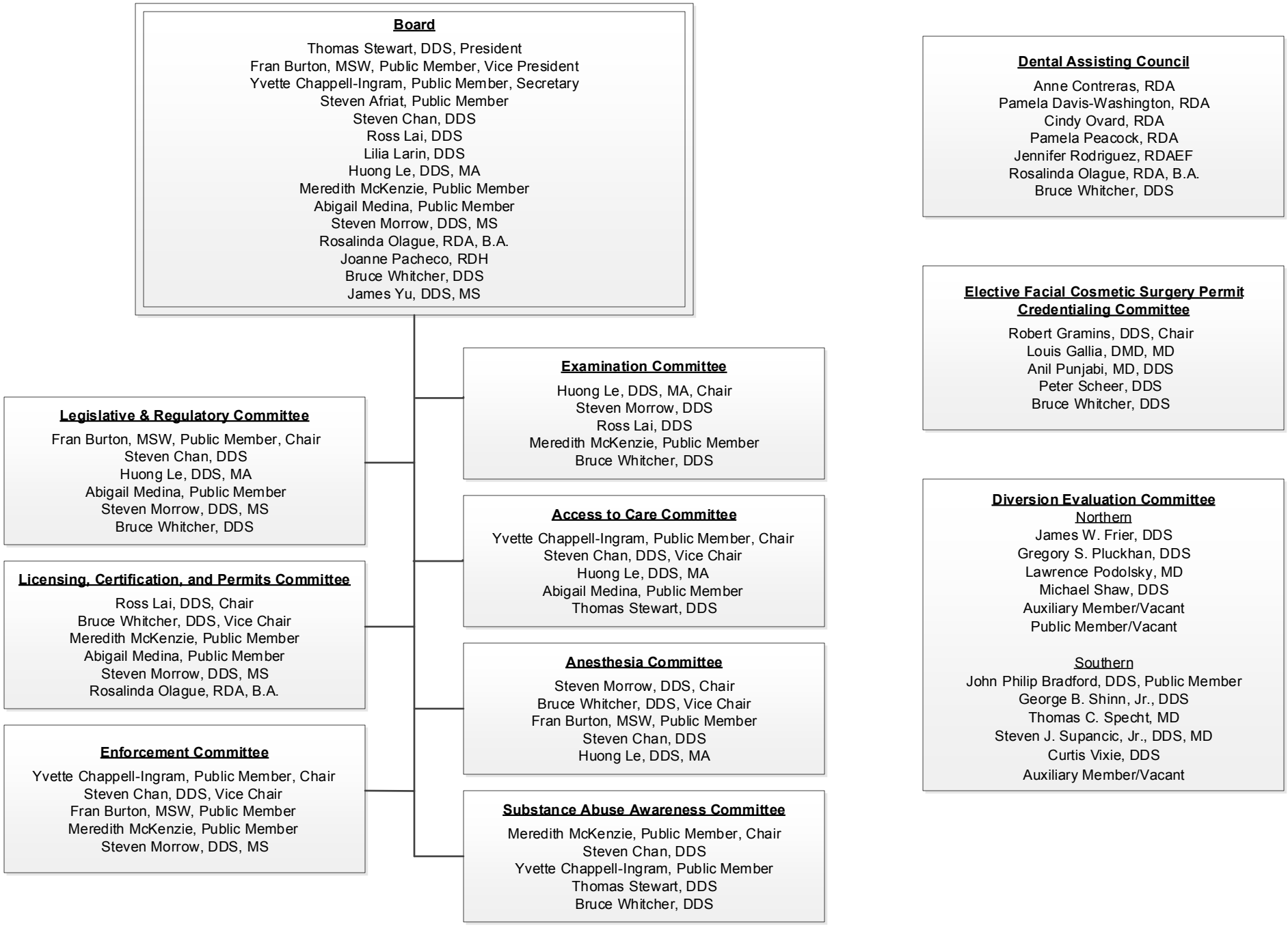
If a Board member believes that he or she has received an unlawful *ex parte* communication, he or she should contact the Board’s legal counsel.

ATTACHMENT B

# DENTAL BOARD OF CALIFORNIA – BOARD AND COMMITTEE RELATIONSHIP ORGANIZATIONAL CHART (CF., SECTION 1, QUESTION 1)

Org Chart
Board/Committee
2018

# DEPARTMENT OF CONSUMER AFFAIRS
# DENTAL BOARD OF CALIFORNIA



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## ATTACHMENT C

# DENTAL BOARD OF CALIFORNIA MAJOR STUDIES (CF., SECTION 1, QUESTION 4)

a. Dental Board of California User Fee Audit – Final Report March 2015

b. Dental Board of California Occupational Analysis of the Registered Dental Assistant Profession, April 2016

c. Dental Board of California Occupational Analysis of the Registered Dental Assistant in Extended Functions Profession, June 2016

# Dental Board of California

# Final Report – User Fee Audit

Protecting and promoting the oral health and safety of California consumers by ensuring the quality of dental health care within the State.

Capital Accounting Partners, LLC

March 2015

# CONTENTS

# INTRODUCTION AND SCOPE

The mission of the Dental Board of California is to *protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the State*. As such, it provides an important public safety function. This project aligns with the mission of the Board by developing the resources so that this mission can be fully executed.

This is a draft report covering the processes, procedures, and findings of the Dental Board of California's fee audit. This draft reports on the analysis of cost in an effort to calculate individual licenses and permits issued by the Board to Dentist and Dental Assistants. As a draft we would expect to see minor modifications before the final. However, we are comfortable stating that any modifications to either the report or the analysis should be minor.

This report also does not take into consideration any adjustments to fees based on policy considerations or directives by the Board of Directors.

As part of its effort to manage its financial resources wisely, the Dental Board of California engaged Capital Accounting Partners to prepare a detailed cost analysis of its fees. The Board's objectives for the study were to ensure that the Board is fully accounting for all of its costs and recovering adequate revenues to be reimbursed for its expenses. The Board's only sources of revenues are fees charged for each of the various licenses and permits. The Board also has a mandate to be fully self-supporting so it is vital that the fees charged to Dentists and Dental Assistants for permits and licenses fully recover the costs of the program.

The scope of this study included the following objectives:

- Calculate full cost of fee based services;
- Determine allocation methodology for enforcement activities;
- Develop revenue projections for 5-10 years; and
- Pass high level audits.

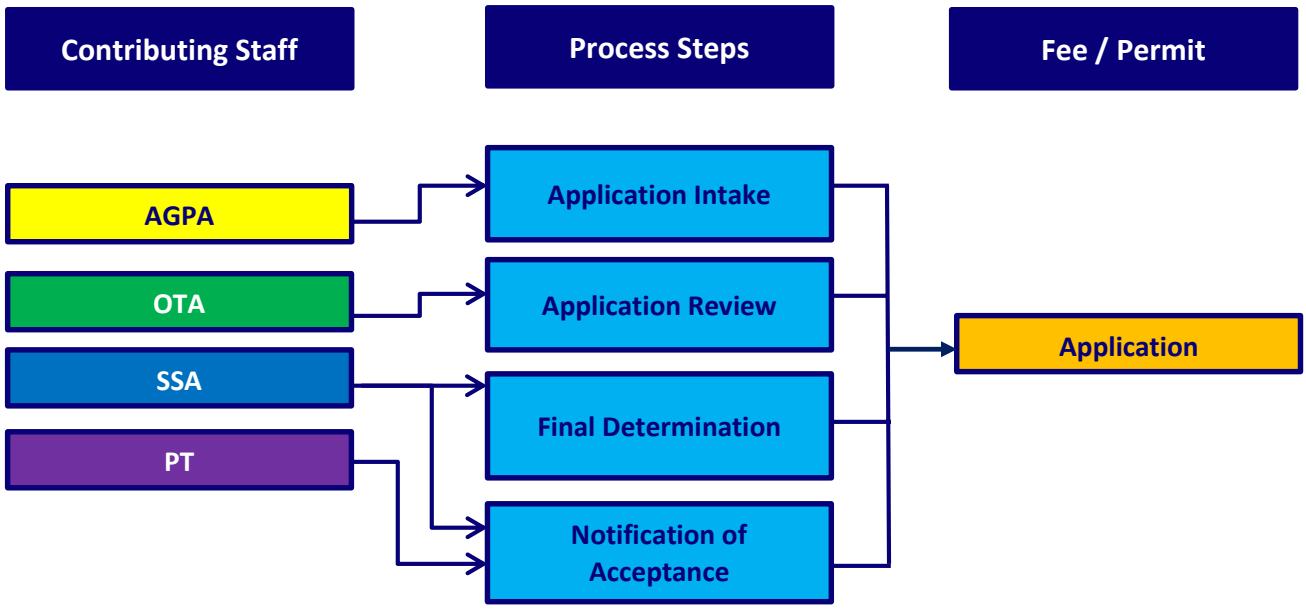
The process used for collecting and analyzing the data required active participation by the Board's management and staff. We want to take this opportunity to recognize their participation, time, and effort to collect the data and discuss the analysis, results, and recommendations.

# SUMMARY OF COSTING METHODOLOGIES

## DRIVER BASED COSTING MODELS

Developing driver based costing models are a detailed and robust method of calculating the cost of a specific service. It is based on the principles of activity based costing so it seeks to understand cost at an operational level. This means it relies on understanding the time staff invests in core business processes to process permits and licenses as well as enforcement and administrative services. Graphically, the following figure illustrates this methodology.

**Hypothetical Illustration of a Driver Based Costing Model**




**Step 1: Collect Data –** This first step involves discussions with staff to identify those positions within each program that provide and support direct services. It also involves collecting program budget and expenditure data, identifying the salary and benefits for each position, and identifying non-personnel expenditures, as well as any program and Board overhead. Specifically, the steps involve the following:

- **Identifying staff positions** – This includes identifying both position titles and names.
- **Calculating the number of productive hours** – For each position, vacation time, sick leave, paid holidays, professional development (training), routine staff meetings, and daily work breaks are deducted from the standard 2,080 annual hours. The result is a range of hours available for each position on an annual basis. This range is typically in the area of 1,600 hours. Factors that influence this range are length of service with the organization and policies for holiday and personal leave time.

- **Identifying and allocating non-personnel costs** – Costs for materials and supplies are allocated to the salary and benefits for each position.
- **Assigning any other expenses that are budgeted in other areas** – There are often expenses that should be included with the total cost of services. Examples of such costs might include amortized capital expenses for vehicles and technology.
- **Identifying core business processes or activities** – This step also involves discussions with staff to understand, at an operational level, the work of the operating unit. Core business processes used to provide services are identified and then defined by the tasks that are involved. Processes are also organized by direct and indirect categories:
- **Direct processes and activities** – Those processes that directly contribute to the processing of an application or permit are first identified. Examples of a direct activity are initial data entry of permits and certifications.
- **Indirect processes and activities** – Those processes that support, but do not directly apply to the processing of a specific permit or certification. An example of an indirect activity is customer service or staff training to maintain certifications.

**Step 2: Building cost structures** – This second step involves significant interaction with staff and the development of time estimates for both direct and indirect processes in each program area. Specifically, this step is at the core of the analysis. There are three processes that comprise this step:

- **Gathering time estimates for direct processes** – By interviewing staff in individual and group meetings, an estimate of time was assigned to each service by the process that is indicated. For example, in Investigative Unit we identified the following activities and staff estimated their time to each.
    - Complaint is filed;
    - Fact finding;
    - SME review;
    - Prepare investigative report;
    - PRA & Subpoena;
    - Admin – monitor enforcement statistics; and
    - Monitor as required.

  The sum of all the process steps is the total time that is required to provide that specific service.
- **Assigning indirect time** – An annual time estimate is gathered from staff for those indirect or support processes in which they are involved. These include Board as well as program administration, customer service, and IT.
- **Calculating fully loaded hourly rates and the cost of service –** Once the total time for each direct and indirect service is estimated, the cost of service is calculated by using the fully loaded hourly rates for each staff member or position that is involved with the service. The fully loaded hourly rate for each employee is based on the employee's salary and benefit costs plus a share of non-personnel and Board overhead costs divided by the employee's available work hours (i.e. 2,080

hours minus all leave hours). Thus, the direct and indirect cost by activity also includes program and Board overhead as well as non-labor costs.

- **Gathering activity or volume data** – A critical element in the analysis is the number of times a given permit or certification is provided on an annual basis. This is critical data for three reasons:
  - It allows a calculated projection of current revenue based on current prices. This is compared with actual revenue to see if there is a close match as the data should match.
  - It allows for a calculated projection of revenue at full cost. This is compared to actual expenditures to see if there is a close match as the data should match.
  - It allows for a calculation of total hours consumed. Hours consumed must closely match actual hours available.

If any of the three calculations do not approximate actual numbers, then time estimates and/or volume data need to be re-evaluated. These are critical quality checks for costing accuracy.

**Step 3: Allocating Enforcement Activities** – This third step allocates enforcement activities to arrive at the full cost of service for each direct permit or certification. Thus, the final cost layers are brought together to establish the full cost of service. For the Dental Board of California, this is a significant step as a high percentage of its costs are centered in enforcement activities.

**Step 4: Set cost recovery policy** – Depending on Board policies and other considerations, the level of cost recovery is a decision that should be made for each type or group of permits and certifications. For example, the Board might want to subsidize one type of permits and licenses with revenues from others.

**Step 5: Set fees**

Based on any new, existing, or revised cost recovery policies, the recommended fees can be established. The recommended fees will be established based on Board staff recommendations and Council discussion in the future. The fee analyses in this report are based on full cost recovery.

# SUMMARY OF FINDINGS AND RESULTS

## CHALLENGES TO MANAGING THE BOARD

In our study, we found two significant issues that, from our perspective, bring significant challenges to the leadership and staff of the Board. From our observation, these challenges may inhibit the effective financial management of the Board and its ability to effectively carry out its mission. This is not to say, that the current staff and leadership are doing a poor job. Just the opposite may be true. It is to say that their ability to effectively manage the Board may be inhibited.

### BUDGET STRUCTURE

The Board has a clear and understandable organizational structure. Duties between the various work units seem to be well defined. However, the budget structure has little in common with the organizational structure. Structurally, the budget has two sections:

1. Dental Assistant Fund; and
2. Administrative –which means everything else.

This means that all of the four different enforcement divisions, the division that processes Dentist permits and licenses, the customer service work unit, IT, and Board administration are all in one budget unit. Therefore, any analysis of cost for any of these divisions cannot be done without significant effort.

### RESERVES

It is our understanding that the Board is operating without reserves or a reserve policy. It is not clear to us how any organization can effectively manage its operations, set strategy, execute strategy or plan for future value added programs without any financial buffer. Therefore, as part of our analysis, we both included costs to building a reserve fund and formally recommend the adoption of reserve policies that will guide the Board going forward. We generally recommend 3-9 months of operating expenses to be held in reserve. Based on discussions with staff we targeted 6 months as a reasonable objective. We then built 6 months of operating expenses into the budget as a non-budgeted expense item. However, it would not be appropriate to accumulate this amount in a single year so we divided the amount by 3, to account for a three year buildup of reserves. The calculations follow:

| Reserve Fund Calculation | |
|---|---|
| Total labor cost | $ 6,675,346.47 |
| Total operating services & supplies | $ 4,812,451.00 |
| **Total Operating Expenses** | **$11,487,797.47** |
| Value of 6 months operating reserve | $ 5,743,898.74 |
| **Annual cost to build up over three years** | **$ 1,914,632.91** |

## ALLOCATING COSTS OF ENFORCEMENT

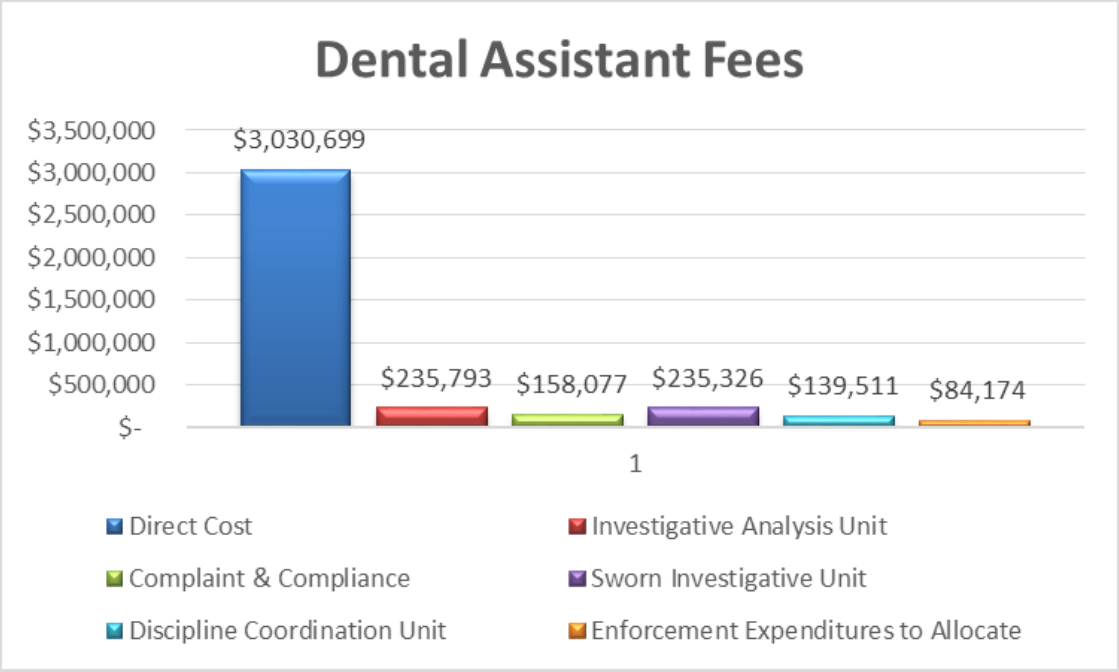
We calculated the total cost of staff involved with enforcement activities to be in excess of $8.1 million. This is both direct staff costs, as well as allocated overhead and materials & supplies. Not included in this figure is the $2.4 million of budgeted cost to pay for costs associated with fees from the State Attorney General's office, court fees, etc. These costs represent the largest component of expense to the Board. When reserves are calculated into the total, the staff costs alone represent nearly half of total Board costs.

Therefore, allocating these costs to each permit and license was a critical component of the project. To do this, we worked with staff to determine numerical drivers of enforcement cost. These turned out to be two types: Dentist and Dental Assistants. We then allocated enforcement costs based on these two cost drivers. For example, 89% of the cases for the Complaint & Compliance Unit are triggered by Dentists. Therefore, 89% of the cost for this work unit was allocated to Dentists. The following table will detail these allocations.

| Enforcement Unit | Total Costs To Allocate | Allocation Basis To Dentist | Allocation Basis To Dental Assistants | Total Allocated Costs To Dentist | Total Allocated Costs To Dental Assistants |
|---|---|---|---|---|---|
| Complaint & Compliance | $ 1,437,065 | 89% | 11% | $ 1,278,988 | $ 158,077 |
| Discipline Coordination | $ 516,706 | 73% | 27% | $ 377,196 | $ 139,511 |
| Investigative Analysis | $ 1,473,707 | 84% | 16% | $ 1,237,914 | $ 235,793 |
| Investigations | $ 4,706,520 | 95% | 5% | $ 4,471,194 | $ 235,326 |
| **Total Costs To Allocate** | **$ 8,133,998** | | | **$ 7,365,291** | **$ 768,707** |

Graphically the allocated cost of enforcement activities to Dental fees can be illustrated in the following manner:

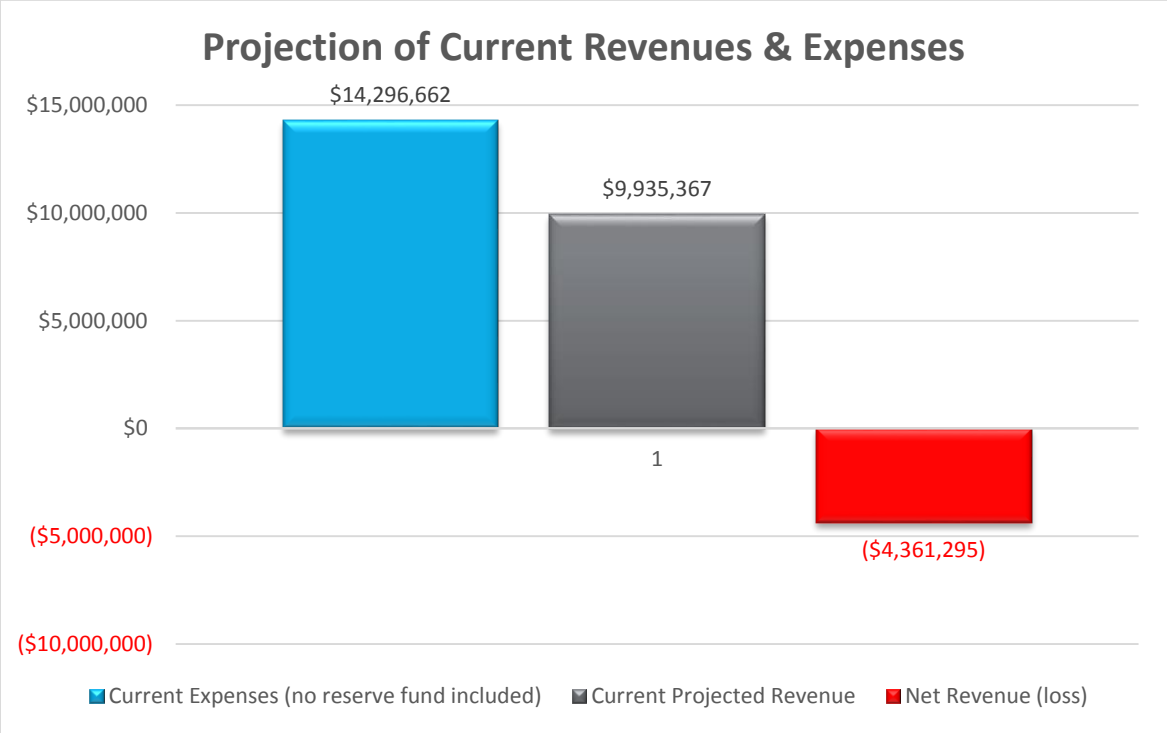
The cost of enforcement activities allocated to Dental Assistant Fees can be illustrated in the following graphic:



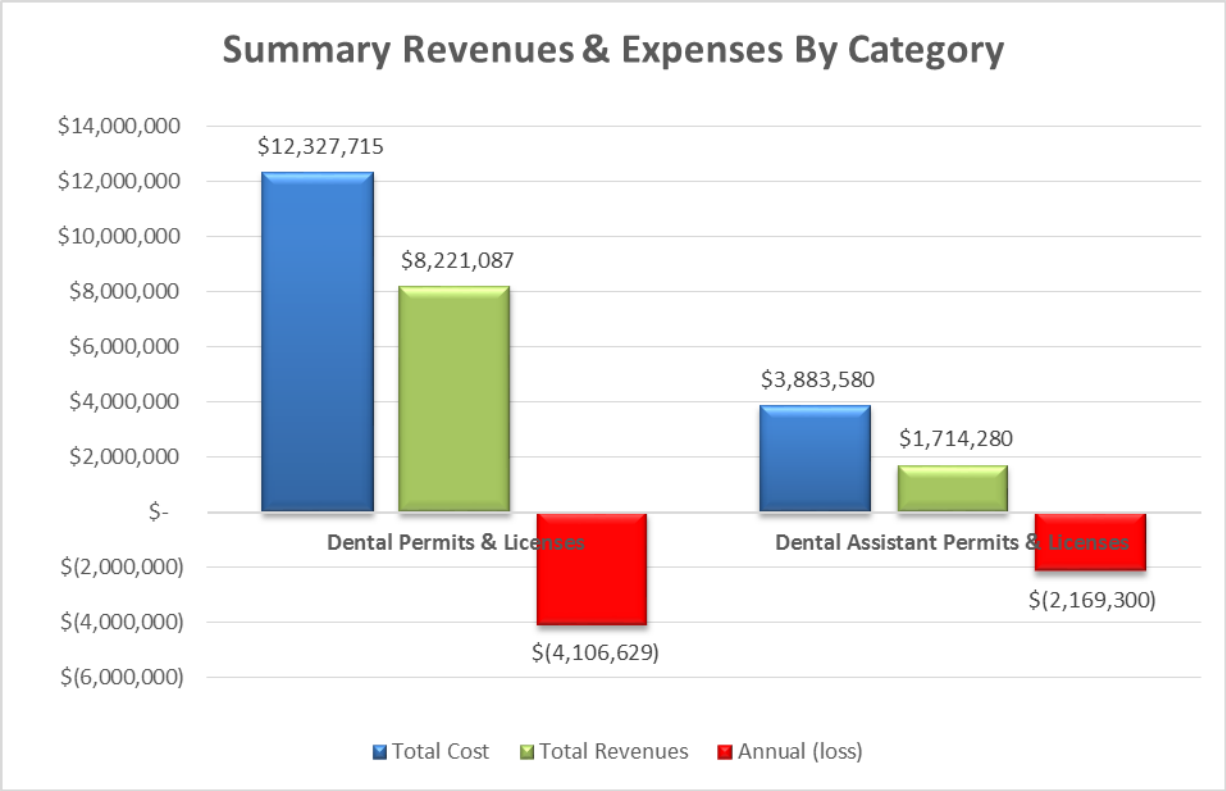

## SUMMARY REVENUES & EXPENSES

Including the cost of reserves, our analysis indicates that fees for both Dental licenses & permits and Dental Assistants are significantly under recovering their costs. There are a multitude of reasons why individual licenses are not fully recovering costs. Since prices have only recently been adjusted after 16 years, the reasons are immaterial and were not worth committing project resources to investigate.

The following graphic summarizes the current state of the Board and its economic reality. This graphic does not include any reserve funds. In summary it shows that the Board will lose $4.3 million this fiscal year.




Throughout this report, and in discussions with staff, the value and importance of reserves have been emphasized. The following graphic includes $1.9 in reserve funding and separates revenues and expenses by fee category (Dentists and Dental Assistants).


Summary Revenues & Expenses By Category
$14,000,000
$12,000,000
$10,000,000
$8,000,000
$6,000,000
$4,000,000
$2,000,000
$-
$(2,000,000)
$(4,000,000)
$(6,000,000)
$12,327,715
$8,221,087
$(4,106,629)
$3,883,580
$1,714,280
$(2,169,300)
Dental Permits & Licenses
Dental Assistant Permits & Licenses
Total Cost
Total Revenues
Annual (loss)

# OBSERVATIONS AND RECOMMENDATIONS

## GENERAL OBSERVATIONS

As stated earlier, we observe two significant management challenges in managing the Board.

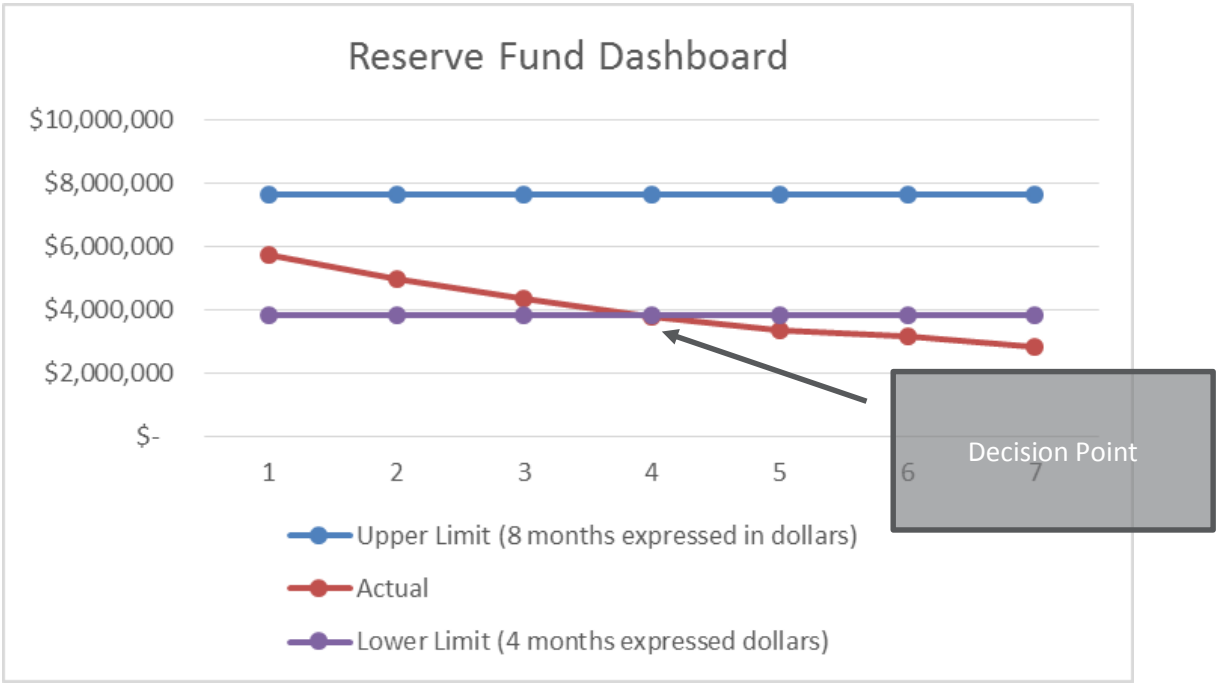
1. Budget structure does not match the organizational structure; and
2. Lack of reserves and a reserve policy.

### RECOMMENDATIONS CONCERNING BUDGET STRUCTURE

We understand that the budget structure may be set by the State Department of Consumer Affairs and therefore may not be able to be modified. However, the Board may find its ability to manage individual work units and divisions to be enhanced if it would set up an Excel Workbook which would have individual worksheets for each division. These worksheets would show total labor, benefits, Materials & Supplies, etc. There would then be a roll up worksheet that would match the budget provided by the Department of Consumer Affairs.

### RECOMMENDATIONS CONCERNING RESERVE FUND POLICY

We also recommend setting a reserve policy that would set a target of 6 month of reserves. On a quantified basis, this amount equals 11.8% of revenues and should be applied to a reserve account. We generally recommend for most of our clients, that a separate account be set up called “reserves” and be kept separate from any budget surpluses. Furthermore, since it is nearly impossible to maintain this exact target over time we suggest that upper and lower control limits be established as part of the policy and a dashboard be created to track it. Graphically, a dashboard would look like this:



Decision points would be established anytime the actual reserve fund either exceeds the upper limit or falls below the lower limit. Anytime the lines cross, this should be a call to action which may include any or all of the following:

1. Lower costs, either labor, or materials & supplies;
2. Raise revenues by raising all or selected fees; or
3. Some combination of both.

However, staff and the Board is recommending targeting 4 months of operating expenses for a reserve and building this up over 5 years rather than 3 years. We have no conflict with this. The Dental Board of California has stable revenues from issuing license and permits. Therefore, a slower buildup of reserves and a lower target is well within an acceptable range from our viewpoint. In addition, in our view, the most important long term outcome that arises from a costing exercise are policy decisions concerning cost recovery and reserves. These will insure long term sustainability.

# RECOMMENDATIONS – COST RECOVERY POLICY

In our view, setting policies regarding reserves and how costs should be recovered are the two most important outcomes of this project. Recommendations concerning reserves have already been stated. Regarding broader cost recovery policy we generally suggest setting these based on specific values. For example:

- **Value** – Dentists oversee Dental Assistants therefore, the cost of enforcement as applied to Dental Assistants should be recovered from the Dental licenses and permits;
- **Value** – Dentists and Dental Assistants should pay their fair share of cost regardless of anyone's ability to pay the fee.
- **Value** – Passing Dental Assistant exams is expensive so to encourage people entering the field Dentist should help pay for these exams.
- **Value** - The primary beneficiary of licensed Dental Assistants are the Dentists, therefore, they should pay for __% of the cost for Dental Assistant fees.

# ADJUSTING THE FEE SCHEDULE

## GENERAL RECOMMENDATION ON ADJUSTING FEE SCHEDULES

We recommend annual adjustments to fees wherever possible. Typically this is done annually based on a simple labor adjustment. If labor goes up by 2.5% then fees go up by this same amount. We also recommend that a complete review of costs (fee audit) be done every 4-5 years. There are several reasons for these recommendations:

1. Annual adjustments mean that Board will be able to maintain a consistent level of services over time and not experience the disruptions caused by not adjusting fees for 16 years;
2. Annual adjustments are easier to manage and account for;
3. Periodic review of costs results in fee prices that can be adjusted for major changes in the regulatory environment; and
4. Periodic review of costs usually identify opportunities to improve processes, lower total cost, and improve value added services.

# APPENDICES

## UNIT COST CALCULATIONS AND ANNUAL REVENUE SUMMARY

This table will show the full cost of individual fee items, compare this with the current price, and calculate the difference. It will also show, at current activity levels, the annual revenue impacts of individual fee items.

## TEN YEAR PROJECTED COST

This table will show the annual cost for individual fees at a 2.5% inflation factor. It will provide a comparison with the current CAP that is in effect.

# APPENDICES

## UNIT COST CALCULATIONS AND ANNUAL REVENUE SUMMARY

This table will show the full cost of individual fee items, compare this with the current price, and calculate the difference. It will also show, at current activity levels, the annual revenue impacts of individual fee items.

# Dental Board of California

***Dental and Dental Assist Fees***

| Fee Name | Total Unit Costs/Comparisons | | Annual Cost Summary | | |
|---|---|---|---|---|---|
| | Total Cost Assigned Per Unit | Current Fee / Revenue Per Unit | Annual Revenue at Full Cost | Current (Projection) Annual Cost Recovery | Difference at Full Cost Recovery |
| **Dentistry Fund** | | | | | |
| **Initial Permits, Licenses, and Certifications** | | | $ - | | |
| Init'l Application Elective Facial Cosmetic surgery | $ 3,627 | $ 500 | $ 14,509 | $ 2,000 | $ (12,509) |
| Permit Oral/Maxillofacial | $ 849 | $ 150 | $ 2,548 | $ 450 | $ (2,098) |
| Initial Application Clinical Exam | | $ 450 | $ - | $ - | $ - |
| Initial Application WREB (pathway) | $ 745 | $ 100 | $ 591,737 | $ 79,400 | $ (512,337) |
| Initial Application by Residency (pathway) | $ 876 | $ 100 | $ 168,161 | $ 19,200 | $ (148,961) |
| Initial Application by Credential (pathway) | $ 789 | $ 283 | $ 134,050 | $ 48,110 | $ (85,940) |
| Initial Application by Portfolio (pathway) | $ 1,638 | $ 350 | $ 573,243 | $ 122,500 | $ (450,743) |
| Initial License (prorated amount) | $ 288 | $ 525 | $ 134,422 | $ 245,302 | $ 110,880 |
| Fictitious Name Application | $ 570 | $ 525 | $ 111,626 | $ 102,900 | $ (8,726) |
| Special Permit Application | $ 1,183 | $ 300 | $ 7,097 | $ 1,800 | $ (5,297) |
| Cont. Ed RP Application | $ 827 | $ 250 | $ 102,545 | $ 31,000 | $ (71,545) |
| Onsite Insp – GA/CS Permit | $ 3,982 | $ 250 | $ 748,682 | $ 47,000 | $ (701,682) |
| Conscious Sedation Application | $ 716 | $ 200 | $ 36,509 | $ 10,200 | $ (26,309) |
| Gen Anesthesia Permit | $ 716 | $ 250 | $ 30,782 | $ 10,750 | $ (20,032) |
| Additional Office Application | $ 437 | $ 100 | $ 135,975 | $ 31,100 | $ (104,875) |
| Application for Clinical Re-Exam | $ - | $ 75 | $ - | $ - | $ - |
| License Certification | $ 364 | $ 2 | $ 326,207 | $ 1,790 | $ (324,417) |
| Fictitious Name ½ | $ 437 | $ 225 | $ 48,968 | $ 25,200 | $ (23,768) |
| Oral Conscious Sedation Certification | $ 368 | $ 200 | $ 78,481 | $ 42,600 | $ (35,881) |
| law and Ethics Exam | $ 311 | $ - | $ 282,936 | $ - | $ (282,936) |
| **Renewal of Permits, Licenses, and Certifications** | | | $ - | | $ - |
| DDS Biennial Renewal | $ 405 | $ 525 | $ 6,931,769 | $ 6,282,360 | $ (649,409) |
| Oral/Maxillofacial Renewal Fee | $ 354 | $ 525 | $ 14,521 | $ 21,525 | $ 7,004 |
| CE Registered Provider Renewal | $ 355 | $ 250 | $ 197,301 | $ 138,750 | $ (58,551) |
| Gen Anesthesia Permit Renewal | $ 237 | $ 200 | $ 102,014 | $ 86,000 | $ (16,014) |
| Conscious Sedation Renewal | $ 237 | $ 200 | $ 54,803 | $ 46,200 | $ (8,603) |
| DDS Biennial Ren-Retired | $ 237 | $ 225 | $ 122,654 | $ 116,325 | $ (6,329) |
| Renewal Elective Facial Cosmetic | $ 368 | $ 200 | $ 3,311 | $ 1,800 | $ (1,511) |
| Special Permit Renewal | $ 247 | $ 100 | $ 6,919 | $ 2,800 | $ (4,119) |

# Dental Board of California

***Dental and Dental Assist Fees***

| Fee Name | Total Unit Costs/Comparisons | | Annual Cost Summary | | |
|---|---|---|---|---|---|
| | Total Cost Assigned Per Unit | Current Fee / Revenue Per Unit | Annual Revenue at Full Cost | Current (Projection) Annual Cost Recovery | Difference at Full Cost Recovery |
| DDS Add 'l Office Permit Renewal | $ 136 | $ 100 | $ 134,627 | $ 99,100 | $ (35,527) |
| Mobile Dental Clinic License Renewal | $ 136 | $ 100 | $ 1,494 | $ 1,100 | $ (394) |
| Fictitious Name Permit Renewal | $ 136 | $ 150 | $ 355,789 | $ 392,850 | $ 37,061 |
| Oral Conscious Sedation Renewal | $ 136 | $ 75 | $ 148,619 | $ 82,050 | $ (66,569) |
| | | $ - | $ - | $ - | $ - |
| **Renewal of Delinquent Permits, Licenses, and Certifications** | | | $ - | | $ - |
| Change of Practice Late Fee | $ 136 | $ 50 | $ - | $ - | $ - |
| DDS Delinquent | $ 34 | $ 150 | $ 12,060 | $ 52,500 | $ 40,440 |
| Oral/Maxillofacial Delinquent | $ 136 | $ 150 | $ 136 | $ 150 | $ 14 |
| Mobile Dental Clinic Delinquent | $ 136 | $ 150 | $ 68 | $ 75 | $ 7 |
| DDS Delinquent – Retired | $ 136 | $ 132 | $ 1,223 | $ 1,184 | $ (39) |
| Special Permit Delinquent | $ 225 | $ 91 | $ 225 | $ 91 | $ (134) |
| Fictitious Name Delinquent | $ 136 | $ 75 | $ 16,166 | $ 8,925 | $ (7,241) |
| Additional Office Permit Delinquent | $ 136 | $ 25 | $ 8,015 | $ 1,475 | $ (6,540) |
| Prior Year Accrual Delinquent | $ - | $ - | $ - | $ - | $ - |
| Delinquent Renewal Gen Anesthesia | $ 136 | $ 100 | $ 543 | $ 400 | $ (143) |
| | $ - | $ - | $ - | $ - | $ - |
| | $ - | $ - | $ - | $ - | $ - |
| **Dental Assisting Fund** | | $ - | | | |
| **Initial Licenses, Permits, and Certifications** | | | $ - | | $ - |
| Duplicate License/Certification Fee | $ 63 | $ 25 | $ 41,004 | $ 16,325 | $ (24,679) |
| RDA Practical Exam Fee | $ 355 | $ 60 | $ 1,454,467 | $ 245,880 | $ (1,208,587) |
| RDAEF Clinical Fee | $ 2,112 | $ 250 | $ 276,625 | $ 32,750 | $ (243,875) |
| OA Permit Course Application | $ 3,168 | $ 300 | $ 76,041 | $ 7,200 | $ (68,841) |
| DSA Permit Course Application | $ 3,168 | $ 300 | $ 6,337 | $ 600 | $ (5,737) |
| Infection Control Course Application | $ 2,866 | $ 300 | $ 20,061 | $ 2,100 | $ (17,961) |
| Coronal Polish Course Application | $ 2,866 | $ 300 | $ 54,452 | $ 5,700 | $ (48,752) |
| Pit and Fissure Course Application | $ 2,977 | $ 300 | $ 53,582 | $ 5,400 | $ (48,182) |
| Radiation Safety Course Application | $ 2,977 | $ 300 | $ 17,861 | $ 1,800 | $ (16,061) |
| Dental Sedation Assistant Application | $ 2,342 | $ 20 | $ 16,396 | $ 140 | $ (16,256) |
| Orthodontic Assistant Application | $ 2,176 | $ 20 | $ 287,264 | $ 2,640 | $ (284,624) |

# Dental Board of California

***Dental and Dental Assist Fees***

| Fee Name | Total Unit Costs/Comparisons | | Annual Cost Summary | | |
|---|---|---|---|---|---|
| | Total Cost Assigned Per Unit | Current Fee / Revenue Per Unit | Annual Revenue at Full Cost | Current (Projection) Annual Cost Recovery | Difference at Full Cost Recovery |
| RDAEF Program Application | $ 7,486 | $ 1,400 | $ - | $ - | $ - |
| RDA Program Application | $ 7,486 | $ 1,400 | $ 22,458 | $ 4,200 | $ (18,258) |
| RDA Application Fee | $ 72 | $ 20 | $ 260,868 | $ 72,460 | $ (188,408) |
| RDAEF Application Fee | $ 87 | $ 20 | $ 6,095 | $ 1,400 | $ (4,695) |
| RDAEF2 Application Fee | $ 87 | $ 20 | $ 1,829 | $ 420 | $ (1,409) |
| **Renewal of Licenses, Permits, and Certifications** | | | $ - | | $ - |
| RDA Biennial Renewal | $ 50 | $ 70 | $ 860,520 | $ 1,199,450 | $ 338,930 |
| RDAEF Biennial Renewal | $ 50 | $ 70 | $ 32,191 | $ 44,870 | $ 12,679 |
| DSA Biennial Renewal | $ 50 | $ 70 | $ 402 | $ 560 | $ 158 |
| OAP Biennial Renewal | $ 50 | $ 70 | $ 1,707 | $ 2,380 | $ 673 |
| **Renewal of Delinquent Licenses, Permits, and Certifications** | | | $ - | | $ - |
| | | $ - | $ - | $ - | $ - |
| RDA Delinquent Renewal Fee | $ 52 | $ 35 | $ 97,192 | $ 65,905 | $ (31,287) |
| RDAEF Delinquent Renewal Fee | $ 52 | $ 35 | $ 3,045 | $ 2,065 | $ (980) |
| DSA Delinquent Renewal Fee | $ 52 | $ 35 | $ - | $ - | $ - |
| OAP Delinquent Renewal Fee | $ 52 | $ 35 | $ 52 | $ 35 | $ (17) |
| | | | $ - | $ - | $ - |

**Annual Cost Summary By Fund**

| By Fund Category | Annual Revenue at Full Cost | Current (Projection) Annual Cost Recovery | Difference at Full Cost Recovery |
|---|---|---|---|
| Dental Fund | $11,640,735 | $8,156,962 | ($3,483,773) |
| Dental Assisting Fund | $ 3,590,447 | $ 1,714,280 | ($1,876,167) |
| **Totals** | **$15,231,181** | **$9,871,242** | **($5,359,940)** |

# APPENDICES

## TEN YEAR PROJECTED COST

This table will show the annual cost for individual fees at a 2.5% inflation factor. It will provide a comparison with the current CAP that is in effect.

# Dental Board of California

***Dental and Dental Assist Fees***

| Fee Name | Total Unit Costs/Comparisons | | Ten Year Fee Projections | | | | | | | | | Current CAP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total Cost Assigned Per Unit | Current Fee / Revenue Per Unit | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | |
| **Dentistry Fund** | | | | | | | | | | | | |
| **Initial Permits, Licenses, and Certifications** | | | | | | | | | | | | |
| Init'l Application Elective Facial Cosmetic surgery | $ 3,627 | $ 500 | $ 3,718 | $ 3,811 | $ 3,906 | $ 4,004 | $ 4,104 | $ 4,206 | $ 4,312 | $ 4,419 | $ 4,530 | $ 500 |
| Permit Oral/Maxillofacial | $ 849 | $ 150 | $ 871 | $ 892 | $ 915 | $ 937 | $ 961 | $ 985 | $ 1,010 | $ 1,035 | $ 1,061 | $ 150 |
| Initial Application Clinical Exam | | $ 450 | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | n/a |
| Initial Application WREB (pathway) | $ 745 | $ 100 | $ 764 | $ 783 | $ 803 | $ 823 | $ 843 | $ 864 | $ 886 | $ 908 | $ 931 | $ 500 |
| Initial Application by Residency (pathway) | $ 876 | $ 100 | $ 898 | $ 920 | $ 943 | $ 967 | $ 991 | $ 1,016 | $ 1,041 | $ 1,067 | $ 1,094 | $ 500 |
| Initial Application by Credential (pathway) | $ 789 | $ 283 | $ 808 | $ 828 | $ 849 | $ 870 | $ 892 | $ 914 | $ 937 | $ 961 | $ 985 | $ 283 |
| Initial Application by Portfolio (pathway) | $ 1,638 | $ 350 | $ 1,679 | $ 1,721 | $ 1,764 | $ 1,808 | $ 1,853 | $ 1,899 | $ 1,947 | $ 1,996 | $ 2,045 | $ 350 |
| Initial License (prorated amount) | $ 288 | $ 525 | $ 295 | $ 302 | $ 310 | $ 318 | $ 325 | $ 334 | $ 342 | $ 351 | $ 359 | $ 525 |
| Fictitious Name Application | $ 570 | $ 525 | $ 584 | $ 598 | $ 613 | $ 629 | $ 644 | $ 660 | $ 677 | $ 694 | $ 711 | $ 525 |
| Special Permit Application | $ 1,183 | $ 300 | $ 1,212 | $ 1,243 | $ 1,274 | $ 1,306 | $ 1,338 | $ 1,372 | $ 1,406 | $ 1,441 | $ 1,477 | $ 300 |
| Cont. Ed RP Application | $ 827 | $ 250 | $ 848 | $ 869 | $ 891 | $ 913 | $ 936 | $ 959 | $ 983 | $ 1,008 | $ 1,033 | $ 250 |
| Onsite Insp – GA/CS Permit | $ 3,982 | $ 250 | $ 4,082 | $ 4,184 | $ 4,289 | $ 4,396 | $ 4,506 | $ 4,618 | $ 4,734 | $ 4,852 | $ 4,973 | $ 350 |
| Conscious Sedation Application | $ 716 | $ 200 | $ 734 | $ 752 | $ 771 | $ 790 | $ 810 | $ 830 | $ 851 | $ 872 | $ 894 | $ 250 |
| Gen Anesthesia Permit | $ 716 | $ 250 | $ 734 | $ 752 | $ 771 | $ 790 | $ 810 | $ 830 | $ 851 | $ 872 | $ 894 | $ 250 |
| Additional Office Application | $ 437 | $ 100 | $ 448 | $ 459 | $ 471 | $ 483 | $ 495 | $ 507 | $ 520 | $ 533 | $ 546 | $ 200 |
| Application for Clinical Re-Exam | $ - | $ 75 | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | n/a |
| License Certification | $ 364 | $ 2 | $ 374 | $ 383 | $ 393 | $ 402 | $ 412 | $ 423 | $ 433 | $ 444 | $ 455 | $ 2 |
| Fictitious Name ½ | $ 437 | $ 225 | $ 448 | $ 459 | $ 471 | $ 483 | $ 495 | $ 507 | $ 520 | $ 533 | $ 546 | $ 263 |
| Oral Conscious Sedation Certification | $ 368 | $ 200 | $ 378 | $ 387 | $ 397 | $ 407 | $ 417 | $ 427 | $ 438 | $ 449 | $ 460 | |
| law and Ethics Exam | $ 311 | $ - | $ 319 | $ 327 | $ 335 | $ 344 | $ 352 | $ 361 | $ 370 | $ 379 | $ 389 | |
| **Renewal of Permits, Licenses, and Certifications** | | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| DDS Biennial Renewal | $ 405 | $ 525 | $ 415 | $ 425 | $ 436 | $ 447 | $ 458 | $ 470 | $ 481 | $ 493 | $ 506 | $ 525 |
| Oral/Maxillofacial Renewal Fee | $ 354 | $ 525 | $ 363 | $ 372 | $ 381 | $ 391 | $ 401 | $ 411 | $ 421 | $ 432 | $ 442 | $ 525 |
| CE Registered Provider Renewal | $ 355 | $ 250 | $ 364 | $ 373 | $ 383 | $ 392 | $ 402 | $ 412 | $ 423 | $ 433 | $ 444 | $ 250 |
| Gen Anesthesia Permit Renewal | $ 237 | $ 200 | $ 243 | $ 249 | $ 255 | $ 262 | $ 268 | $ 275 | $ 282 | $ 289 | $ 296 | $ 250 |
| Conscious Sedation Renewal | $ 237 | $ 200 | $ 243 | $ 249 | $ 255 | $ 262 | $ 268 | $ 275 | $ 282 | $ 289 | $ 296 | $ 250 |
| DDS Biennial Ren-Retired | $ 237 | $ 225 | $ 243 | $ 249 | $ 255 | $ 262 | $ 268 | $ 275 | $ 282 | $ 289 | $ 296 | $ 263 |
| Renewal Elective Facial Cosmetic | $ 368 | $ 200 | $ 377 | $ 387 | $ 396 | $ 406 | $ 416 | $ 427 | $ 437 | $ 448 | $ 459 | $ 200 |
| Special Permit Renewal | $ 247 | $ 100 | $ 253 | $ 260 | $ 266 | $ 273 | $ 280 | $ 287 | $ 294 | $ 301 | $ 309 | $ 100 |
| DDS Add 'l Office Permit Renewal | $ 136 | $ 100 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | $ 100 |
| Mobile Dental Clinic License Renewal | $ 136 | $ 100 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | $ 100 |
| Fictitious Name Permit Renewal | $ 136 | $ 150 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | |
| Oral Conscious Sedation Renewal | $ 136 | $ 75 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | |
| | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| **Renewal of Delinquent Permits, Licenses, and Certifications** | | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| Change of Practice Late Fee | $ 136 | $ 50 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | $ 75 |
| DDS Delinquent | $ 34 | $ 150 | $ 35 | $ 36 | $ 37 | $ 38 | $ 39 | $ 40 | $ 41 | $ 42 | $ 43 | $ 150 |
| Oral/Maxillofacial Delinquent | $ 136 | $ 150 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | $ 150 |
| Mobile Dental Clinic Delinquent | $ 136 | $ 150 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | $ 50 |
| DDS Delinquent – Retired | $ 136 | $ 132 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | $ 131 |
| Special Permit Delinquent | $ 225 | $ 91 | $ 231 | $ 236 | $ 242 | $ 248 | $ 254 | $ 261 | $ 267 | $ 274 | $ 281 | $ 50 |
| Fictitious Name Delinquent | $ 136 | $ 75 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | $ 150 |
| Additional Office Permit Delinquent | $ 136 | $ 25 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | $ 50 |
| Prior Year Accrual Delinquent | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| Delinquent Renewal Gen Anesthesia | $ 136 | $ 100 | $ 139 | $ 143 | $ 146 | $ 150 | $ 154 | $ 158 | $ 161 | $ 166 | $ 170 | $ 125 |
| | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| **Dental Assisting Fund** | | **$ -** | | | | | | | | | | |
| **Initial Licenses, Permits, and Certifications** | | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| Duplicate License/Certification Fee | $ 63 | $ 25 | $ 64 | $ 66 | $ 68 | $ 69 | $ 71 | $ 73 | $ 75 | $ 77 | $ 78 | $ 25 |
| RDA Practical Exam Fee | $ 355 | $ 60 | $ 364 | $ 373 | $ 382 | $ 392 | $ 402 | $ 412 | $ 422 | $ 432 | $ 443 | $ 60 |
| RDAEF Clinical Fee | $ 2,112 | $ 250 | $ 2,164 | $ 2,219 | $ 2,274 | $ 2,331 | $ 2,389 | $ 2,449 | $ 2,510 | $ 2,573 | $ 2,637 | |
| OA Permit Course Application | $ 3,168 | $ 300 | $ 3,248 | $ 3,329 | $ 3,412 | $ 3,497 | $ 3,585 | $ 3,674 | $ 3,766 | $ 3,860 | $ 3,957 | $ 300 |
| DSA Permit Course Application | $ 3,168 | $ 300 | $ 3,248 | $ 3,329 | $ 3,412 | $ 3,497 | $ 3,585 | $ 3,674 | $ 3,766 | $ 3,860 | $ 3,957 | $ 300 |
| Infection Control Course Application | $ 2,866 | $ 300 | $ 2,938 | $ 3,011 | $ 3,086 | $ 3,163 | $ 3,242 | $ 3,324 | $ 3,407 | $ 3,492 | $ 3,579 | $ 300 |

## Dental Board of California

***Dental and Dental Assist Fees***

| Fee Name | Total Unit Costs/Comparisons | | Ten Year Fee Projections | | | | | | | | | Current CAP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Total Cost Assigned Per Unit | Current Fee / Revenue Per Unit | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | |
| Coronal Polish Course Application | $ 2,866 | $ 300 | $ 2,938 | $ 3,011 | $ 3,086 | $ 3,163 | $ 3,242 | $ 3,324 | $ 3,407 | $ 3,492 | $ 3,579 | $ 300 |
| Pit and Fissure Course Application | $ 2,977 | $ 300 | $ 3,051 | $ 3,127 | $ 3,206 | $ 3,286 | $ 3,368 | $ 3,452 | $ 3,538 | $ 3,627 | $ 3,718 | $ 300 |
| Radiation Safety Course Application | $ 2,977 | $ 300 | $ 3,051 | $ 3,127 | $ 3,206 | $ 3,286 | $ 3,368 | $ 3,452 | $ 3,538 | $ 3,627 | $ 3,718 | $ 300 |
| Dental Sedation Assistant Application | $ 2,342 | $ 20 | $ 2,401 | $ 2,461 | $ 2,522 | $ 2,585 | $ 2,650 | $ 2,716 | $ 2,784 | $ 2,854 | $ 2,925 | $ 50 |
| Orthodontic Assistant Application | $ 2,176 | $ 20 | $ 2,231 | $ 2,286 | $ 2,344 | $ 2,402 | $ 2,462 | $ 2,524 | $ 2,587 | $ 2,652 | $ 2,718 | $ 50 |
| RDAEF Program Application | $ 7,486 | $ 1,400 | $ 7,673 | $ 7,865 | $ 8,062 | $ 8,263 | $ 8,470 | $ 8,681 | $ 8,898 | $ 9,121 | $ 9,349 | $ 1,400 |
| RDA Program Application | $ 7,486 | $ 1,400 | $ 7,673 | $ 7,865 | $ 8,062 | $ 8,263 | $ 8,470 | $ 8,681 | $ 8,898 | $ 9,121 | $ 9,349 | $ 1,400 |
| RDA Application Fee | $ 72 | $ 20 | $ 74 | $ 76 | $ 78 | $ 79 | $ 81 | $ 84 | $ 86 | $ 88 | $ 90 | $ 50 |
| RDAEF Application Fee | $ 87 | $ 20 | $ 89 | $ 91 | $ 94 | $ 96 | $ 99 | $ 101 | $ 104 | $ 106 | $ 109 | $ 50 |
| RDAEF2 Application Fee | $ 87 | $ 20 | $ 89 | $ 91 | $ 94 | $ 96 | $ 99 | $ 101 | $ 104 | $ 106 | $ 109 | $ 50 |
| **Renewal of Licenses, Permits, and Certifications** | | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| RDA Biennial Renewal | $ 50 | $ 70 | $ 51 | $ 53 | $ 54 | $ 55 | $ 57 | $ 58 | $ 60 | $ 61 | $ 63 | $ 80 |
| RDAEF Biennial Renewal | $ 50 | $ 70 | $ 51 | $ 53 | $ 54 | $ 55 | $ 57 | $ 58 | $ 60 | $ 61 | $ 63 | $ 80 |
| DSA Biennial Renewal | $ 50 | $ 70 | $ 51 | $ 53 | $ 54 | $ 55 | $ 57 | $ 58 | $ 60 | $ 61 | $ 63 | $ 80 |
| OAP Biennial Renewal | $ 50 | $ 70 | $ 51 | $ 53 | $ 54 | $ 55 | $ 57 | $ 58 | $ 60 | $ 61 | $ 63 | $ 80 |
| **Renewal of Delinquent Licenses, Permits, and Certifications** | | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |
| RDA Delinquent Renewal Fee | $ 52 | $ 35 | $ 53 | $ 54 | $ 56 | $ 57 | $ 58 | $ 60 | $ 61 | $ 63 | $ 64 | 1/2 of renewal fee |
| RDAEF Delinquent Renewal Fee | $ 52 | $ 35 | $ 53 | $ 54 | $ 56 | $ 57 | $ 58 | $ 60 | $ 61 | $ 63 | $ 64 | 1/2 of renewal fee |
| DSA Delinquent Renewal Fee | $ 52 | $ 35 | $ 53 | $ 54 | $ 56 | $ 57 | $ 58 | $ 60 | $ 61 | $ 63 | $ 64 | 1/2 of renewal fee |
| OAP Delinquent Renewal Fee | $ 52 | $ 35 | $ 53 | $ 54 | $ 56 | $ 57 | $ 58 | $ 60 | $ 61 | $ 63 | $ 64 | 1/2 of renewal fee |
| | | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | |

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# DENTAL BOARD OF CALIFORNIA

## OCCUPATIONAL ANALYSIS OF THE

## REGISTERED DENTAL ASSISTANT PROFESSION

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

# DENTAL BOARD OF CALIFORNIA

# OCCUPATIONAL ANALYSIS OF THE

# REGISTERED DENTAL ASSISTANT PROFESSION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

April 2016

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# EXECUTIVE SUMMARY

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of Registered Dental Assistant practice in California. The purpose of the occupational analysis is to define practice for Registered Dental Assistants in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the Registered Dental Assistant licensing examination.

OPES test specialists began by researching the profession and conducting a stakeholder and practitioner focus group that included four Registered Dental Assistants, two Registered Dental Assistants in Extended Functions, one educator, and two dentists who practice in locations throughout California. The focus group was held at OPES on June 19-20, 2015, to identify changes and trends in Registered Dental Assistant practice specific to California. Information gained during the research and focus group was used to conduct telephone interviews with six Registered Dental Assistants and three Registered Dental Assistants in Extended Functions who practice in locations throughout California. The purpose of these interviews was to identify the tasks performed in Registered Dental Assistant practice and to specify the knowledge required to perform those tasks in a safe and competent manner. The interviews were also used to follow up on topics arising from the focus group.

Two additional focus groups were later held with Registered Dental Assistants and Registered Dental Assistants in Extended Functions to review and refine the preliminary list of task and knowledge statements. The licensees in these focus groups also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. New task and knowledge statements were created as a result of this process, and some statements were eliminated from the final list due to overlap and reconciliation. The licensees also developed demographic items for inclusion in the survey.

OPES then developed a three-part questionnaire to be completed by Registered Dental Assistants statewide. Development of the questionnaire included a pilot study which was conducted using a group of ten licensees. The participants' feedback was used to refine the questionnaire. The final questionnaire was prepared by OPES for administration in October 2015.

In the first part of the questionnaire, licensees were asked to provide demographic information relating to their work settings and practice. In the second part, the licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to performance of the licensee's current practice). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge is to performance of their current practice.

OPES selected a stratified random sample of licensees to participate in the occupational analysis. The sample was stratified by years of practice and county of practice, with oversampling of individuals licensed 0 to 5 years. The Board sent notification letters to a sample of 2,700 Registered Dental Assistants (out of 32,980 total licensees) inviting them to complete the questionnaire online. Approximately 16% (16.3%) of the licensed Registered Dental Assistants in the sample (442) responded by accessing the Web-based survey. The final sample size included in the data analysis was 278, or 10.3% of the population that was invited to complete the questionnaire. The demographic composition of the respondent sample is representative of the California Registered Dental Assistant population.

OPES then performed data analyses on the task and knowledge rating responses. OPES combined the task ratings to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data had been analyzed, two additional focus groups were conducted with Registered Dental Assistants and Registered Dental Assistants in Extended Functions. The purpose of these focus groups was to evaluate the criticality indices and determine whether any task or knowledge statements should be eliminated. The licensees in these groups also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. The licensees then evaluated and confirmed the content area weights.

The description of practice for the Registered Dental Assistant is structured into four content areas weighted by criticality relative to the other content areas. The description of practice specifies the job tasks and knowledge critical for safe and competent Registered Dental Assistant (RDA) practice in California at the time of licensure and serves as a basis for developing examinations for inclusion in the process of granting California RDA licensure. Similarly, the description of practice serves as a basis for evaluating the degree to which the content of any examination under consideration measures content critical to California RDA practice.

At this time, California licensure as an RDA is granted by meeting the requisite education and training requirements and passing the RDA General Knowledge, Law and Ethics, and practical examinations.

The examination outline for the RDA General Knowledge examination is structured into three content areas weighted by criticality relative to the other content areas. The examination outline for the RDA Law and Ethics examination is structured into four content areas weighted by criticality relative to the other content areas. An overview of the final examination outlines for both exams are provided below.

OVERVIEW OF THE REGISTERED DENTAL ASSISTANT
GENERAL KNOWLEDGE EXAMINATION CONTENT OUTLINE

| Content Area | Content Area Description | Percent Weight |
|---|---|---|
| I. Patient Treatment and Care | This area assesses the candidate's ability to review the patient's dental health by assessing medical and dental history; to note and chart the oral cavity; and to provide instruction regarding oral hygiene, preoperative care, and postoperative care. | 40 |
| II. Dental Procedures: Direct and Indirect Restorations | This area assesses the candidate's knowledge of materials, techniques, and procedures regarding direct and indirect restoration dental procedures. | 45 |
| III. Dental Specialty Procedures | This area assesses the candidate's knowledge of materials, techniques, and procedures regarding dental specialty procedures. | 15 |
| **Total** | | **100** |

OVERVIEW OF THE REGISTERED DENTAL ASSISTANT
LAW AND ETHICS EXAMINATION CONTENT OUTLINE

| Content Area | Content Area Description | Percent Weight |
|---|---|---|
| I. Patient Treatment and Care | This area assesses the candidate's knowledge of laws related to patient care, Registered Dental Assistant scope of practice, and ethical principles related to patient care. | 30 |
| II. Dental Procedures | This area assesses the candidate's knowledge of laws related to patient care and Registered Dental Assistant scope of practice regarding direct and indirect restorations and preventative dental procedures. | 25 |
| III. Dental Specialty Procedures | This area assesses the candidate's knowledge of Registered Dental Assistant scope of practice regarding dental specialty procedures. | 10 |
| IV. Safety | This area assesses the candidate's knowledge of laws and regulations regarding infection control, radiation safety, and occupational safety. | 35 |
| **Total** | | **100** |

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# CHAPTER 1. INTRODUCTION

## PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis to identify critical job activities performed by licensed Registered Dental Assistants. This occupational analysis was part of the Board's comprehensive review of Registered Dental Assistant practice in California. The purpose of the occupational analysis is to define practice for Registered Dental Assistants in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for determining the tasks and knowledge that make up the description of practice for the Registered Dental Assistant profession in California.

## CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the occupational analysis reflected the actual tasks performed by Registered Dental Assistants in practice. The technical expertise of California-licensed Registered Dental Assistants was used throughout the occupational analysis process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

## UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected Registered Dental Assistants (RDA) and Registered Dental Assistants in Extended Functions (RDAEF) to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information regarding the different aspects of current RDA practice during the development phase of the occupational analysis. They also participated in focus groups to review the content of task and knowledge statements for technical accuracy prior to administration of the occupational analysis questionnaire. Following administration of the occupational analysis questionnaire, groups of SMEs were convened at OPES to review the results, finalize the description of practice, and develop the content outlines for the RDA General Knowledge and Law and Ethics examinations.

## ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and State laws and regulations and professional guidelines and technical standards. For the purpose of an occupational analysis, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

## DESCRIPTION OF OCCUPATION

The Registered Dental Assistant occupation is described as follows in Section 1752.4 of the California Business and Professions Code:

1752.4. (a) A registered dental assistant may perform all of the following duties:
(1) All duties that a dental assistant is allowed to perform.
(2) Mouth-mirror inspections of the oral cavity, to include charting of obvious lesions, existing restorations, and missing teeth.
(3) Apply and activate bleaching agents using a nonlaser light-curing device.
(4) Use of automated caries detection devices and materials to gather information for diagnosis by the dentist.
(5) Obtain intraoral images for computer-aided design (CAD), milled restorations.
(6) Pulp vitality testing and recording of findings.
(7) Place bases, liners, and bonding agents.
(8) Chemically prepare teeth for bonding.
(9) Place, adjust, and finish direct provisional restorations.
(10) Fabricate, adjust, cement, and remove indirect provisional restorations, including stainless steel crowns when used as a provisional restoration.
(11) Place post-extraction dressings after inspection of the surgical site by the supervising licensed dentist.
(12) Place periodontal dressings.
(13) Dry endodontically treated canals using absorbent paper points.
(14) Adjust dentures extra-orally.

(15) Remove excess cement from surfaces of teeth with a hand instrument.
(16) Polish coronal surfaces of the teeth.
(17) Place ligature ties and archwires.
(18) Remove orthodontic bands.
(19) All duties that the board may prescribe by regulation.

(b) A registered dental assistant may only perform the following additional duties if he or she has completed a board-approved registered dental assistant educational program in those duties, or if he or she has provided evidence, satisfactory to the board, of having completed a board-approved course in those duties.

(1) Remove excess cement with an ultrasonic scaler from supragingival surfaces of teeth undergoing orthodontic treatment.

(2) The allowable duties of an orthodontic assistant permitholder as specified in Section 1750.3. 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.

(3) The allowable duties of a dental sedation assistant permitholder as specified in Section 1750.5.

(4) The application of pit and fissure sealants.

(c) Except as provided in Section 1777, the supervising licensed dentist shall be responsible for determining whether each authorized procedure performed by a registered dental assistant should be performed under general or direct supervision.

(d) This section shall become operative on January 1, 2010.

# CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

## PRACTITIONER FOCUS GROUP

OPES test specialists began by researching the profession and conducting a stakeholder and practitioner focus group that included four RDAs, two RDAEFs, one educator, and two dentists. The focus group was held at OPES on June 19-20, 2015, to identify changes and trends in RDA practice specific to California. Information gained during the research and focus group was used to conduct telephone interviews with seven RDAs throughout California. The purpose of these interviews was to identify the tasks performed in RDA practice and to specify the knowledge required to perform those tasks in a safe and competent manner. The interviews were also used to follow up on topics arising from the focus groups.

## SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of six RDAs and three RDAEFs practicing throughout California to contact for telephone interviews. During the nine semi-structured interviews, the licensees were asked to identify all of the activities performed that are specific to the RDA profession. The interviews confirmed major content areas of their practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge required by RDAs to perform each job task safely and competently.

## TASK AND KNOWLEDGE STATEMENTS

OPES staff integrated the information gathered during the interviews and from prior studies of the profession and developed task and knowledge statements. The statements were then organized into the major content areas of practice.

In July and August 2015, OPES facilitated two focus groups of RDAs and RDAEFs to evaluate the task and knowledge statements for technical accuracy and comprehensiveness and to assign each statement to the appropriate content area. The groups verified that the content areas were independent and non-overlapping. The groups also performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

The finalized lists of task and knowledge statements were developed into an online questionnaire that was eventually completed and evaluated by a sample of RDAs throughout California.

## QUESTIONNAIRE DEVELOPMENT

OPES developed the online occupational analysis survey, a questionnaire soliciting the licensees' ratings of the job task and knowledge statements for analysis. The surveyed RDAs were instructed to rate each job task in terms of how often they performed the task (FREQUENCY) and how important the task was to the performance of their current practice (IMPORTANCE). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge was to the performance of their current practice (IMPORTANCE). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The questionnaire can be found in Appendix I.

## PILOT STUDY

Prior to developing the final questionnaire, OPES prepared an online pilot questionnaire. The pilot questionnaire was reviewed by the Board and a group of ten RDA licensees for feedback about the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use. OPES used this feedback to develop the final questionnaire.

# CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

## SAMPLING STRATEGY AND RESPONSE RATE

OPES selected a stratified random sample of licensees to participate in the occupational analysis. The sample was stratified by years of practice and county of practice, with oversampling of individuals licensed 0 to 5 years. The Board sent notification letters to the sample of 2,700 RDAs (out of 32,980 total licensees) inviting them to complete the questionnaire online. The online format allowed for several enhancements to the survey and data collection process. As part of the survey development, configuration, and analysis process, various criteria were established to ensure the integrity of the data.

A total of 442 RDAs (16% of the mailing sample) responded by accessing the Web-based survey. The final sample size included in the data analysis was 278, or 10.3% of the population that was invited to complete the questionnaire. This response rate (10.3%) reflects two adjustments. First, data from respondents who indicated they were not currently licensed and practicing as RDAs in California were excluded from analysis. Second, the reconciliation process removed surveys containing incomplete and unresponsive data. The respondent sample is representative of the population of California RDAs based on the sample's demographic composition.

## DEMOGRAPHIC SUMMARY

Of the respondents included in the analysis, 62% had been practicing as an RDA for 5 years or less, 33% had been practicing between 6 and 20 years, and 5% had been practicing for more than 20 years (see Table 1).

As shown in Table 8, respondents gained the majority of their work experience to become an RDA from the dentist (58.6%), a private career school (30.9%), an experienced RDA or RDAEF (28.8%), or a community college program (26.6%). As shown in Table 2, a large part of the sample had either 11 months (29.9%) or 12 to 15 months (13.3%) experience as a dental assistant before applying for licensure. A quarter of the sample (25.2%) gained their experience during an internship.

The respondents were asked to indicate the primary work setting where they provide services as an RDA. Work in a solo dental practice was reported by 42.8 % of the sample, 30.2% worked in a group dental practice (2 or more dentists), 12.2% worked in specialty dental practice settings, and 7.2% of respondents worked in public health dentistry. The remaining respondents primarily reported working in government (1.1%), hospital (1.4%), dental school clinics (0.7%), or military (0.4%) settings (see Table 3).

Respondents generally worked as either the only RDA (19.4%) or with one other RDA (22.7%), with almost a third of the sample (32%) working with two to three additional RDAs (see Table 6).

The respondents were also asked to indicate the type of dental practice in their primary work setting. General dentistry was reported as a primary work setting by 74.6 % of respondents, 9% worked in pedodontic dentistry, and 7.2% worked in orthodontic dentistry (see Table 4).

As shown in Table 11, the respondents reported that, on average, 32.5% of their time was spent assisting the dentist at chairside, 16.5% of their time was spent maintaining a sterile and orderly work environment, and 20.4% of their time was spent either working with patient charts (10.2%) or working directly with patients providing instructions and education to support treatment (10.2%).

Complete demographic information from the respondents can be found in Tables 1 through 11.

## CHANGES AND TRENDS IN DENTAL PROCEDURES

Based on the results of the initial focus group and practitioner interviews, specific dental procedures, either performed or assisted by RDAs, were included in the questionnaire. These procedures were included to identify the extent to which possible trends were being seen in the workplace (radiography by x-ray or by digital sensor, for example). Respondents were asked to provide information regarding the extent to which the frequency of their performing the specific dental procedures had changed over the last 2 years and, based on their current practice, the extent to which the frequency of their performing these procedures was expected to change over the next 5 years. These results are summarized in Appendix F.

In addition, specific dental procedures performed by RDAs related to direct and indirect restorations were identified for inclusion in the survey to identify the frequency with which they are currently being performed by practitioners. These questionnaire items focus on a specific procedure (fabricating provisional restorations, for example) and the teeth where the procedure may be employed (mandibular anterior, for example). The results allow for a comparison of the average frequency with which the dental procedures are applied to specific groups of teeth by the licensees. The results are summarized in Appendix G.

TABLE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A REGISTERED DENTAL ASSISTANT

| Years | N | Percent |
|---|---|---|
| 0 to 5 years | 172 | 61.9% |
| 6 to 10 years | 59 | 21.2% |
| 11 to 20 years | 32 | 11.5% |
| More than 20 years | 15 | 5.4% |
| Total | 278 | 100 |

FIGURE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A REGISTERED DENTAL ASSISTANT

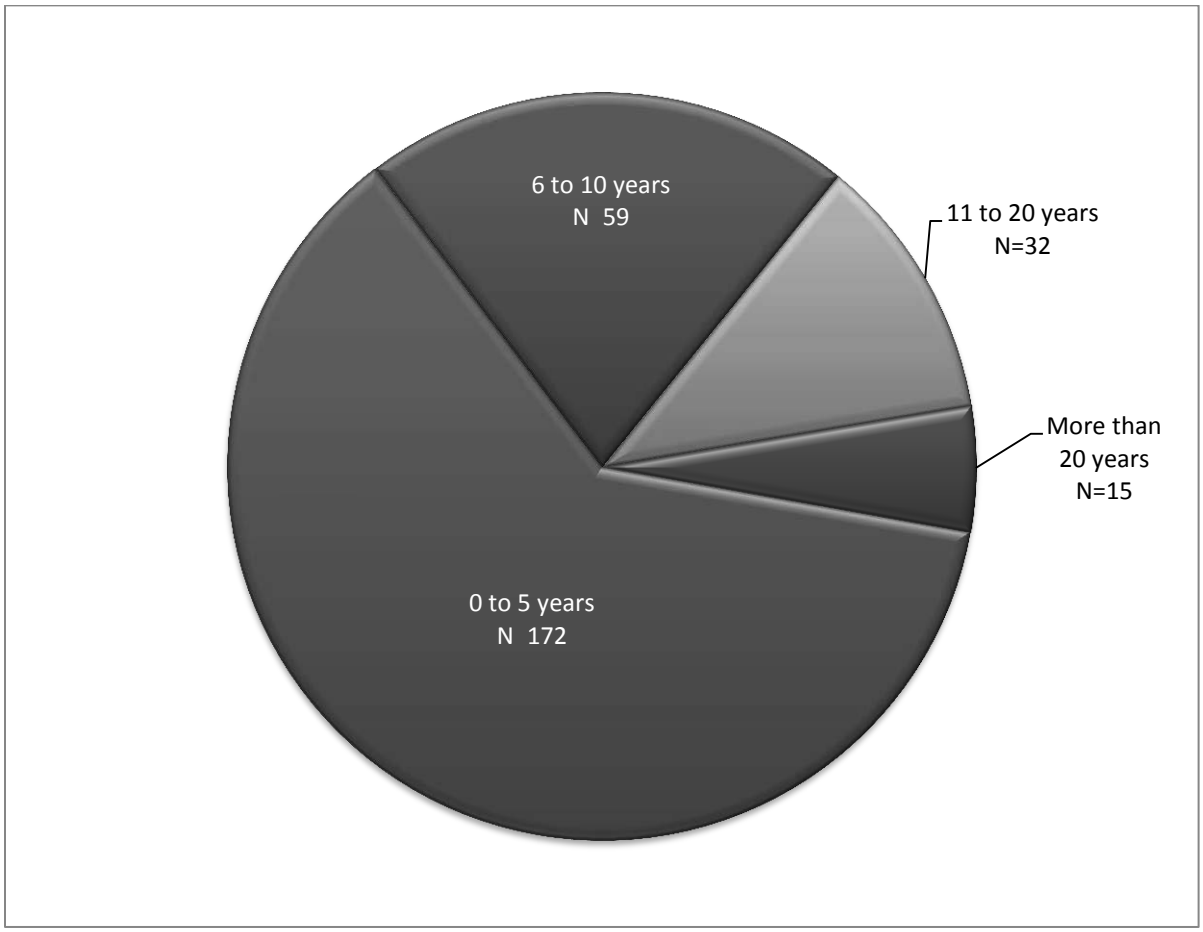


TABLE 2 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSURE

| Years | N | Percent |
|---|---|---|
| N/A, I worked as an intern | 70 | 25.2% |
| 0 to 11 months | 83 | 29.9% |
| 12 to 15 months | 37 | 13.3% |
| 16 months to 2 years | 32 | 11.5% |
| 3 to 5 years | 34 | 12.2% |
| 6 to 10 years | 13 | 4.7% |
| More than 10 years | 9 | 3.2% |
| Total | 278 | 100 |

FIGURE 2 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A DENTAL ASSISTANT BEFORE OBTAINING RDA LICENSURE

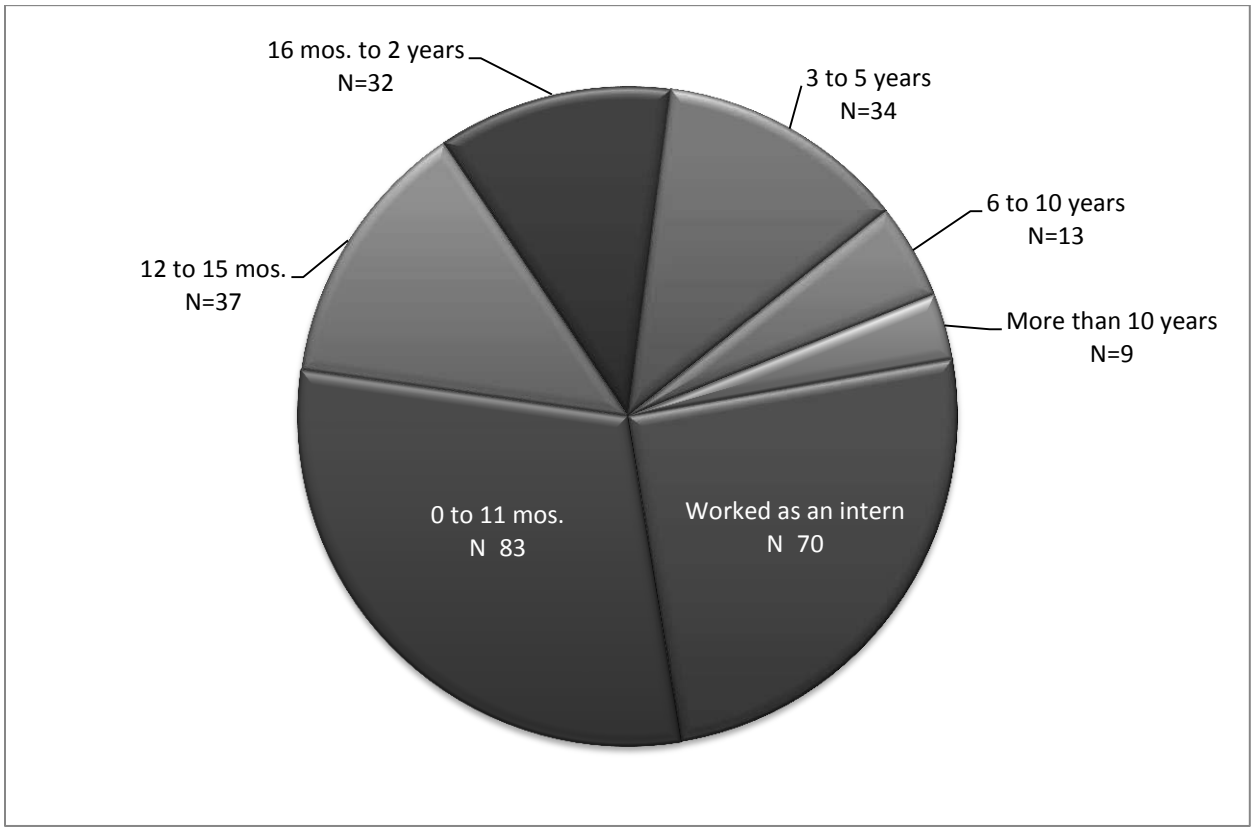


TABLE 3 – PRIMARY WORK SETTING

| Work Setting | N | Percent |
|---|---|---|
| Solo dental practice | 119 | 42.8 |
| Group dental practice | 84 | 30.2 |
| Specialty dental practice<br>(oral/maxillofacial surgery, dentofacial orthopedics) | 34 | 12.2 |
| Public health dentistry | 20 | 7.2 |
| Missing | 11 | 4 |
| Hospital dental clinic | 4 | 1.4 |
| Government | 3 | 1.1 |
| Dental school clinic | 2 | 0.7 |
| Military | 1 | 0.4 |
| Total | 278 | 100 |

FIGURE 3 – PRIMARY WORK SETTING

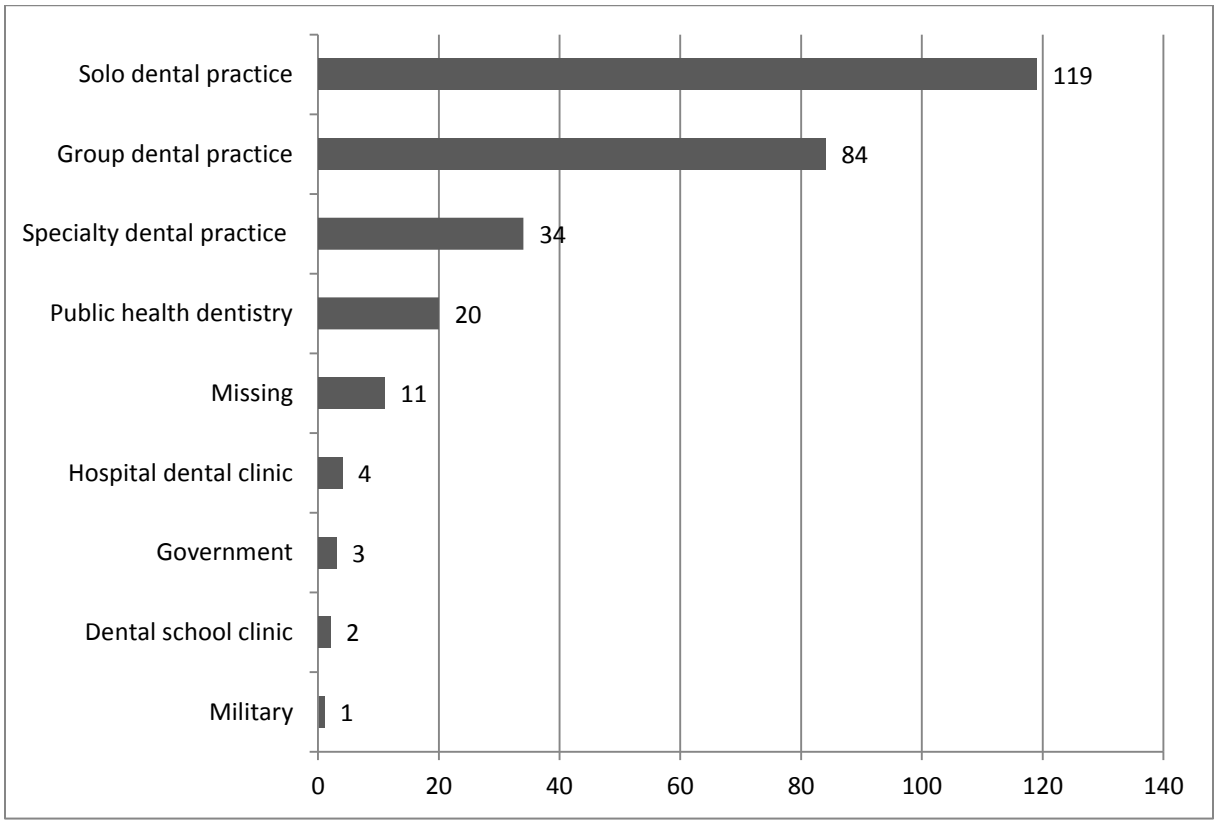


TABLE 4 – TYPE OF DENTAL PRACTICE IN PRIMARY WORK SETTING

| Practice Type | N | Percent |
|---|---|---|
| General dentistry | 208 | 74.6% |
| Pedodontic dentistry | 25 | 9.0% |
| Orthodontic dentistry | 20 | 7.2% |
| Missing | 9 | 3.2% |
| Periodontic dentistry | 6 | 2.2% |
| Oral surgery | 4 | 1.8% |
| Endodontic dentistry | 3 | 1.1% |
| Prosthodontic dentistry | 3 | 1.1% |
| Total | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 4 – TYPE OF DENTAL PRACTICE IN PRIMARY WORK SETTING

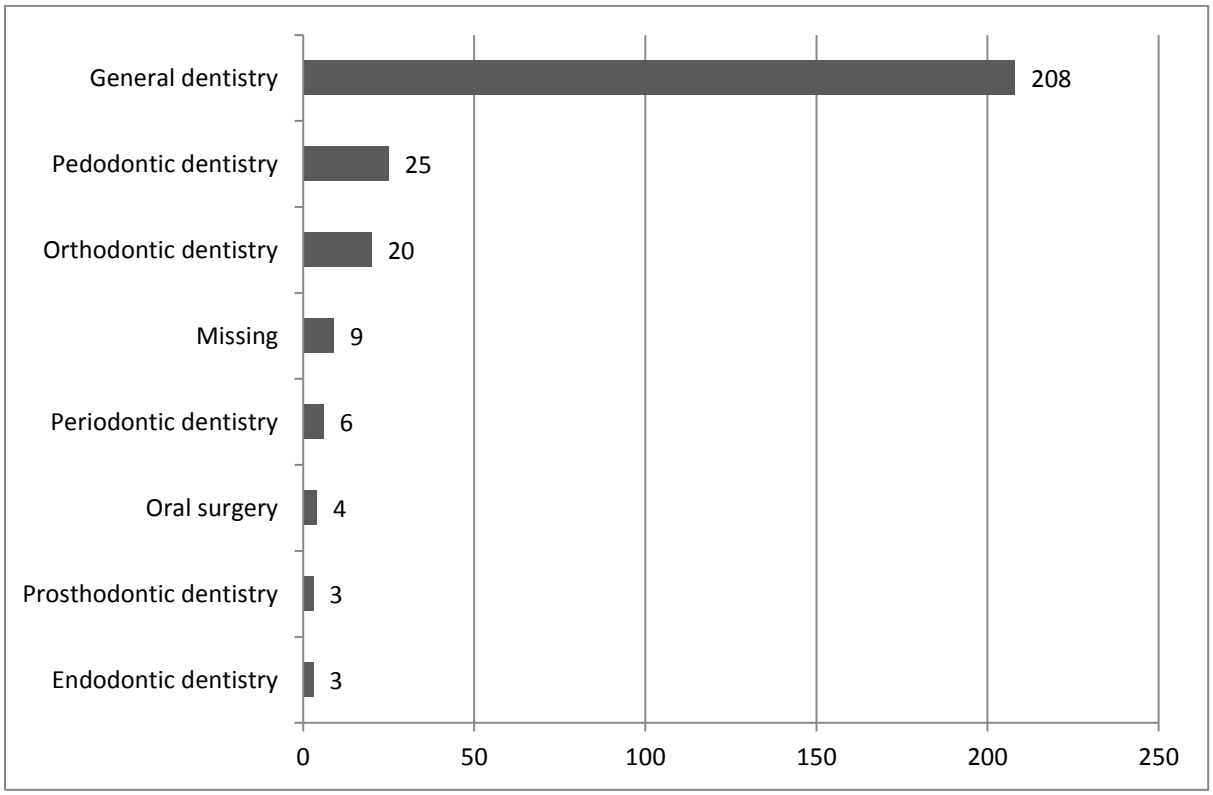


TABLE 5 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DA) IN PRIMARY WORK SETTING

| Number of Unlicensed DAs | N | Percent |
|---|---|---|
| None | 135 | 48.6% |
| 1 DA | 60 | 21.6% |
| 2 to 3 DAs | 58 | 20.9% |
| 4 to 5 DAs | 10 | 3.6% |
| More than 5 DAs | 13 | 4.7% |
| Missing | 2 | 0.7% |
| Total | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 5 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DA) IN PRIMARY WORK SETTING

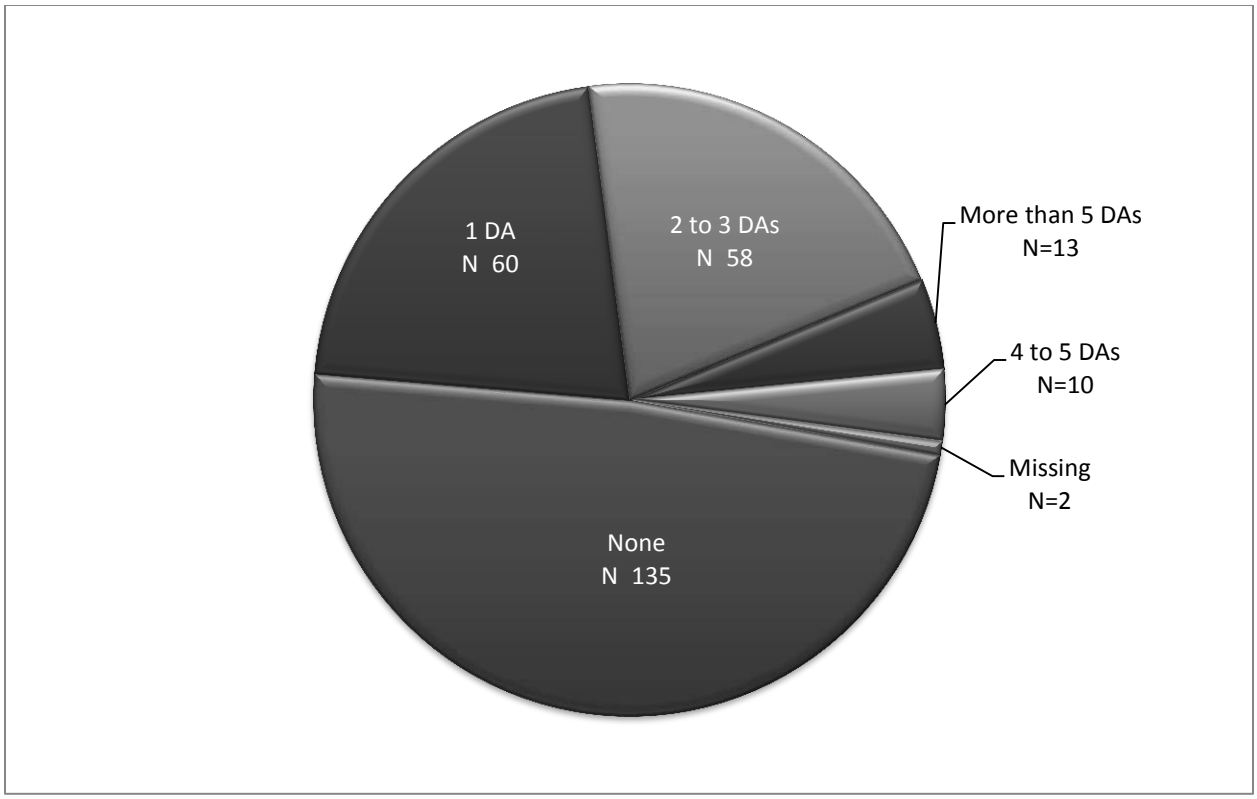


TABLE 6 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDA) IN PRIMARY WORK SETTING

| Number of RDAs | N | Percent |
|---|---|---|
| None | 54 | 19.4% |
| 1 RDA | 63 | 22.7% |
| 2 to 3 RDAs | 89 | 32.0% |
| 4 to 5 RDAs | 26 | 9.4% |
| More than 5 RDAs | 43 | 15.5% |
| Missing | 3 | 1.1% |
| Total | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 6 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDA) IN PRIMARY WORK SETTING

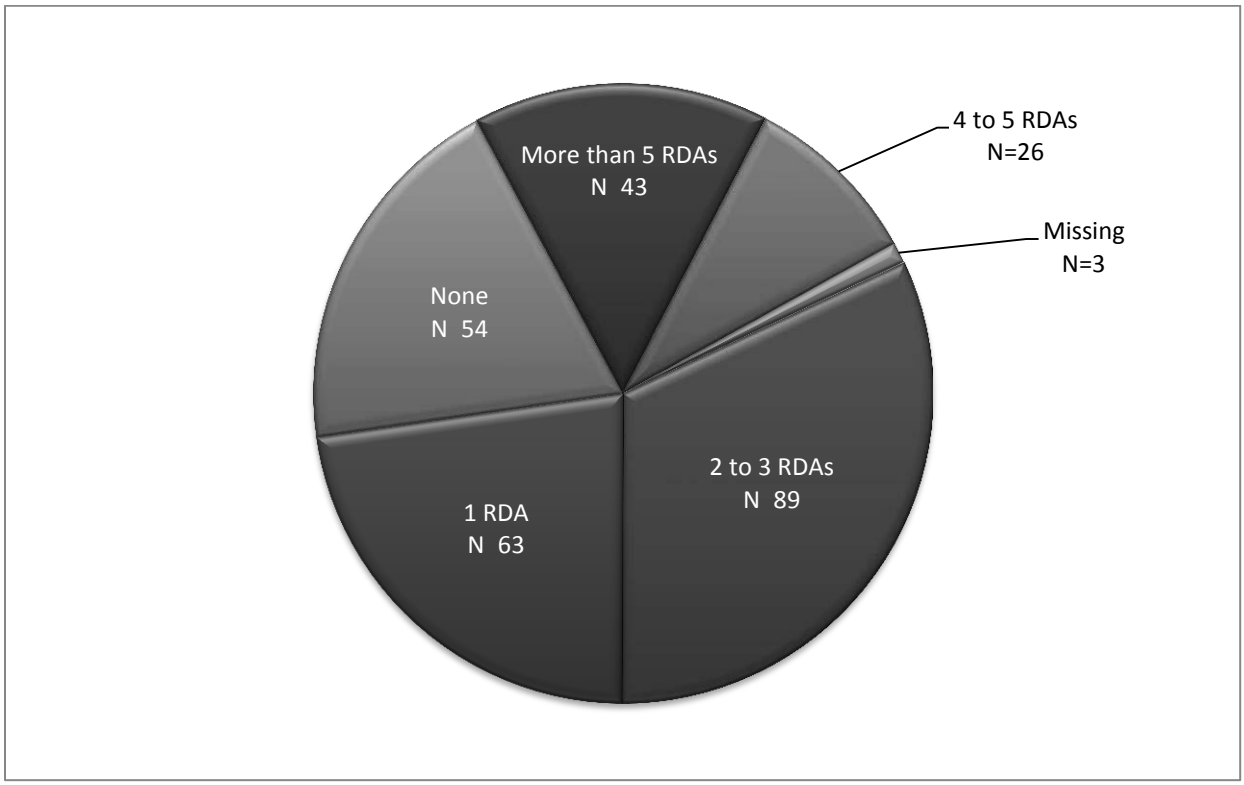


TABLE 7 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEF) IN PRIMARY WORK SETTING

| Number RDAEFs | N | Percent |
|---|---|---|
| None | 231 | 83.1% |
| 1 RDAEF | 32 | 11.5% |
| 2 to 3 RDAEFs | 12 | 4.3% |
| 4 to 5 RDAEFs | 2 | 0.7% |
| Missing | 1 | 0.4% |
| Total | 278 | 100 |

FIGURE 7 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEF) IN PRIMARY WORK SETTING

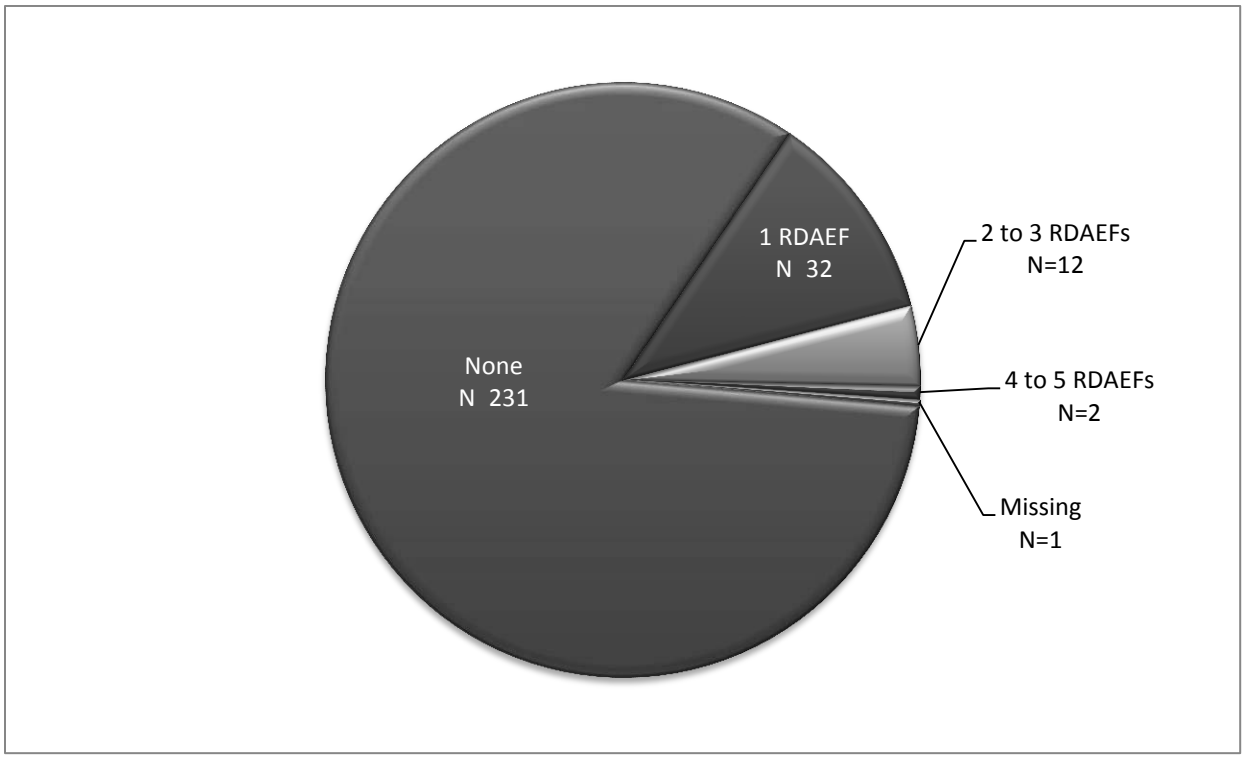


TABLE 8 – SOURCE OF WORK EXPERIENCE TO BECOME A REGISTERED DENTAL ASSISTANT

| Experience Source | N | Percent |
|---|---|---|
| On the job from Dentist | 163 | 58.6% |
| Private career school | 86 | 30.9% |
| On the job from experienced RDA/RDAEF | 80 | 28.8% |
| Community college program | 74 | 26.6% |
| ROP program | 54 | 19.4% |
| University-level program | 17 | 6.1% |
| Online school or program | 10 | 3.6% |
| Military | 4 | 1.4% |

**NOTE: Respondents were asked to select no more than 3 options.*

FIGURE 8 – SOURCE OF WORK EXPERIENCE TO BECOME A REGISTERED DENTAL ASSISTANT

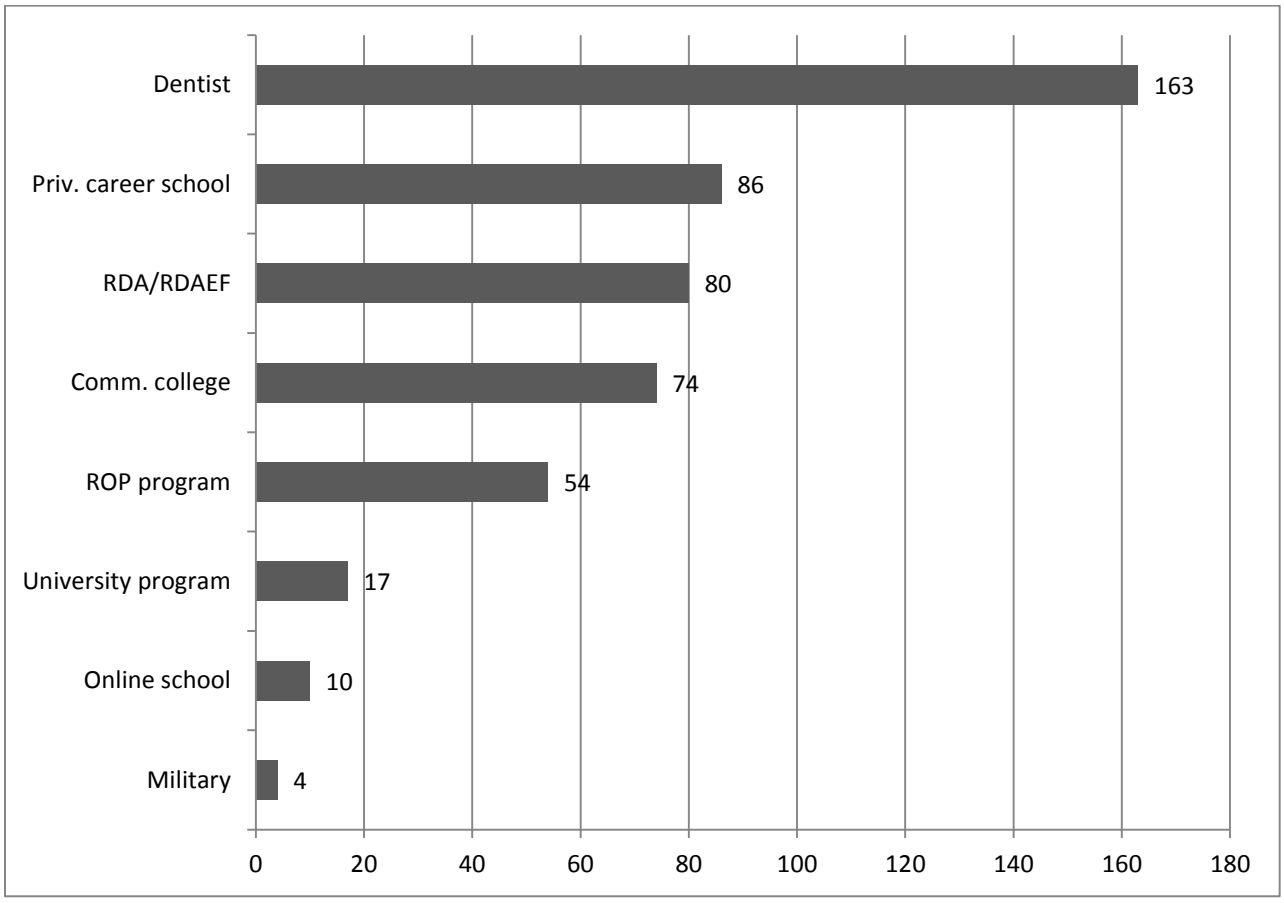


TABLE 9 – OTHER CERTIFICATES/CREDENTIALS POSSESSED

| Credential | N | Percent |
|---|---|---|
| Coronal Polishing Certification | 270 | 97.1% |
| Pit & Fissure Sealants Certification | 184 | 66.2% |
| Other | 42 | 15.0% |
| Ultrasonic Scaling Certification | 36 | 12.9% |
| Dental Sedation Asst. Permit | 8 | 2.2% |
| Orthodontic Asst. Permit | 5 | 1.8% |

**NOTE: Respondents were asked to select all that apply.*

FIGURE 9 – OTHER CERTIFICATES/CREDENTIALS POSSESSED

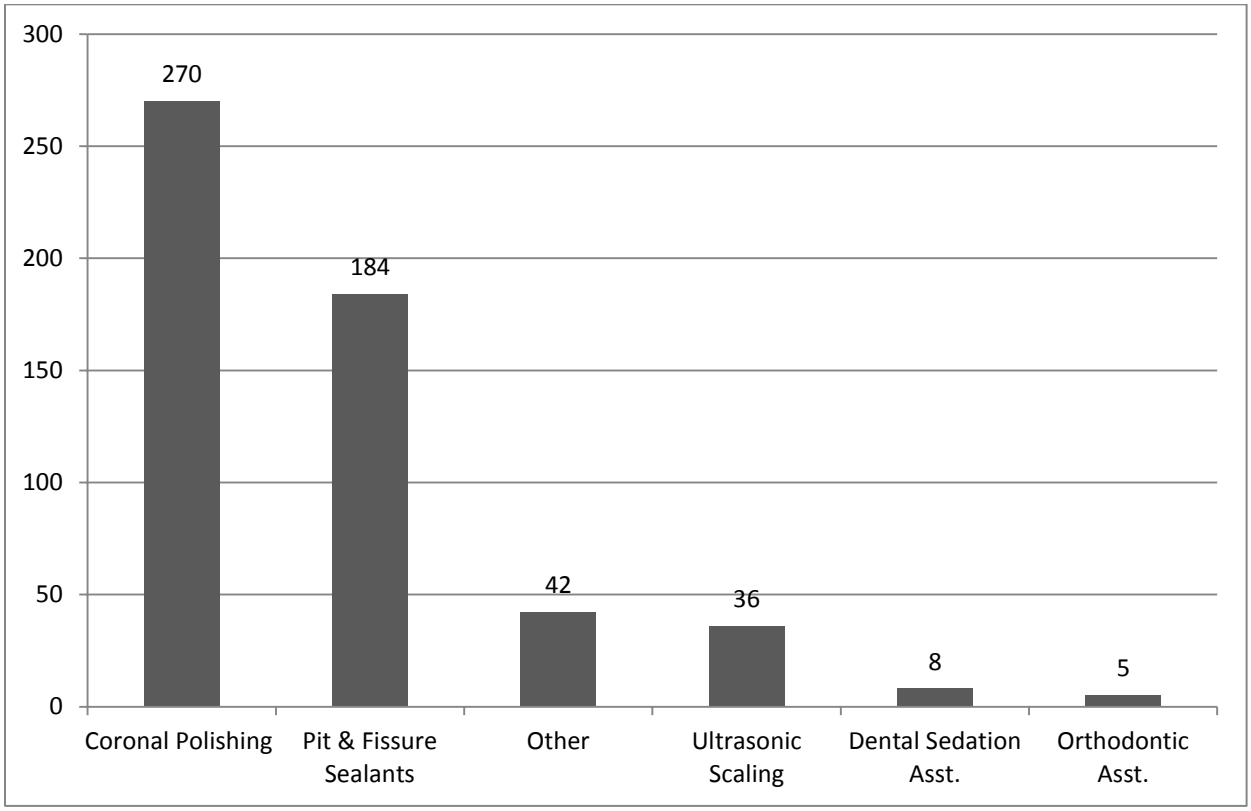


TABLE 10 – LOCATION OF PRIMARY WORK SETTING

| | N | Percent |
|---|---|---|
| Urban | 191 | 68.7% |
| Rural | 84 | 30.2% |
| Missing | 3 | 1.1% |
| Total | 278 | 100 |

FIGURE 10 – LOCATION OF PRIMARY WORK SETTING

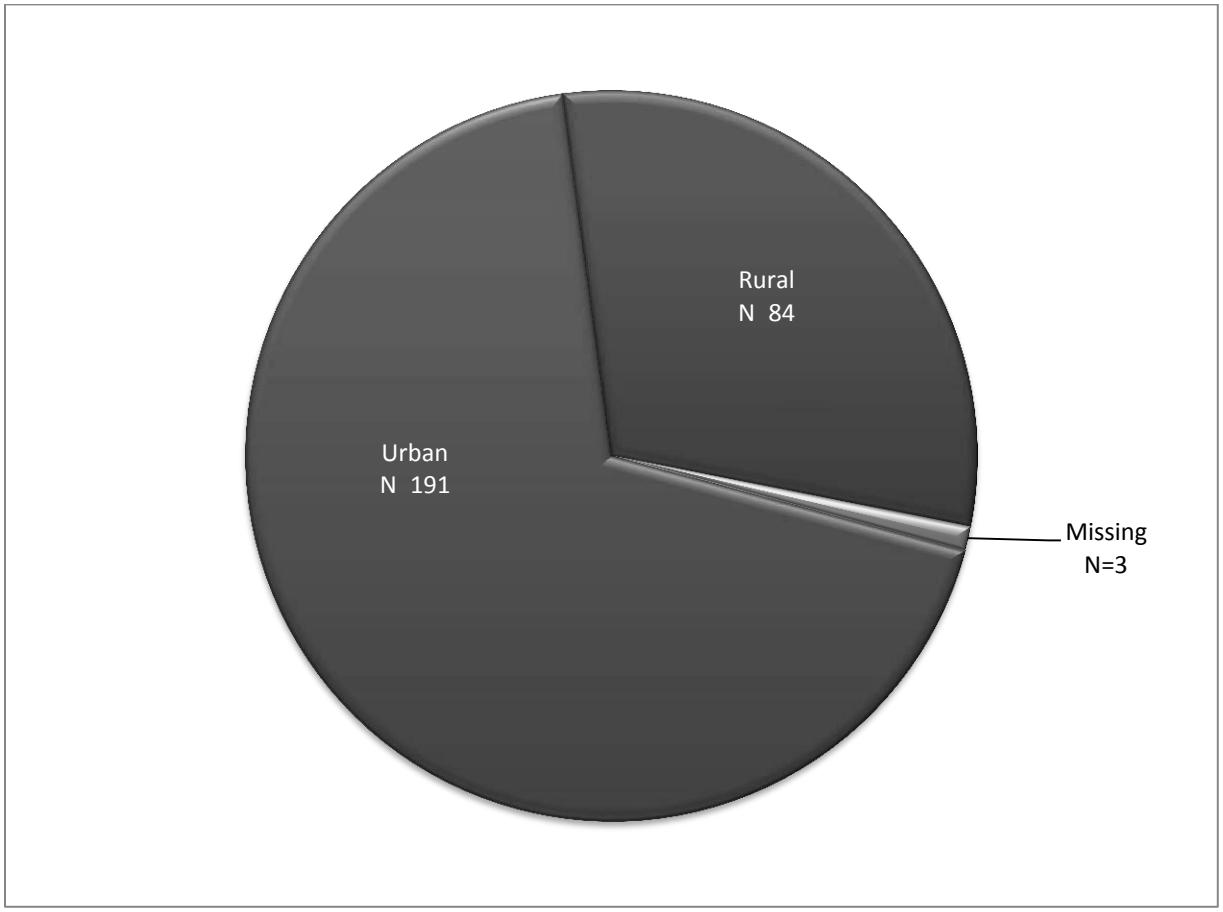
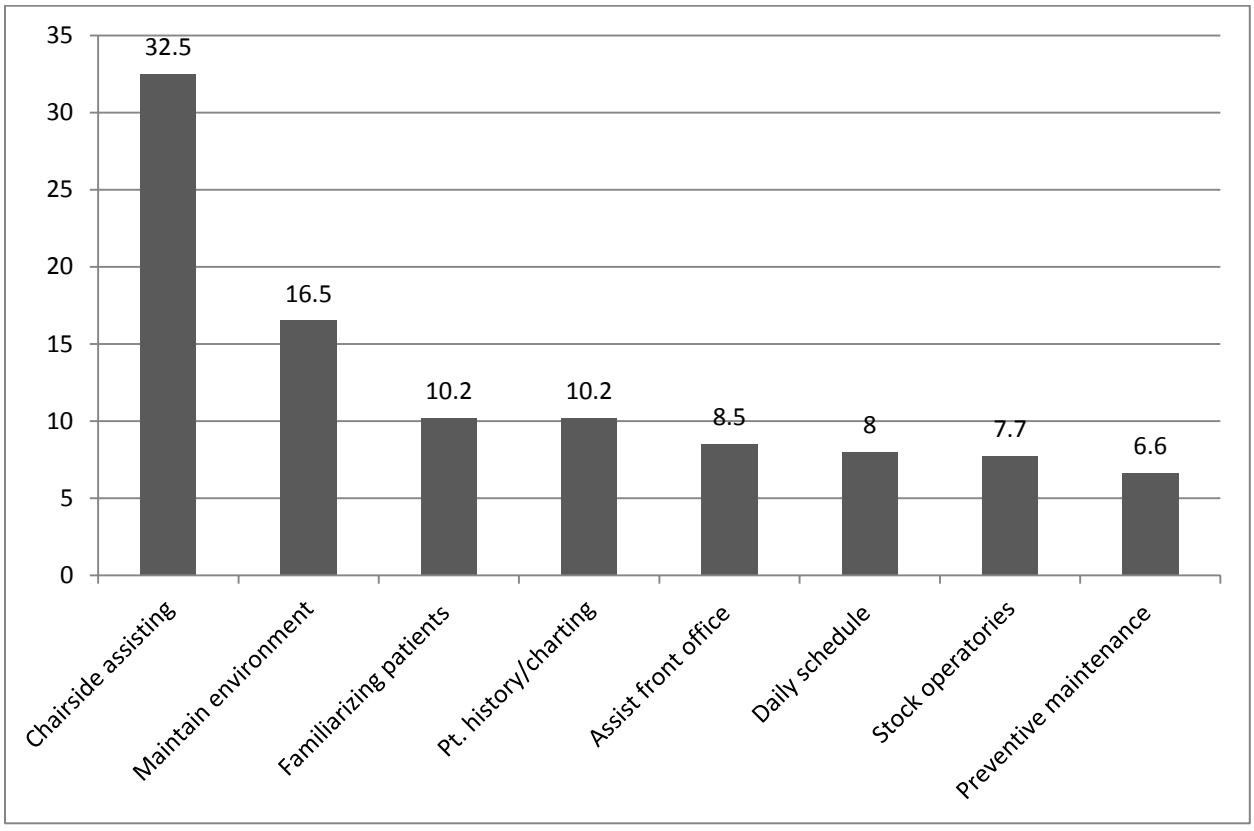


TABLE 11 – PERCENTAGE OF TIME SPENT ON PRINCIPAL WORK TASKS IN AN AVERAGE WEEK

| Work Task | Average Percent |
|---|---|
| Assisting the dentist in the administration of treatment at the chairside | 32.5 |
| Maintaining a sterile and orderly work environment | 16.5 |
| Familiarizing patients with the aspects of their dental visit and providing instructions and education to support treatment | 10.2 |
| Reviewing patients' health history and making chart entries under the direction of the dentist | 10.2 |
| Assisting with front office procedures if time allows or as determined by the dentist | 8.5 |
| Reviewing the daily schedule to set up appropriate trays and instruments | 8.0 |
| Stocking operatories and maintaining the clinical supply inventory | 7.7 |
| Supervising the preventive maintenance of dental equipment | 6.6 |

FIGURE 11 – PERCENTAGE OF TIME SPENT ON PRINCIPAL WORK TASKS IN AN AVERAGE WEEK



# CHAPTER 4. DATA ANALYSIS AND RESULTS

## RELIABILITY OF RATINGS

The job task and knowledge ratings obtained by the questionnaire were evaluated with a standard index of reliability, coefficient alpha (α) that ranges from 0 to 1. Coefficient alpha is an estimate of the internal-consistency of the respondents' ratings of job task and knowledge statements. Coefficients were calculated for all respondent ratings.

Table 12 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency (α = .96) and task importance (α = .96) across content areas were highly reliable. Table 13 displays the reliability coefficients for the knowledge statements rating scale in each content area. The overall ratings of knowledge importance (α = .98) across content areas were highly reliable. These results indicate that the responding RDAs rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 12 – TASK SCALE RELIABILITY

| CONTENT AREA | Number of Tasks | α Frequency | α Importance |
|---|---|---|---|
| I. Patient Examination | 10 | .88 | .88 |
| II. Dental Procedures | 14 | .94 | .94 |
| III. Safety | 24 | .94 | .94 |
| IV. Dental Specialty Procedures | 12 | .91 | .91 |
| Total | 60 | .96 | .96 |

TABLE 13 – KNOWLEDGE SCALE RELIABILITY

| CONTENT AREA | Number of Knowledge Statements | α Importance |
|---|---|---|
| I. Patient Examination | 26 | .96 |
| II. Dental Procedures | 34 | .98 |
| III. Safety | 33 | .97 |
| IV. Dental Specialty Procedures | 14 | .94 |
| Total | 107 | .98 |

## TASK CRITICAL VALUES

Focus groups of licensed RDAs were convened at OPES in January and February 2016 to review the average frequency and importance ratings and the criticality indices of all task and knowledge statements. The purpose of these workshops was to identify the essential tasks and knowledge required for safe and competent RDA practice at the time of licensure. The licensees reviewed the task frequency, importance, and criticality indices for all task statements.

In order to determine the critical values (criticality) of the task statements, the frequency rating (Fi) and the importance rating (Ii) for each task were multiplied for each respondent, and the products averaged across respondents.

*Critical task index = mean [(Fi) X (Ii)]*

The task statements were then ranked according to the tasks' critical values. The task statements, their mean frequency and importance ratings, and associated critical values are presented in Appendix B.

The January 2016 focus group of SMEs evaluated the tasks' critical values based on the questionnaire results. OPES staff instructed the SMEs to identify a cutoff value of criticality in order to determine if any tasks did not have a high enough critical value to be retained. The SMEs determined that no cutoff value should be set based on their judgment of the relative importance of all tasks to RDA practice. The February 2016 focus group of SMEs performed an independent review of the same data and arrived at the same conclusion that no cutoff value should be set and that all tasks should be retained.

## KNOWLEDGE IMPORTANCE RATINGS

In order to determine the importance of each knowledge, the mean importance (KImp) rating for each knowledge statement was calculated. The knowledge statements were then ranked according to mean importance. The knowledge statements and their importance ratings are presented in Appendix C.

The January 2016 focus group of SMEs that evaluated the task critical values also reviewed the knowledge statement importance values. After reviewing the average importance ratings and considering their relative importance to RDA practice, they determined that no cutoff value should be established, and all knowledge statements were retained. The February 2016 focus group of SMEs independently reviewed the same data and arrived at the same conclusion that no cutoff value should be set and that all knowledge statements should be retained.

# CHAPTER 5. EXAMINATION PLAN

## CONTENT AREAS AND WEIGHTS

In order for the February 2016 group of SMEs to determine the relative weights of the content areas of the RDA General Knowledge and the Law and Ethics examinations, initial calculations were performed by dividing the sum of the task critical values for a content area by the overall sum of the task critical values for all tasks, as shown below.

$$\frac{\textit{Sum of Critical Values for Tasks in Content Area}}{\textit{Sum of Critical Values for All Tasks}} = \textit{Percent Weight of Content Area}$$

In reviewing the preliminary weights based solely on the task critical values, the SMEs determined that these weights did not reflect the relative importance of the content areas to RDA practice in California for either the General Knowledge or the Law and Ethics examinations.

The SMEs were then presented with values based on the knowledge importance (KImp) ratings for each content area (KImp Prelim. Wts.). These values were calculated by dividing the sum of the knowledge importance for a content area by the overall sum of the knowledge importance ratings for all knowledge, as shown below.

$$\frac{\textit{Sum of K(Imp) for Knowledge in Content Area}}{\textit{Sum of K(Imp) for All Knowledge}} = \textit{Percent Weight of Content Area}$$

In determining the final weighting of the content areas for the General Knowledge examination, the February 2016 group of SMEs evaluated the group of tasks and knowledge, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area for RDA practice in California.

For the RDA General Knowledge examination, the SMEs identified that the preliminary weights based on the KImp values were fairly representative of the relative importance of each content area to practice. The preliminary values were adjusted based on their discussion to arrive at the final content area weights. The results of their evaluation are depicted in Table 14.

In determining the final weighting of the content areas for the RDA Law and Ethics examination, the February 2016 group of SMEs evaluated the group of tasks and knowledge, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area for RDA practice in California. The linkage between the tasks and knowledge was based on the linkage used to develop the description of practice. As such, the same tasks representing critical areas of practice were used with the General Knowledge and the Law and Ethics examination where they were linked to the knowledge for each examination.

For the RDA Law and Ethics examination, the final weights took into consideration where the majority of ethics-related knowledge statements were located (Content Area I, Patient Treatment and Care). The SMEs also considered that the majority of laws in Content Area III (Dental Specialty Procedures) were related to scope of practice while the laws related to Content Area IV (Safety) involved multiple areas of law and practice. Heavier weighting was therefore considered appropriate for Content Areas I and IV because of the greater diversity of practice-related content represented by the tasks and knowledge in Content Areas I and IV as compared to Content Areas II and III. Finally, the SMEs changed the name of Content Area I to better represent the tasks and knowledge statements included in that area. The results of their evaluation for the RDA Law and Ethics examination are depicted in Table 15 below.

The examination outline for the General Knowledge examination can be found in Table 16, and the examination outline for the Law and Ethics examination can be found in Table 17.

TABLE 14 – CONTENT AREA WEIGHTS - GENERAL KNOWLEDGE EXAMINATION

| Content Area | Final Weights |
|---|---|
| I. Patient Treatment and Care | 40 |
| II. Dental Procedures: Direct and Indirect Restorations | 45 |
| III. Dental Specialty Procedures | 15 |
| **Total** | **100** |

TABLE 15 – CONTENT AREA WEIGHTS - LAW AND ETHICS EXAMINATION

| Content Area | Final Weights |
|---|---|
| I. Patient Treatment and Care | 30 |
| II. Dental Procedures | 25 |
| III. Dental Specialty Procedures | 10 |
| IV. Safety | 35 |
| **Total** | **100** |

TABLE 16 – EXAMINATION OUTLINE: REGISTERED DENTAL ASSISTANT GENERAL KNOWLEDGE EXAMINATION

**I. Patient Treatment and Care (40%):** This area assesses the candidate's ability to review the patient's dental health by assessing medical and dental history; to note and chart the oral cavity; and to provide instruction regarding oral hygiene, preoperative care, and postoperative care.

| Task Statements | | Knowledge Statements | |
|---|---|---|---|
| 1 | Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment. | 1 | Knowledge of effects of coexisting medical/dental conditions on dental treatment. |
| 2 | Take patient's blood pressure and vital signs. | 2 | Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes). |
| 3 | Inspect patient's oral condition with mouth mirror. | 3 | Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine). |
| 4 | Chart existing oral conditions and diagnostic findings at the direction of the licensed provider. | 4 | Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics). |
| 5 | Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans). | 6 | Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves). |
| 6 | Respond to patient questions about existing conditions and treatment following dentist's diagnosis. | 7 | Knowledge of acceptable levels of blood pressure for performing dental procedures. |
| 7 | Observe for signs and conditions that may indicate abuse or neglect. | 8 | Knowledge of methods and techniques for using medical equipment to take vital signs. |
| 8 | Perform dental procedures using professional chairside manner. | 9 | Knowledge of techniques and procedures for using imaging equipment to perform intraoral and extraoral diagnostic imaging. |
| 9 | Educate patient about behaviors that could affect oral health or dental treatment. | 10 | Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology. |
| | | 11 | Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fractures lines) and how to document them. |

**I. Patient Treatment and Care** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| 10 Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances.<br>48 Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist.<br>49 Assist in the administration of oxygen to patients as instructed by dentist.<br>51 Assist in emergency care of patient.<br>32 Utilize caries detection materials and devices to gather information for dentist. | 12 Knowledge of effects of substance abuse on patient's physical condition including oral tissues.<br>13 Knowledge of effects of nutrition and malnutrition on the oral cavity.<br>14 Knowledge of effects of smoking and smokeless tobacco on oral tissue.<br>18 Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them.<br>19 Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation).<br>23 Knowledge of methods and techniques patients can perform to improve oral health.<br>24 Knowledge of pre- and postoperative care and maintenance for dental procedures and appliances.<br>25 Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures.<br>92 Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen.<br>93 Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures.<br>95 Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry.<br>64 Knowledge of types of automated caries detection devices, materials, and procedures for their use. |

**II. Dental Procedures: Direct and Indirect Restorations (45%):** This area assesses the candidate's knowledge of materials, techniques, and procedures regarding direct and indirect restoration dental procedures.

| Task Statements | Knowledge Statements |
|---|---|
| 13 Place bases and liners.<br>14 Place matrices and wedges.<br>15 Place temporary filling material.<br>16 Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations.<br>17 Place bonding agent.<br>18 Fabricate and adjust direct and indirect provisional restorations.<br>19 Perform cementation procedure for direct and indirect provisional restorations.<br>20 Obtain intraoral images using computer generated imaging system (e.g., CADCAM).<br>21 Take impressions for direct and indirect provisional restorations.<br>22 Remove indirect provisional restorations.<br>23 Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence). | 28 Knowledge of types of base and liner materials and the techniques and procedures for their application and placement.<br>29 Knowledge of types of wedges and the techniques and procedures for their use.<br>30 Knowledge of techniques and procedures for using matrix bands with or without band retainers.<br>31 Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them.<br>32 Knowledge of types of bonding agents and the techniques and procedures for their application and placement.<br>33 Knowledge of types of etchants and the techniques and procedures for their application and placement.<br>34 Knowledge of irregularities in margins that affect direct and indirect provisional restorations.<br>35 Knowledge of techniques used to eliminate open margins when placing restorative materials.<br>36 Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations.<br>37 Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations.<br>38 Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations. |

**II. Dental Procedures: Direct and Indirect Restorations** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| | 40 Knowledge of equipment and procedures used to obtain intraoral images for computer-aided, milled restorations.<br>41 Knowledge of types of impression materials and techniques and procedures for their application and placement.<br>42 Knowledge of techniques and procedures used to mix and place provisional materials.<br>43 Knowledge of techniques and procedures for bonding provisional veneers.<br>44 Knowledge of indications and contraindications for the use of whitening (bleaching) agents.<br>45 Knowledge of indications and contraindications for the use of bonding agents.<br>46 Knowledge of indications and contraindications for the use of etching agents.<br>47 Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application.<br>48 Knowledge of types of cements and the techniques and procedures for their application, placement, and removal. |

**III. Dental Specialty Procedures (15%):** This area assesses the candidate's knowledge of materials, techniques, and procedures regarding dental specialty procedures.

| Task Statements | Knowledge Statements |
|---|---|
| **3A. Dental Specialty Procedures: Endodontic Procedures** | |
| 58 Test pulp vitality.<br>59 Dry canals with absorbent points. | 102 Knowledge of techniques and procedures for testing pulp vitality.<br>103 Knowledge of techniques and procedures for measuring canal length and size. |
| **3B Dental Specialty Procedures: Periodontal Procedures** | |
| 62 Place periodontal dressings at surgical site. | 109 Knowledge of types of periodontal dressings and techniques for their application. |
| **3C Dental Specialty Procedures: Orthodontic Procedures** | |
| 63 Place orthodontic separators.<br>64 Place and remove ligature ties and arch wires.<br>65 Place elastic ties to secure arch wires.<br>66 Remove orthodontic bands.<br>67 Take impression for fixed and removable orthodontic appliances.<br>68 Remove fixed orthodontic appliances. | 111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties.<br>112 Knowledge of techniques for placement and removal of removable orthodontic appliances.<br>113 Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application. |
| **3D Dental Specialty Procedures: Implants, Oral Surgery and Extractions** | |
| 69 Remove post-extraction and post-surgery sutures as directed by dentist. (K114)<br>70 Place and remove dry socket dressing as directed by dentist. (K115) | 114 Knowledge of techniques for removing post-extraction and post-surgery sutures.<br>115 Knowledge of methods for treating dry socket. |

**III. Dental Specialty Procedures** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| **3E Dental Specialty Procedures: Prosthetic Appliances** | |
| 71 Adjust prosthetic appliances extraorally. | 116 Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances.<br>117 Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances. |

TABLE 17 – EXAMINATION OUTLINE: REGISTERED DENTAL ASSISTANT LAW AND ETHICS EXAMINATION

**I. Patient Treatment and Care (30%):** This area assesses candidate knowledge of laws related to patient care, Registered Dental Assistant scope of practice, and ethical principles related to patient care.

| Task Statements | | Knowledge Statements | |
|---|---|---|---|
| 1 | Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment. | 15 | Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient. |
| 2 | Take patient's blood pressure and vital signs. | 16 | Knowledge of professional and ethical principles regarding patient care. |
| 3 | Inspect patient's oral condition with mouth mirror. | 17 | Knowledge of legal requirements and ethical principles regarding patient confidentiality. |
| 4 | Chart existing oral conditions and diagnostic findings at the direction of the licensed provider. | 20 | Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). |
| 5 | Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans). | 22 | Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules or regulations to the proper authorities. |
| 6 | Respond to patient questions about existing conditions and treatment following dentist's diagnosis. | 26 | Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |
| 7 | Observe for signs and conditions that may indicate abuse or neglect. | | |
| 8 | Perform dental procedures using professional chairside manner. | | |
| 9 | Educate patient about behaviors that could affect oral health or dental treatment. | | |
| 10 | Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances. | | |

**II. Dental Procedures (25%):** This area assesses candidate knowledge of Registered Dental Assistant scope of practice regarding direct and indirect restorations and preventative dental procedures.

| Task Statements | Knowledge Statements |
|---|---|
| **2A Dental Procedures: Direct and Indirect Restorations** | |
| 13 Place bases and liners.<br>14 Place matrices and wedges.<br>15 Place temporary filling material.<br>16 Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations.<br>17 Place bonding agent.<br>18 Fabricate and adjust direct and indirect provisional restorations.<br>19 Perform cementation procedure for direct and indirect provisional restorations.<br>20 Obtain intraoral images using computer generated imaging system (e.g., CADCAM).<br>21 Take impressions for direct and indirect provisional restorations.<br>22 Remove indirect provisional restorations.<br>23 Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence). | 39 Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents.<br>49 Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents.<br>50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations.<br>52 Knowledge of RDA and RDAEF scopes of practice related to final impressions. |

**II. Dental Procedures** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| **2B Dental Procedures: Preventive Procedures** | |
| 31 Perform coronal polishing. | |
| 32 Utilize caries detection materials and devices to gather information for dentist. | 60 Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants. |
| 33 Prepare teeth and apply pit and fissure sealants. | 68 Knowledge of scope of practice for RDAs related to use of caries detection devices and materials. |

**III. Dental Specialty Procedures (10%):** This area assesses candidate knowledge of Registered Dental Assistant scope of practice regarding dental specialty procedures.

| Task Statements | Knowledge Statements |
|---|---|
| **3A Dental Specialty Procedures: Endodontic Procedures** | |
| 58 Test pulp vitality.<br>59 Dry canals with absorbent points. | 104 Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures. |
| **3B Dental Specialty Procedures: Periodontal Procedures** | |
| 62 Place periodontal dressings at surgical site. | 108 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials. |
| **3C Dental Specialty Procedures: Orthodontic Procedures** | |
| 63 Place orthodontic separators.<br>64 Place and remove ligature ties and arch wires.<br>65 Place elastic ties to secure arch wires.<br>67 Take impression for fixed and removable orthodontic appliances. | 110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials. |
| **3D Dental Specialty Procedures: ProstheticAppliances** | |
| 71 Adjust prosthetic appliances extraorally. | 118 Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extraoral prosthetic appliances. |

**IV. Safety (35%):** This area assesses candidate knowledge of laws and regulations regarding infection control, radiation safety, and occupational safety.

| Task Statements | | Knowledge Statements | |
|---|---|---|---|
| **4A** | **Safety: Infection Control** | | |
| 34 | Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks. | 69 | Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. |
| 35 | Purge dental unit lines with air or water prior to attachment of devices. | 74 | Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL). |
| 36 | Use germicides for surface disinfection (e.g., tables, chairs, counters). | 84 | Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials (OPIM). |
| 37 | Use surface barriers for prevention of cross-contamination. | | |
| 38 | Perform instrument sterilization in compliance with the office’s infection control program. | | |
| 39 | Disinfect and sterilize laboratory and operatory equipment in compliance with the office’s infection control program. | | |
| 40 | Use hand hygiene procedures. | | |
| 41 | Conduct biological spore testing to ensure functioning of sterilization devices. | | |
| 42 | Dispose of biological hazardous waste and Other Potentially Infectious Materials (OPIM). | | |
| 43 | Dispose of pharmaceuticals and sharps in appropriate container. | | |

**IV. Safety (35%)** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| **4B Safety: Radiation Safety**<br>44 Implement measures to minimize radiation exposure to patient during radiographic procedures.<br>45 Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures.<br>47 Implement measures for the storage and disposal of radiographic film. | 89 Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety.<br>90 Knowledge of methods for the storage and disposal of radiographic film. |
| **4C Safety: Occupational Safety**<br>55 Implement protocols and procedures to protect operator from exposure during hazardous waste management.<br>56 Package, prepare, and store hazardous waste for disposal.<br>57 Store, label, and log chemicals used in a dental practice. | 99 Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal.<br>101 Knowledge of requirements for placing hazardous substances in secondary containers, (e.g., labeling, handling, applicable containers). |

# CHAPTER 6. CONCLUSION

The occupational analysis of the Registered Dental Assistant profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent the practice of Registered Dental Assistants. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the Registered Dental Assistant content outline for the Registered Dental Assistant General Knowledge examination and the Registered Dental Assistant Law and Ethics examination contained in this report, the Board ensures that its examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

# APPENDIX A. RESPONDENTS BY REGION

LOS ANGELES VICINITY

| County of Practice | Frequency |
|---|---|
| Los Angeles | 33 |
| Orange | 16 |
| TOTAL | 49 |

SAN FRANCISCO BAY AREA

| County of Practice | Frequency |
|---|---|
| Alameda | 12 |
| Santa Clara | 12 |
| Contra Costa | 7 |
| Napa | 5 |
| San Mateo | 5 |
| Marin | 3 |
| Solano | 3 |
| San Francisco | 2 |
| Santa Cruz | 2 |
| TOTAL | 51 |

SAN JOAQUIN VALLEY

| County of Practice | Frequency |
|---|---|
| Fresno | 9 |
| Kings | 9 |
| Merced | 7 |
| Stanislaus | 6 |
| San Joaquin | 5 |
| Kern | 3 |
| Tulare | 3 |
| TOTAL | 42 |

SACRAMENTO VALLEY

| County of Practice | Frequency |
|---|---|
| Sacramento | 19 |
| Yolo | 4 |
| Glenn | 2 |
| Lake | 2 |
| Yuba | 2 |
| Butte | 1 |
| Colusa | 1 |
| Sutter | 1 |
| TOTAL | 32 |

SAN DIEGO AND VICINITY

| County of Practice | Frequency |
|---|---|
| San Diego | 23 |
| Imperial | 1 |
| TOTAL | 24 |

SHASTA/CASCADE

| County of Practice | Frequency |
|---|---|
| Plumas | 4 |
| Siskiyou | 3 |
| Lassen | 2 |
| Shasta | 2 |
| Tehama | 2 |
| Trinity | 1 |
| TOTAL | 14 |

RIVERSIDE AND VICINITY

| County of Practice | Frequency |
|---|---|
| Riverside | 11 |
| San Bernardino | 5 |
| TOTAL | 16 |

SIERRA MOUNTAIN

| County of Practice | Frequency |
|---|---|
| Placer | 6 |
| Tuolumne | 6 |
| Nevada | 4 |
| Amador | 2 |
| Calaveras | 1 |
| Inyo | 1 |
| Mariposa | 1 |
| TOTAL | 21 |

NORTH COAST

| County of Practice | Frequency |
|---|---|
| Mendocino | 5 |
| Del Norte | 2 |
| Humboldt | 1 |
| TOTAL | 8 |

SOUTH/CENTRAL COAST

| County of Practice | Frequency |
|---|---|
| Monterey | 6 |
| Santa Barbara | 5 |
| Ventura | 5 |
| San Benito | 1 |
| San Luis Obispo | 1 |
| TOTAL | 18 |

COUNTY 2

| County of Practice | Frequency |
|---|---|
| Contra Costa | 2 |
| Los Angeles | 1 |
| Madera | 3 |
| Riverside | 1 |
| Sacramento | 1 |
| San Bernardino | 1 |
| San Joaquin | 1 |
| Santa Clara | 3 |
| Solano | 1 |
| Stanislaus | 2 |
| Tehama | 1 |
| Tulare | 1 |
| Ventura | 1 |
| Yuba | 1 |
| TOTAL | 20 |

COUNTY 3

| County of Practice | Frequency |
|---|---|
| Merced | 1 |
| Sutter | 1 |
| TOTAL | 2 |

# APPENDIX B. CRITICALITY INDICES FOR ALL TASKS

| CA | T# | Task Statement | Mean TFreq | Mean TImpt | TCV |
|---|---|---|---|---|---|
| 3A | 38 | Perform instrument sterilization in compliance with the office's infection control program. | 4.67 | 4.86 | 22.84 |
| 3A | 36 | Use germicides for surface disinfection (e.g., tables, chairs, counters). | 4.66 | 4.85 | 22.73 |
| 3A | 34 | Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks. | 4.63 | 4.86 | 22.62 |
| 3A | 39 | Disinfect and sterilize laboratory and operatory equipment in compliance with the office's infection control program. | 4.57 | 4.81 | 22.21 |
| 3A | 37 | Use surface barriers for prevention of cross-contamination. | 4.56 | 4.77 | 21.99 |
| 3A | 43 | Dispose of pharmaceuticals and sharps in appropriate container. | 4.48 | 4.83 | 21.78 |
| 3A | 40 | Use hand hygiene procedures. | 4.44 | 4.82 | 21.56 |
| 3B | 44 | Implement measures to minimize radiation exposure to patient during radiographic procedures. | 4.42 | 4.65 | 20.79 |
| 1 | 8 | Perform dental procedures using professional chairside manner. | 4.47 | 4.52 | 20.62 |
| 3A | 41 | Conduct biological spore testing to ensure functioning of sterilization devices. | 4.19 | 4.74 | 20.14 |
| 3B | 45 | Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures. | 4.25 | 4.56 | 19.83 |
| 3A | 42 | Dispose of biological hazardous waste and Other Potentially Infectious Materials (OPIM). | 4.11 | 4.67 | 19.64 |
| 3A | 35 | Purge dental unit lines with air or water prior to attachment of devices. | 4.09 | 4.54 | 19.06 |
| 1 | 10 | Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances. | 4.21 | 4.33 | 18.65 |
| 1 | 5 | Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans). | 4.16 | 4.36 | 18.57 |
| 1 | 1 | Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment. | 3.88 | 4.5 | 18.02 |
| 1 | 9 | Educate patient about behaviors that could affect oral health or dental treatment. | 4.04 | 4.2 | 17.46 |
| 3B | 46 | Implement measures for the storage and maintenance of radiation protective barriers and portable X-Ray units. | 3.76 | 4.41 | 17.07 |
| 3D | 55 | Implement protocols and procedures to protect operator from exposure during hazardous waste management. | 3.49 | 4.54 | 16.22 |
| 1 | 6 | Respond to patient questions about existing conditions and treatment following dentist's diagnosis. | 3.75 | 4.03 | 15.65 |

CA: Content Area

| CA | T# | Task Statement | Mean TFreq | Mean TImpt | TCV |
|---|---|---|---|---|---|
| 3D | 57 | Store, label, and log chemicals used in a dental practice. | 3.4 | 4.38 | 15.36 |
| 1 | 4 | Chart existing oral conditions and diagnostic findings at the direction of the licensed provider. | 3.61 | 4 | 15.06 |
| 2C | 31 | Perform coronal polishing. | 3.59 | 3.98 | 15.02 |
| 3D | 56 | Package, prepare, and store hazardous waste for disposal. | 3.24 | 4.51 | 14.94 |
| 1 | 7 | Observe for signs and conditions that may indicate abuse or neglect. | 3.2 | 4.02 | 13.56 |
| 1 | 3 | Inspect patient's oral condition with mouth mirror. | 3.03 | 3.56 | 11.82 |
| 1 | 2 | Take patient's blood pressure and vital signs. | 2.73 | 3.88 | 11.52 |
| 3C | 54 | Follow infection control procedures during the administration of first aid and basic life support. | 2.5 | 4.48 | 11.47 |
| 3C | 53 | Implement emergency preparedness protocols as per office procedures. | 2.55 | 4.31 | 11.35 |
| 2A | 21 | Take impressions for direct and indirect provisional restorations. | 2.67 | 3.88 | 11.09 |
| 2A | 19 | Perform cementation procedure for direct and indirect provisional restorations. | 2.28 | 3.82 | 9.22 |
| 2A | 18 | Fabricate and adjust direct and indirect provisional restorations. | 2.25 | 3.84 | 9.15 |
| 2C | 33 | Prepare teeth and apply pit and fissure sealants. | 2.18 | 3.8 | 9.01 |
| 2A | 16 | Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations. | 2.25 | 3.64 | 8.82 |
| 2A | 17 | Place bonding agent. | 1.96 | 3.72 | 8 |
| 2A | 22 | Remove indirect provisional restorations. | 2.01 | 3.4 | 7.54 |
| 3B | 47 | Implement measures for the storage and disposal of radiographic film. | 1.7 | 4.09 | 7.47 |
| 3C | 51 | Assist in emergency care of patient. | 1.66 | 4.41 | 7.44 |
| 3C | 49 | Assist in the administration of oxygen to patients as instructed by dentist. | 1.75 | 3.82 | 7.12 |
| 3C | 48 | Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist. | 1.71 | 3.87 | 6.97 |
| 3C | 52 | Implement first aid and BLS measures to support patient care. | 1.51 | 4.35 | 6.7 |
| 2A | 14 | Place matrices and wedges. | 1.78 | 3.36 | 6.69 |
| 3C | 50 | Implement basic life support and/or use of AED as indicated during medical emergency. | 1.41 | 4.49 | 6.4 |
| 2A | 20 | Obtain intraoral images using computer generated imaging system (e.g., CADCAM). | 1.59 | 3.66 | 6.32 |
| 2A | 15 | Place temporary filling material. | 1.82 | 3.06 | 6.26 |

| CA | T# | Task Statement | Mean TFreq | Mean TImpt | TCV |
|---|---|---|---|---|---|
| 2C | 32 | Utilize caries detection materials and devices to gather information for dentist. | 1.59 | 3.32 | 6 |
| 2A | 13 | Place bases and liners. | 1.3 | 3.33 | 4.74 |
| 4D | 67 | Take impression for fixed and removable orthodontic appliances. | 1.23 | 3.5 | 4.72 |
| 4A | 59 | Dry canals with absorbent points. | 1.11 | 3.75 | 4.57 |
| 4A | 58 | Test pulp vitality. | 1.14 | 3.66 | 4.55 |
| 2A | 23 | Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence). | 1.36 | 2.8 | 4.47 |
| 4E | 69 | Remove post-extraction and post-surgery sutures as directed by dentist. | 1.11 | 3.55 | 4.34 |
| 4D | 64 | Place and remove ligature ties and arch wires. | 0.9 | 3.67 | 3.67 |
| 4D | 65 | Place elastic ties to secure arch wires. | 0.89 | 3.6 | 3.61 |
| 4F | 71 | Adjust prosthetic appliances extraorally. | 0.95 | 3.29 | 3.48 |
| 4D | 63 | Place orthodontic separators. | 0.77 | 3.35 | 2.89 |
| 4E | 70 | Place and remove dry socket dressing as directed by dentist. | 0.67 | 3.46 | 2.6 |
| 4D | 66 | Remove orthodontic bands. | 0.65 | 3.38 | 2.43 |
| 4D | 68 | Remove fixed orthodontic appliances. | 0.6 | 3.39 | 2.33 |
| 4C | 62 | Place periodontal dressings at surgical site. | 0.39 | 3.44 | 1.44 |

# APPENDIX C. KNOWLEDGE IMPORTANCE RATINGS

| CA | K# | Knowledge Statement | Mean KImpt |
|---|---|---|---|
| 1 | 3 | Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine). | 4.62 |
| 3A | 81 | Knowledge of procedures for handling, disinfecting, and sterilizing detachable intraoral handpieces, instruments, and devices. | 4.57 |
| 3A | 69 | Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. | 4.56 |
| 3A | 76 | Knowledge of procedures and protocols for the disinfection/decontamination of surfaces and work areas. | 4.56 |
| 3A | 83 | Knowledge of protocols for using biological spore test and heat indicating devices. | 4.55 |
| 3B | 85 | Knowledge of methods and procedures for the use and care of protective barriers (e.g., lead apron, thyroid collar, shield) to protect patient from radiation exposure. | 4.55 |
| 1 | 6 | Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves). | 4.54 |
| 3A | 82 | Knowledge of protocols and procedures for hand hygiene. | 4.54 |
| 3A | 84 | Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials (OPIM). | 4.54 |
| 3C | 95 | Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry. | 4.54 |
| 3C | 93 | Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures. | 4.53 |
| 3C | 97 | Knowledge of measures for preventing spread of infection during first aid and BLS. | 4.53 |
| 3A | 78 | Knowledge of what defines critical, semi-critical and non-critical instruments and their respective disinfection/sterilization protocols. | 4.52 |
| 3A | 80 | Knowledge of procedures for the disinfection and sterilization of laboratory equipment, operatory equipment, and mechanical devices. | 4.52 |
| 3C | 96 | Knowledge of the equipment used for first aid and BLS and their uses and applications (e.g., eyewash station, AED). | 4.52 |
| 3A | 71 | Knowledge of methods and procedures for the handling, use, cleaning, and disposal of personal protective equipment (e.g., gloves, masks, goggles, gown). | 4.51 |
| 3A | 73 | Knowledge of procedures and protocols for the use of surface barriers to prevent contamination. | 4.49 |
| 3A | 70 | Knowledge of procedures and protocols for management and disposal of pharmaceuticals and sharps. | 4.48 |
| 3A | 79 | Knowledge of types of sterilization devices and the indications and procedures for their use (e.g., steam and dry heat automated sterilization devices). | 4.48 |

CA: Content Area

| CA | K# | Knowledge Statement | Mean KImpt |
|---|---|---|---|
| 1 | 5 | Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. | 4.46 |
| 3A | 77 | Knowledge of the methods and procedures for the application and disposal of low-level, intermediate-level and high-level disinfectants and germicides. | 4.46 |
| 3B | 88 | Knowledge of techniques and procedures for minimizing exposure to self and others during radiation procedures. | 4.43 |
| 3A | 72 | Knowledge of sequence for donning and removing personal protective equipment. | 4.42 |
| 3C | 94 | Knowledge of procedures for implementing protocols for responding to office and environmental emergencies. | 4.41 |
| 3A | 74 | Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL). (Dental Board Minimum Standards for infection control | 4.39 |
| 1 | 2 | Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes). | 4.38 |
| 1 | 4 | Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics). | 4.38 |
| 3D | 99 | Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal. | 4.34 |
| 1 | 22 | Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules or regulations to the proper authorities. | 4.32 |
| 3B | 89 | Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety. | 4.32 |
| 3C | 92 | Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen. | 4.31 |
| 3D | 101 | Knowledge of requirements for placing hazardous substances in secondary containers, (e.g., labeling, handling, applicable containers). | 4.3 |
| 1 | 9 | Knowledge of techniques and procedures for using imaging equipment to perform intraoral and extraoral diagnostic imaging. | 4.29 |
| 3A | 75 | Knowledge of procedures for managing self-contained water systems. | 4.29 |
| 1 | 23 | Knowledge of methods and techniques patients can perform to improve oral health. | 4.28 |
| 3C | 91 | Knowledge of the applications and contraindications for use of oxygen and nitrous oxide/oxygen in a dental practice setting. | 4.28 |
| 1 | 7 | Knowledge of acceptable levels of blood pressure for performing dental procedures. | 4.27 |
| 1 | 25 | Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures. | 4.27 |
| 3B | 86 | Knowledge of types of film holding devices and placement to minimize multiple exposures during radiography. | 4.25 |

| CA | K# | Knowledge Statement | Mean KImpt |
|---|---|---|---|
| 1 | 24 | Knowledge of pre- and postoperative care and maintenance for dental procedures and appliances. | 4.24 |
| 1 | 17 | Knowledge of legal requirements and ethical principles regarding patient confidentiality. | 4.23 |
| 3D | 98 | Knowledge of location within Safety Data Sheets of safe handling and emergency protocols for hazardous substances. | 4.23 |
| 1 | 26 | Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. | 4.22 |
| 1 | 21 | Knowledge of techniques to provide patient comfort during intraoral procedures. | 4.18 |
| 3B | 87 | Knowledge of factors of radiographic film speed, digital sensors, phosphor plates, and exposure time as related to radiographic safety. | 4.18 |
| 2C | 65 | Knowledge of procedures for preparing the tooth for the application of pit and fissure sealants. | 4.17 |
| 2C | 61 | Knowledge of indications and contraindications for performing coronal polishing. | 4.14 |
| 2C | 66 | Knowledge of indications and contraindications for use of pit and fissure sealants. | 4.14 |
| 2C | 60 | Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants. | 4.13 |
| 2C | 62 | Knowledge of techniques and procedures for coronal polishing. | 4.13 |
| 3D | 100 | Knowledge of methods for maintaining a chemical inventory. | 4.13 |
| 1 | 8 | Knowledge of methods and techniques for using medical equipment to take vital signs. | 4.12 |
| 1 | 16 | Knowledge of professional and ethical principles regarding patient care. | 4.1 |
| 2A | 52 | Knowledge of RDA and RDAEF scopes of practice related to final impressions. | 4.1 |
| 3B | 90 | Knowledge of methods for the storage and disposal of radiographic film. | 4.1 |
| 1 | 19 | Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation). | 4.09 |
| 2A | 36 | Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. | 4.08 |
| 2A | 51 | Knowledge of RDA and RDAEF scopes of practice related to indirect restorations. | 4.07 |
| 2C | 67 | Knowledge of types of pit and fissure sealants and the techniques and procedures for their application. | 4.07 |
| 1 | 15 | Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient. | 4.06 |
| 1 | 20 | Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). | 4.06 |

| CA | K# | Knowledge Statement | Mean KImpt |
|---|---|---|---|
| 1 | 11 | Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fractures lines) and how to document them. | 4.05 |
| 1 | 1 | Knowledge of effects of coexisting medical/dental conditions on dental treatment. | 4.01 |
| 2A | 34 | Knowledge of irregularities in margins that affect direct and indirect provisional restorations. | 4.01 |
| 2A | 50 | Knowledge of RDA and RDAEF scopes of practice related to direct restorations. | 4 |
| 2A | 37 | Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. | 3.99 |
| 2A | 35 | Knowledge of techniques used to eliminate open margins when placing restorative materials. | 3.97 |
| 2A | 39 | Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents. | 3.97 |
| 2A | 41 | Knowledge of types of impression materials and techniques and procedures for their application and placement. | 3.95 |
| 2A | 42 | Knowledge of techniques and procedures used to mix and place provisional materials. | 3.95 |
| 2A | 49 | Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents. | 3.95 |
| 4F | 118 | Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extraoral prosthetic appliances. | 3.95 |
| 2A | 38 | Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations. | 3.94 |
| 2A | 40 | Knowledge of equipment and procedures used to obtain intraoral images for computer-aided, milled restorations. | 3.94 |
| 2A | 33 | Knowledge of types of etchants and the techniques and procedures for their application and placement. | 3.92 |
| 2A | 48 | Knowledge of types of cements and the techniques and procedures for their application, placement, and removal. | 3.92 |
| 1 | 10 | Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology. | 3.91 |
| 2A | 32 | Knowledge of types of bonding agents and the techniques and procedures for their application and placement. | 3.91 |
| 1 | 18 | Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them. | 3.9 |
| 2A | 46 | Knowledge of indications and contraindications for the use of etching agents. | 3.89 |
| 2A | 31 | Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them. | 3.87 |

| CA | K# | Knowledge Statement | Mean KImpt |
|---|---|---|---|
| 2A | 45 | Knowledge of indications and contraindications for the use of bonding agents. | 3.87 |
| 1 | 12 | Knowledge of effects of substance abuse on patient's physical condition including oral tissues. | 3.85 |
| 2A | 44 | Knowledge of indications and contraindications for the use of whitening (bleaching) agents. | 3.85 |
| 2A | 43 | Knowledge of techniques and procedures for bonding provisional veneers. | 3.83 |
| 4E | 115 | Knowledge of methods for treating dry socket. | 3.83 |
| 4E | 114 | Knowledge of techniques for removing post-extraction and post-surgery sutures. | 3.82 |
| 2C | 68 | Knowledge of scope of practice for RDAs related to use of caries detection devices and materials. | 3.79 |
| 4F | 117 | Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances. | 3.78 |
| 2C | 63 | Knowledge of types of disclosing agents used in conjunction with coronal polishing. | 3.76 |
| 4D | 110 | Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials. | 3.76 |
| 2A | 47 | Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application. | 3.75 |
| 1 | 14 | Knowledge of effects of smoking and smokeless tobacco on oral tissue. | 3.74 |
| 2A | 28 | Knowledge of types of base and liner materials and the techniques and procedures for their application and placement. | 3.74 |
| 1 | 13 | Knowledge of effects of nutrition and malnutrition on the oral cavity. | 3.72 |
| 4A | 104 | Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures. | 3.71 |
| 2A | 30 | Knowledge of techniques and procedures for using matrix bands with or without band retainers. | 3.69 |
| 4C | 108 | Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials. | 3.68 |
| 2A | 29 | Knowledge of types of wedges and the techniques and procedures for their use. | 3.66 |
| 4F | 116 | Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances. | 3.66 |
| 4A | 103 | Knowledge of techniques and procedures for measuring canal length and size. | 3.64 |
| 4D | 111 | Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties. | 3.63 |
| 2C | 64 | Knowledge of types of automated caries detection devices, materials, and procedures for their use. | 3.62 |
| 4D | 112 | Knowledge of techniques for placement and removal of removable orthodontic appliances. | 3.58 |

CA: Content Area

| CA | K# | Knowledge Statement | Mean KImpt |
|---|---|---|---|
| 4A | 102 | Knowledge of techniques and procedures for testing pulp vitality. | 3.55 |
| 4D | 113 | Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application. | 3.53 |
| 4C | 109 | Knowledge of types of periodontal dressings and techniques for their application. | 3.51 |

# APPENDIX D. TASK-KNOWLEDGE LINKAGE: GENERAL KNOWLEDGE EXAMINATION

## TASK AND KNOWLEDGE LINKAGE:
## GENERAL KNOWLEDGE EXAMINATION

### I. Patient Treatment and Care (40%)

| Task Statements | Knowledge Statements |
|---|---|
| 1 Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment. | 1 Knowledge of effects of coexisting medical/dental conditions on dental treatment.<br>2 Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes).<br>3 Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine).<br>4 Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics).<br>6 Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves). |
| 2 Take patient's blood pressure and vital signs. | 7 Knowledge of acceptable levels of blood pressure for performing dental procedures.<br>8 Knowledge of methods and techniques for using medical equipment to take vital signs. |
| 3 Inspect patient's oral condition with mouth mirror. | 10 Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology.<br>11 Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fractures lines) and how to document them.<br>12 Knowledge of effects of substance abuse on patient's physical condition including oral tissues.<br>13 Knowledge of effects of nutrition and malnutrition on the oral cavity.<br>14 Knowledge of effects of smoking and smokeless tobacco on oral tissue.<br>18 Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them. |

**I. Patient Treatment and Care** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| 4 Chart existing oral conditions and diagnostic findings at the direction of the licensed provider. | 10 Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology.<br>11 Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fractures lines) and how to document them.<br>12 Knowledge of effects of substance abuse on patient's physical condition including oral tissues.<br>13 Knowledge of effects of nutrition and malnutrition on the oral cavity.<br>14 Knowledge of effects of smoking and smokeless tobacco on oral tissue.<br>18 Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them.<br>19 Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation). |
| 5 Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans). | 9 Knowledge of techniques and procedures for using imaging equipment to perform intraoral and extraoral diagnostic imaging. |
| 6 Respond to patient questions about existing conditions and treatment following dentist's diagnosis. | 1 Knowledge of effects of coexisting medical/dental conditions on dental treatment.<br>25 Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures. |
| 7 Observe for signs and conditions that may indicate abuse or neglect. | 13 Knowledge of effects of nutrition and malnutrition on the oral cavity.<br>14 Knowledge of effects of smoking and smokeless tobacco on oral tissue. |
| 8 Perform dental procedures using professional chairside manner. | 25 Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures. |
| 9 Educate patient about behaviors that could affect oral health or dental treatment. | 23 Knowledge of methods and techniques patients can perform to improve oral health. |
| 10 Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances. | 24 Knowledge of pre- and postoperative care and maintenance for dental procedures and appliances. |

**I. Patient Treatment and Care** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| 32 Utilize caries detection materials and devices to gather information for dentist. | 64 Knowledge of types of automated caries detection devices, materials, and procedures for their use. |
| 48 Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist. | 92 Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen. |
| 49 Assist in the administration of oxygen to patients as instructed by dentist. | 92 Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen.<br>93 Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures. |
| 51 Assist in emergency care of patient. | 93 Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures.<br>95 Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry. |

**II. Dental Procedures: Direct and Indirect Restorations (45%)**

| Task Statements | Knowledge Statements |
|---|---|
| 13 Place bases and liners. | 28 Knowledge of types of base and liner materials and the techniques and procedures for their application and placement. |
| 14 Place matrices and wedges. | 29 Knowledge of types of wedges and the techniques and procedures for their use.<br>30 Knowledge of techniques and procedures for using matrix bands with or without band retainers. |
| 15 Place temporary filling material. | 29 Knowledge of types of wedges and the techniques and procedures for their use.<br>30 Knowledge of techniques and procedures for using matrix bands with or without band retainers.<br>31 Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them. |
| 16 Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations. | 33 Knowledge of types of etchants and the techniques and procedures for their application and placement.<br>46 Knowledge of indications and contraindications for the use of etching agents. |
| 17 Place bonding agent. | 32 Knowledge of types of bonding agents and the techniques and procedures for their application and placement.<br>43 Knowledge of techniques and procedures for bonding provisional veneers.<br>45 Knowledge of indications and contraindications for the use of bonding agents. |
| 18 Fabricate and adjust direct and indirect provisional restorations. | 34 Knowledge of irregularities in margins that affect direct and indirect provisional restorations.<br>35 Knowledge of techniques used to eliminate open margins when placing restorative materials.<br>36 Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations.<br>37 Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. |

**II. Dental Procedures: Direct and Indirect Restorations** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| 18 Fabricate and adjust direct and indirect provisional restorations. | 42 Knowledge of techniques and procedures used to mix and place provisional materials.<br>43 Knowledge of techniques and procedures for bonding provisional veneers. |
| 19 Perform cementation procedure for direct and indirect provisional restorations. | 48 Knowledge of types of cements and the techniques and procedures for their application, placement, and removal. |
| 20 Obtain intraoral images using computer generated imaging system (e.g., CADCAM). | 40 Knowledge of equipment and procedures used to obtain intraoral images for computer-aided, milled restorations. |
| 21 Take impressions for direct and indirect provisional restorations. | 41 Knowledge of types of impression materials and techniques and procedures for their application and placement. |
| 22 Remove indirect provisional restorations. | 38 Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations. |
| 23 Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence). | 44 Knowledge of indications and contraindications for the use of whitening (bleaching) agents.<br>47 Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application. |

**III. Dental Specialty Procedures (15%)**

| Task Statements | Knowledge Statements |
|---|---|
| **3A Dental Specialty Procedures: Endodontic Procedures** | |
| 58 Test pulp vitality. | 102 Knowledge of techniques and procedures for testing pulp vitality. |
| 59 Dry canals with absorbent points. | 103 Knowledge of techniques and procedures for measuring canal length and size. |
| **3B Dental Specialty Procedures: Periodontal Procedures** | |
| 62 Place periodontal dressings at surgical site. | 109 Knowledge of types of periodontal dressings and techniques for their application. |
| **3C Dental Specialty Procedures: Orthodontic Procedures** | |
| 63 Place orthodontic separators. | 111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties. |
| 64 Place and remove ligature ties and arch wires. | 111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties. |
| 65 Place elastic ties to secure arch wires. | 111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties. |
| 66 Remove orthodontic bands. | 111 Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties. |
| 67 Take impression for fixed and removable orthodontic appliances. | 113 Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application. |
| 68 Remove fixed orthodontic appliances. | 112 Knowledge of techniques for placement and removal of removable orthodontic appliances.<br>113 Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application. |

**III. Dental Specialty Procedures** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| **3D Dental Specialty Procedures: Implants, Oral Surgery and Extractions** | |
| 69 Remove post-extraction and post-surgery sutures as directed by dentist. | 114 Knowledge of techniques for removing post-extraction and post-surgery sutures. |
| 70 Place and remove dry socket dressing as directed by dentist. | 115 Knowledge of methods for treating dry socket. |
| **3E Dental Specialty Procedures: Prosthetic Appliances** | |
| 71 Adjust prosthetic appliances extraorally. | 116 Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances.<br>117 Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances. |

# APPENDIX E. TASK-KNOWLEDGE LINKAGE: LAW AND ETHICS EXAMINATION

## TASK AND KNOWLEDGE LINKAGE:
## LAW AND ETHICS EXAMINATION

### I. Patient Treatment and Care (30%):

| Task Statements | Knowledge Statements |
|---|---|
| 1 Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment. | 15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient.<br>16 Knowledge of professional and ethical principles regarding patient care.<br>17 Knowledge of legal requirements and ethical principles regarding patient confidentiality.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |
| 2 Take patient's blood pressure and vital signs. | 15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient.<br>16 Knowledge of professional and ethical principles regarding patient care.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |
| 3 Inspect patient's oral condition with mouth mirror. | 15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient.<br>16 Knowledge of professional and ethical principles regarding patient care.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |
| 4 Chart existing oral conditions and diagnostic findings at the direction of the licensed provider. | 16 Knowledge of professional and ethical principles regarding patient care.<br>17 Knowledge of legal requirements and ethical principles regarding patient confidentiality.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |
| 5 Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans). | 15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient. |

**I. Patient Treatment and Care** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| 5 Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans). | 16 Knowledge of professional and ethical principles regarding patient care.<br>17 Knowledge of legal requirements and ethical principles regarding patient confidentiality.<br>20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect).<br>22 Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules or regulations to the proper authorities.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |
| 6 Respond to patient questions about existing conditions and treatment following dentist's diagnosis. | 15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient.<br>16 Knowledge of professional and ethical principles regarding patient care.<br>17 Knowledge of legal requirements and ethical principles regarding patient confidentiality.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |
| 7 Observe for signs and conditions that may indicate abuse or neglect. | 17 Knowledge of legal requirements and ethical principles regarding patient confidentiality.<br>20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect).<br>22 Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules or regulations to the proper authorities. |
| 8 Perform dental procedures using professional chairside manner. | 15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient.<br>16 Knowledge of professional and ethical principles regarding patient care.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |

**I. Patient Treatment and Care** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| 9 Educate patient about behaviors that could affect oral health or dental treatment. | 20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect).<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |
| 10 Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances. | 15 Knowledge of the professional and ethical principles related to communicating with, and fair treatment of patient.<br>20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect).<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. |

**II. Dental Procedures (25%):**

| Task Statements | Knowledge Statements |
|---|---|
| **2A Dental Procedures: Direct and Indirect Restorations** | |
| 13 Place bases and liners. | 39 Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents.<br>50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations. |
| 14 Place matrices and wedges. | 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations. |
| 15 Place temporary filling material. | 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations |
| 16 Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations. | 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations |
| 17 Place bonding agent. | 39 Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents.<br>50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations |
| 18 Fabricate and adjust direct and indirect provisional restorations. | 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations |
| 19 Perform cementation procedure for direct and indirect provisional restorations. | 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations |

**II. Dental Procedures** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| 20 Obtain intraoral images using computer generated imaging system (e.g., CADCAM). ( | 52 Knowledge of RDA and RDAEF scopes of practice related to final impressions. |
| 21 Take impressions for direct and indirect provisional restorations. | 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations |
| 22 Remove indirect provisional restorations. | 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations |
| 23 Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence). | 49 Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents. |
| **2B Dental Procedures: Preventive Procedures** | |
| 31 Perform coronal polishing. | 60 Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants<br>68 Knowledge of scope of practice for RDAs related to use of caries detection devices and materials. |
| 32 Utilize caries detection materials and devices to gather information for dentist. | 68 Knowledge of scope of practice for RDAs related to use of caries detection devices and materials. |
| 33 Prepare teeth and apply pit and fissure sealants. | 60 Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants. |

**III. Dental Specialty Procedures (10%):**

| Task Statements | Knowledge Statements |
|---|---|
| **3A Dental Specialty Procedures: Endodontic Procedures** | |
| 58 Test pulp vitality. | 104 Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures. |
| 59 Dry canals with absorbent points. | 104 Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures. |
| **3B Dental Specialty Procedures: Periodontal Procedures** | |
| 62 Place periodontal dressings at surgical site. | 108 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials. |
| **3C Dental Specialty Procedures: Orthodontic Procedures** | |
| 63 Place orthodontic separators. | 110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials. |
| 64 Place and remove ligature ties and arch wires. | 110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials. |
| 65 Place elastic ties to secure arch wires. | 110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials. |
| 67 Take impression for fixed and removable orthodontic appliances. | 110 Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials. |
| **3D Dental Specialty Procedures: Prosthetic Appliances** | |
| 71 Adjust prosthetic appliances extraorally. | 118 Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extraoral prosthetic appliances. |

**IV. Safety (35%):**

| Task Statements | Knowledge Statements |
|---|---|
| **4A Safety: Infection Control** | |
| 34 Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks. | 69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. |
| 35 Purge dental unit lines with air or water prior to attachment of devices. | 74 Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL). |
| 36 Use germicides for surface disinfection (e.g., tables, chairs, counters). | 69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. |
| 37 Use surface barriers for prevention of cross-contamination. | 69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments.<br>84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials |
| 38 Perform instrument sterilization in compliance with the office’s infection control program. | 74 Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL).<br>84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials |
| 39 Disinfect and sterilize laboratory and operatory equipment in compliance with the office’s infection control program. | 69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments.<br>74 Knowledge of protocols and procedures for purging dental unit waterlines and hand pieces (DUWL).<br>84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials |
| 40 Use hand hygiene procedures. | 69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. |

**IV. Safety** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| 41 Conduct biological spore testing to ensure functioning of sterilization devices. | 69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. |
| 42 Dispose of biological hazardous waste and Other Potentially Infectious Materials (OPIM). | 84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials |
| 43 Dispose of pharmaceuticals and sharps in appropriate container. | 69 Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments.<br>84 Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials |
| **4B Safety: Radiation Safety**<br><br>44 Implement measures to minimize radiation exposure to patient during radiographic procedures. | <br><br>89 Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety. |
| 45 Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures. | 89 Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety. |
| 47 Implement measures for the storage and disposal of radiographic film. | 90 Knowledge of methods for the storage and disposal of radiographic film. |

**IV. Safety** (continued)

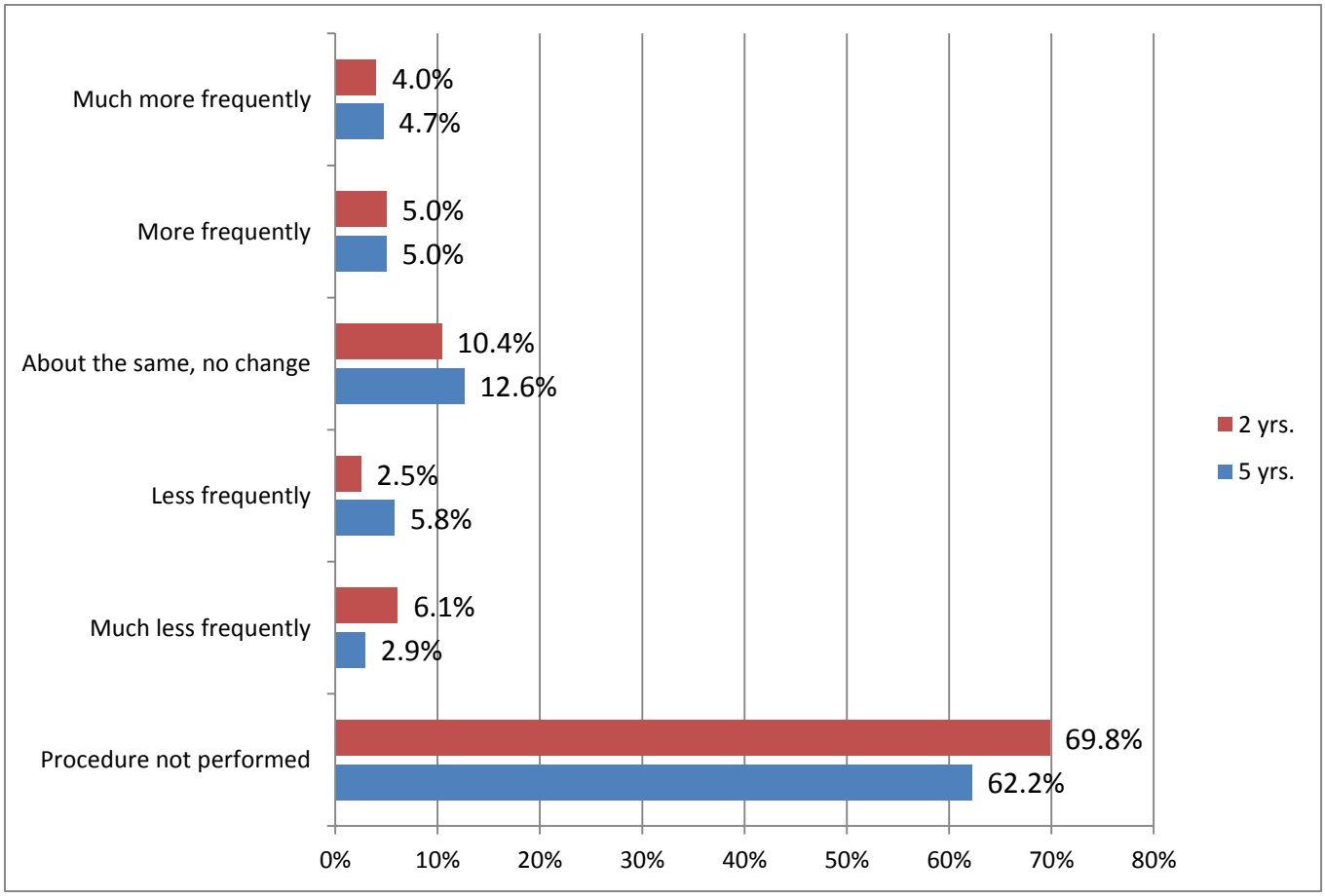
| **4C** | **Safety: Occupational Safety** | |
|---|---|---|
| 55 | Implement protocols and procedures to protect operator from exposure during hazardous waste management. | 99 Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal. |
| 56 | Package, prepare, and store hazardous waste for disposal. | 99 Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal<br>101 Knowledge of requirements for placing hazardous substances in secondary containers, (e.g., labeling, handling, applicable containers). |
| 57 | Store, label, and log chemicals used in a dental practice. | 99 Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal<br>101 Knowledge of requirements for placing hazardous substances in secondary containers, (e.g., labeling, handling, applicable containers). |

# APPENDIX F. FREQUENCY OF PERFORMING DENTAL PROCEDURES IN REGISTERED DENTAL ASSISTANT PRACTICE SETTING

Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Traditional braces (brackets/wire)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed * | 194 | 69.8 | 173 | 62.2 |
| Much less frequently | 17 | 6.1 | 8 | 2.9 |
| Less frequently | 7 | 2.5 | 16 | 5.8 |
| About the same, no change | 29 | 10.4 | 35 | 12.6 |
| More frequently | 14 | 5 | 14 | 5 |
| Much more frequently | 11 | 4 | 13 | 4.7 |
| Missing | 6 | 2.2 | 19 | 6.8 |
| Total | 278 | 100 | 278 | 100 |



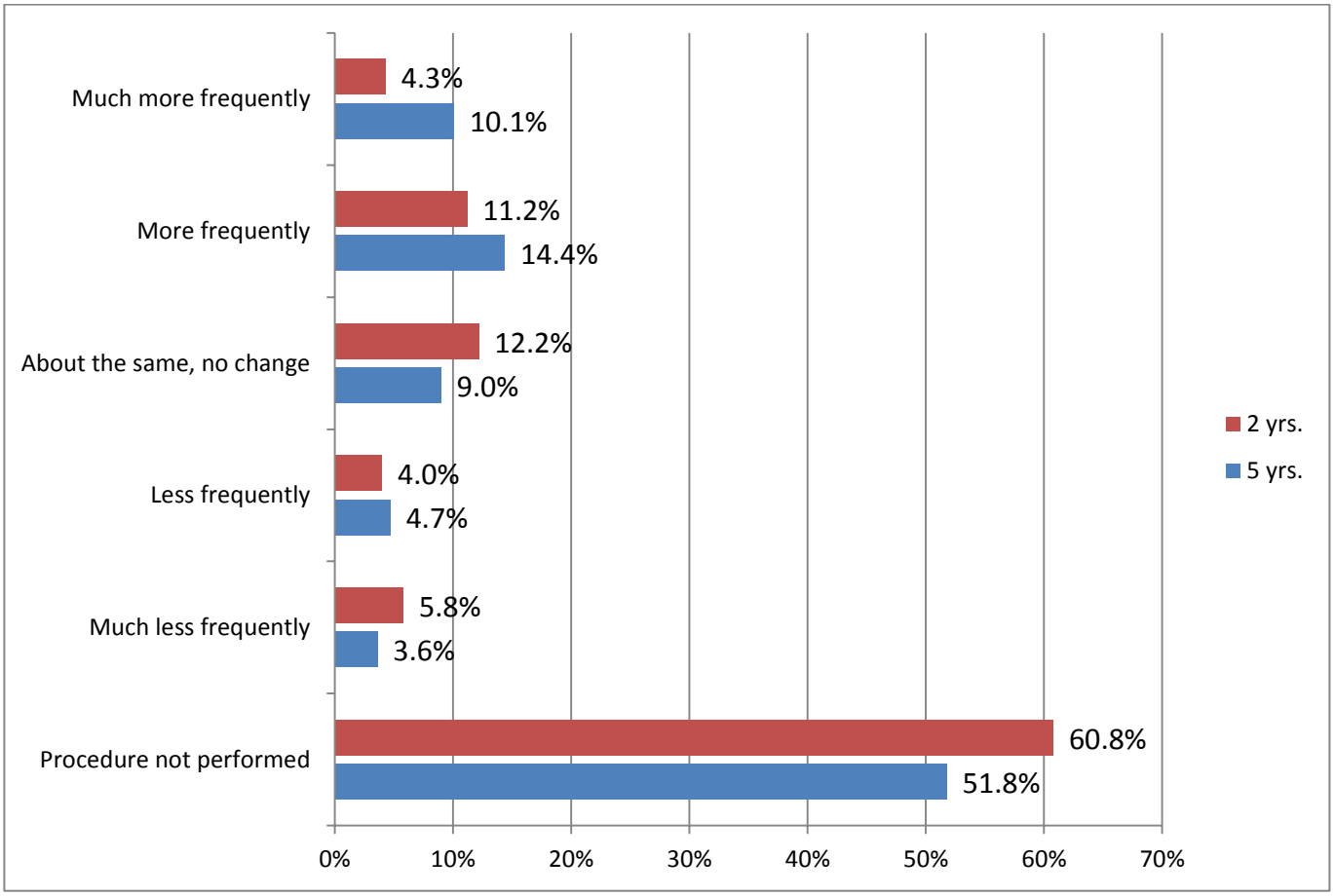

* Procedure typically performed only in specialty dental settings.

Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Clear tooth aligner systems (e.g., Invisalign, Minor Tooth Movement [MTM])**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed * | 169 | 60.8 | 144 | 51.8 |
| Much less frequently | 16 | 5.8 | 10 | 3.6 |
| Less frequently | 11 | 4 | 13 | 4.7 |
| About the same, no change | 34 | 12.2 | 25 | 9 |
| More frequently | 31 | 11.2 | 40 | 14.4 |
| Much more frequently | 12 | 4.3 | 28 | 10.1 |
| Missing | 5 | 1.8 | 18 | 6.5 |
| Total | 278 | 100* | 278 | 100** |

***NOTE: Percentages do not add to 100 due to rounding.*



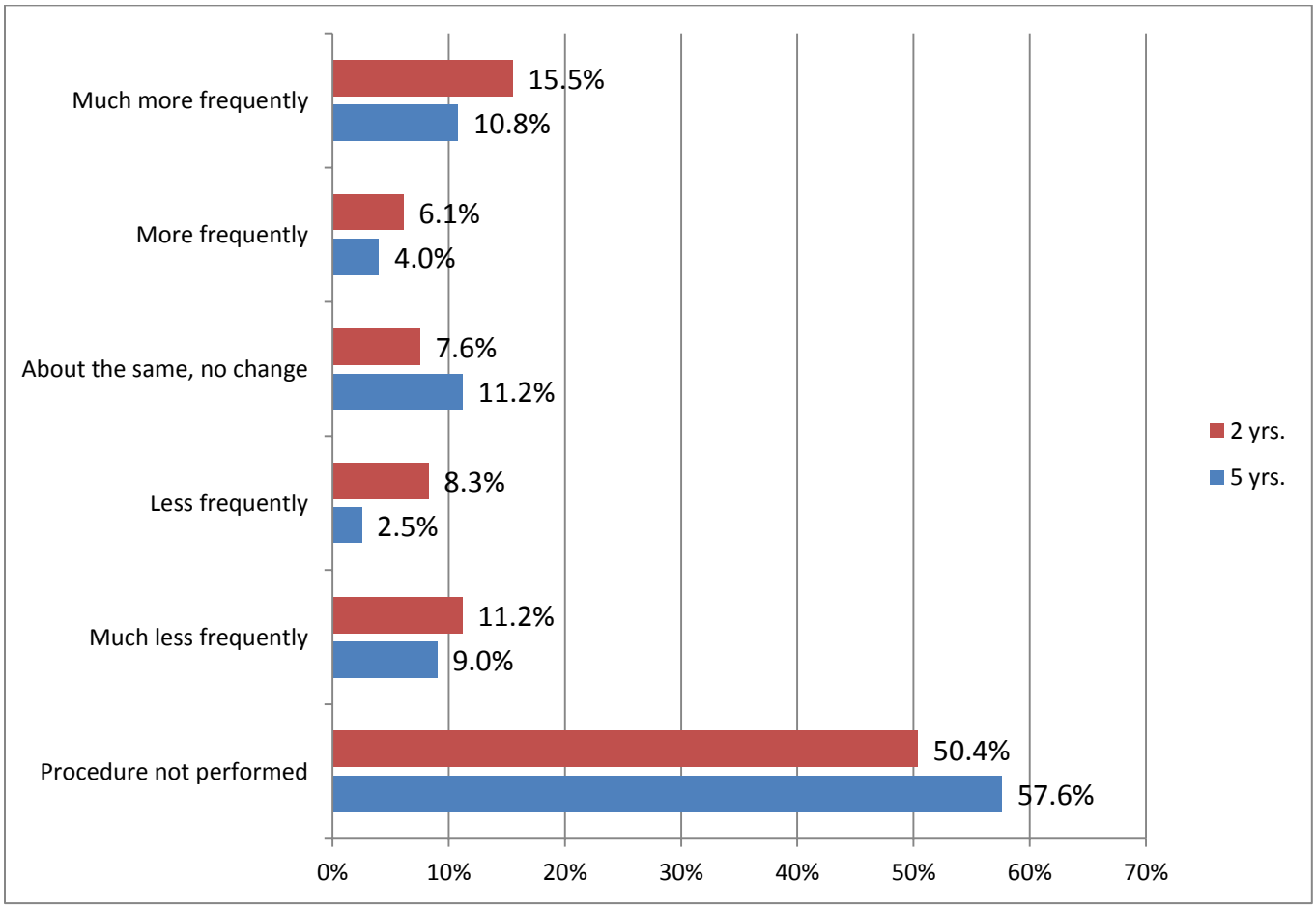

* Procedure typically performed only in specialty dental settings

Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Radiographs by X-ray film**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 140 | 50.4 | 160 | 57.6 |
| Much less frequently | 31 | 11.2 | 25 | 9 |
| Less frequently | 23 | 8.3 | 7 | 2.5 |
| About the same, no change | 21 | 7.6 | 31 | 11.2 |
| More frequently | 17 | 6.1 | 11 | 4 |
| Much more frequently | 43 | 15.5 | 30 | 10.8 |
| Missing | 3 | 1.1 | 14 | 5 |
| Total | 278 | 100* | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

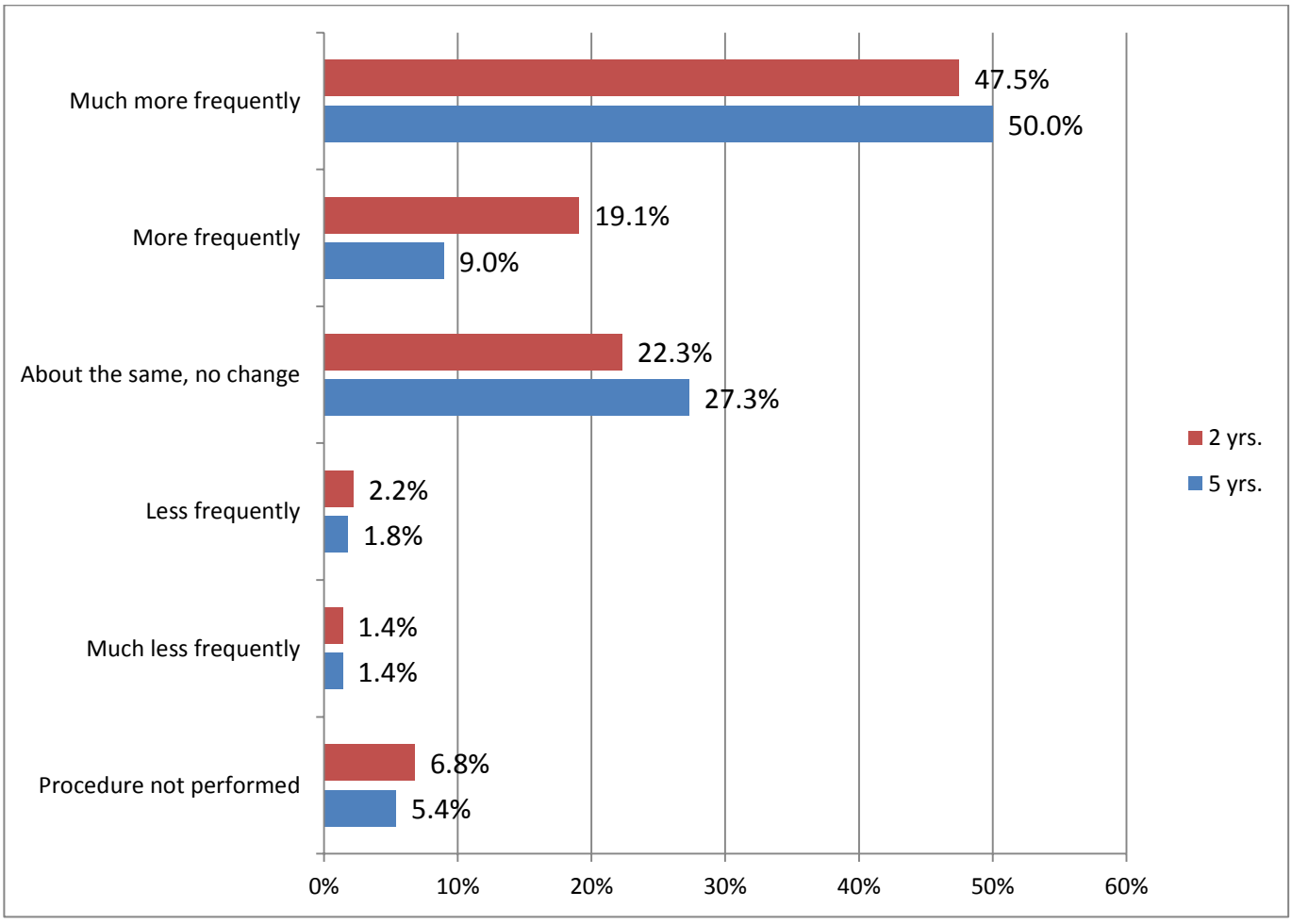


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Radiography by digital sensors/phosphor plates**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 19 | 6.8 | 15 | 5.4 |
| Much less frequently | 4 | 1.4 | 4 | 1.4 |
| Less frequently | 6 | 2.2 | 5 | 1.8 |
| About the same, no change | 62 | 22.3 | 76 | 27.3 |
| More frequently | 53 | 19.1 | 25 | 9 |
| Much more frequently | 132 | 47.5 | 139 | 50 |
| Missing | 2 | 0.7 | 14 | 5 |
| Total | 278 | 100 | 278 | 100* |

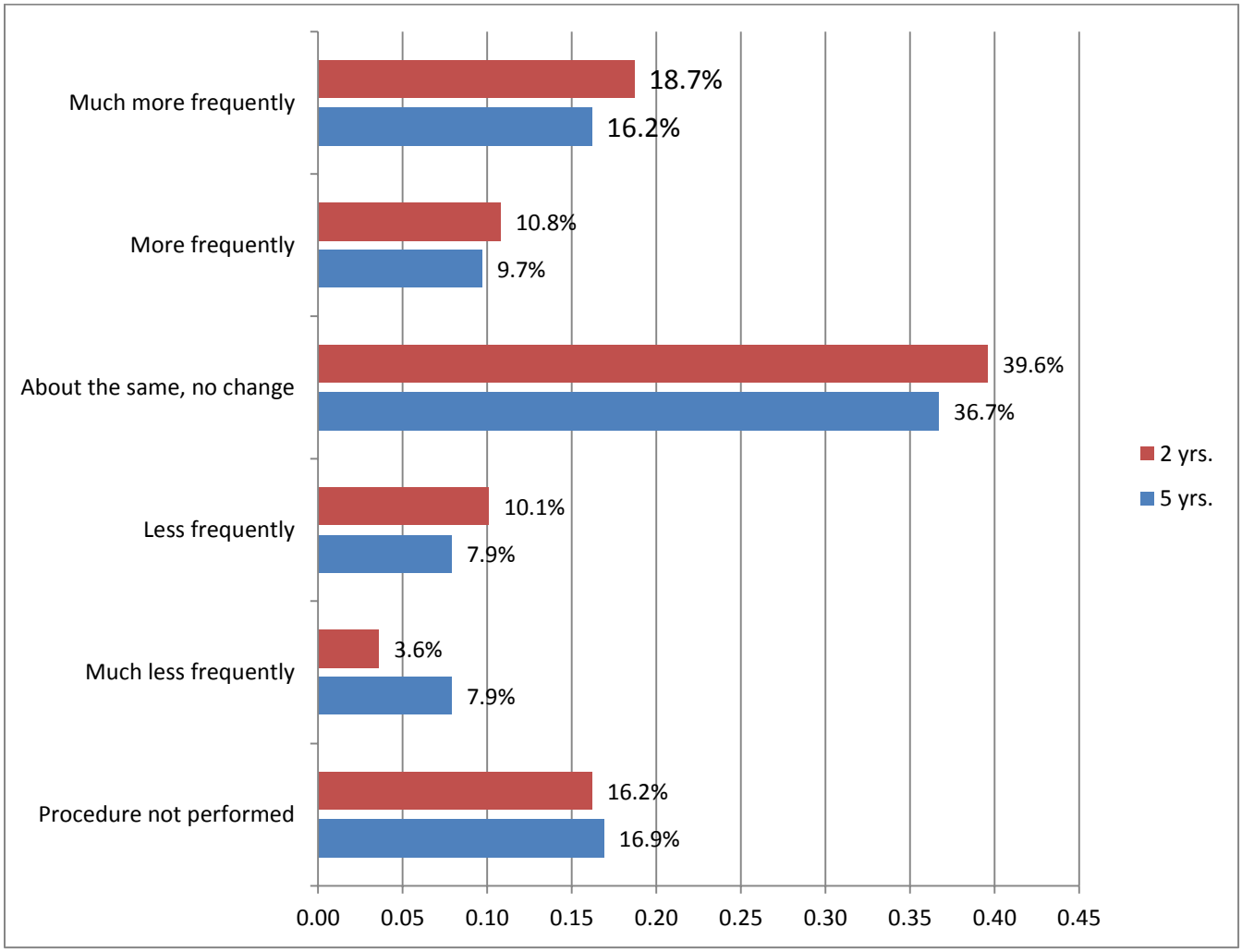
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Restorations using traditional impression material**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 45 | 16.2 | 47 | 16.9 |
| Much less frequently | 10 | 3.6 | 22 | 7.9 |
| Less frequently | 28 | 10.1 | 22 | 7.9 |
| About the same, no change | 110 | 39.6 | 102 | 36.7 |
| More frequently | 30 | 10.8 | 27 | 9.7 |
| Much more frequently | 52 | 18.7 | 45 | 16.2 |
| Missing | 3 | 1.1 | 13 | 4.7 |
| Total | 278 | 100 | 278 | 100 |

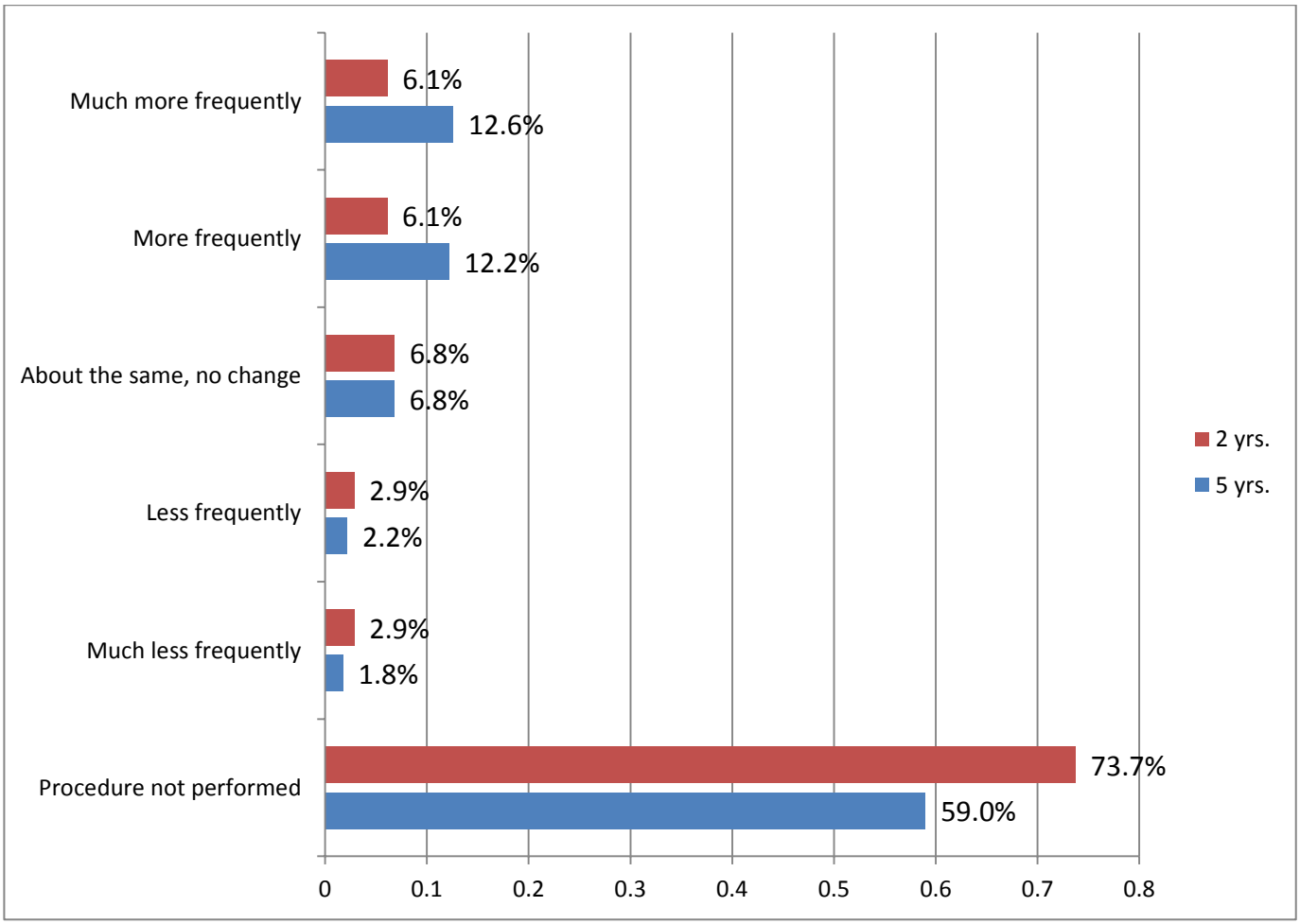


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Restorations using digital impressions (CAD/Cam)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 205 | 73.7 | 164 | 59 |
| Much less frequently | 8 | 2.9 | 5 | 1.8 |
| Less frequently | 8 | 2.9 | 6 | 2.2 |
| About the same, no change | 19 | 6.8 | 19 | 6.8 |
| More frequently | 17 | 6.1 | 34 | 12.2 |
| Much more frequently | 17 | 6.1 | 35 | 12.6 |
| Missing | 4 | 1.4 | 15 | 5.4 |
| Total | 278 | 100* | 278 | 100 |

**NOTE: Percentages do not add to 100 due to rounding.*

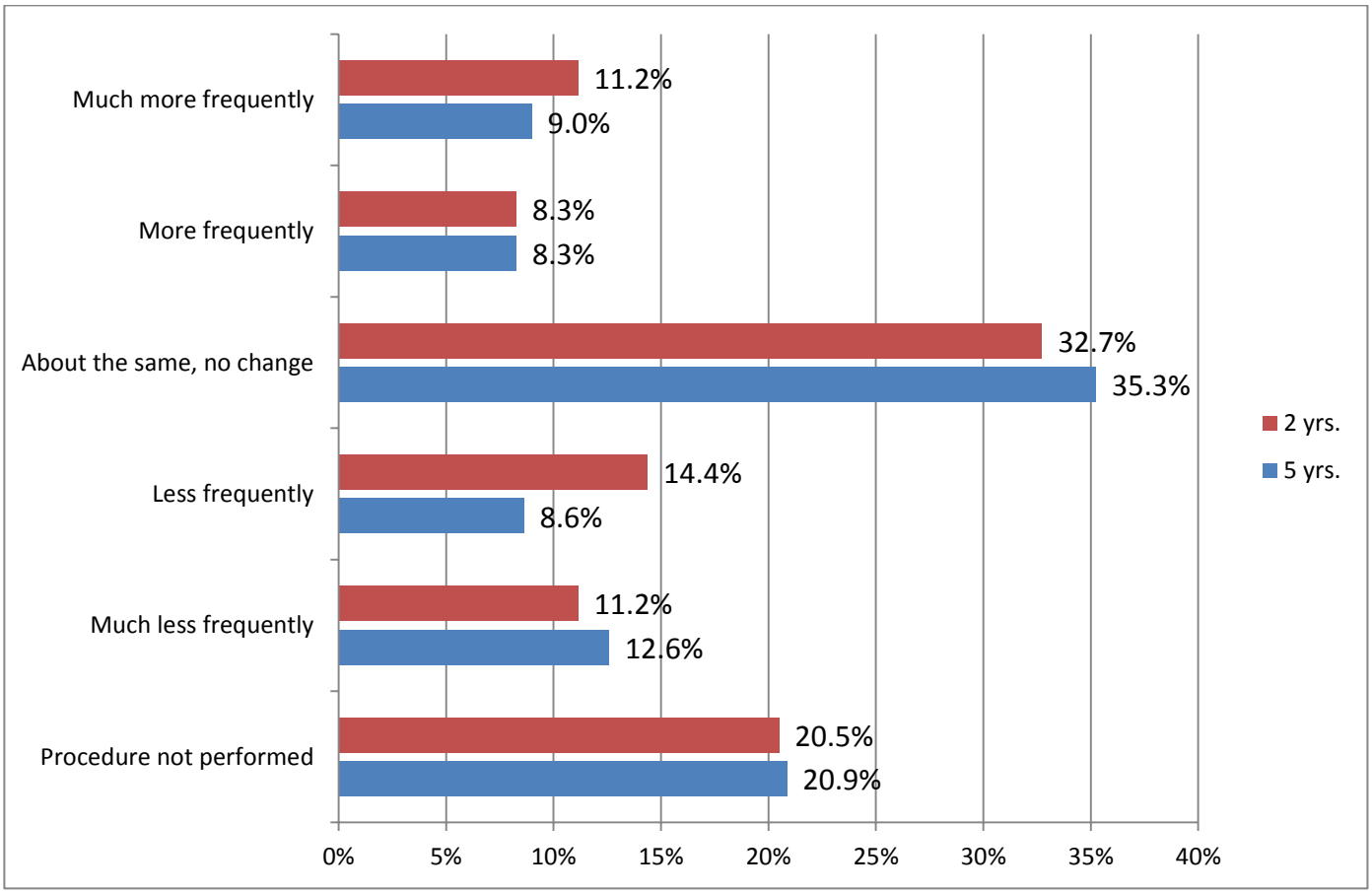


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Cements (zinc phosphate, polycarboxylate)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 57 | 20.5 | 58 | 20.9 |
| Much less frequently | 31 | 11.2 | 35 | 12.6 |
| Less frequently | 40 | 14.4 | 24 | 8.6 |
| About the same, no change | 91 | 32.7 | 98 | 35.3 |
| More frequently | 23 | 8.3 | 23 | 8.3 |
| Much more frequently | 31 | 11.2 | 25 | 9 |
| Missing | 5 | 1.8 | 15 | 5.4 |
| Total | 278 | 100* | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

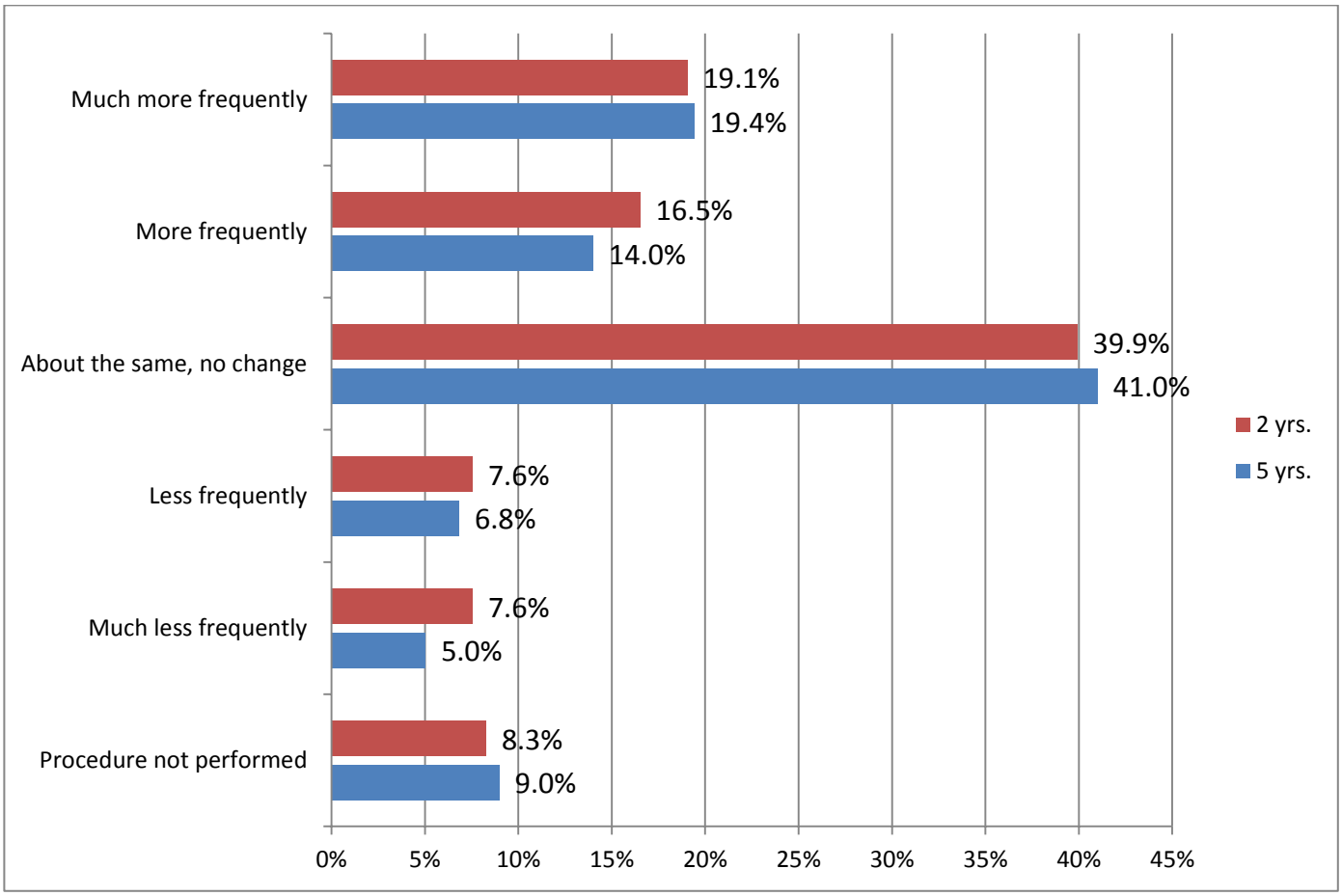


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Cements (glass ionomers and bonded cements)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 23 | 8.3 | 25 | 9 |
| Much less frequently | 21 | 7.6 | 14 | 5 |
| Less frequently | 21 | 7.6 | 19 | 6.8 |
| About the same, no change | 111 | 39.9 | 114 | 41 |
| More frequently | 46 | 16.5 | 39 | 14 |
| Much more frequently | 53 | 19.1 | 54 | 19.4 |
| Missing | 3 | 1.1 | 13 | 4.7 |
| Total | 278 | 100* | 278 | 100* |

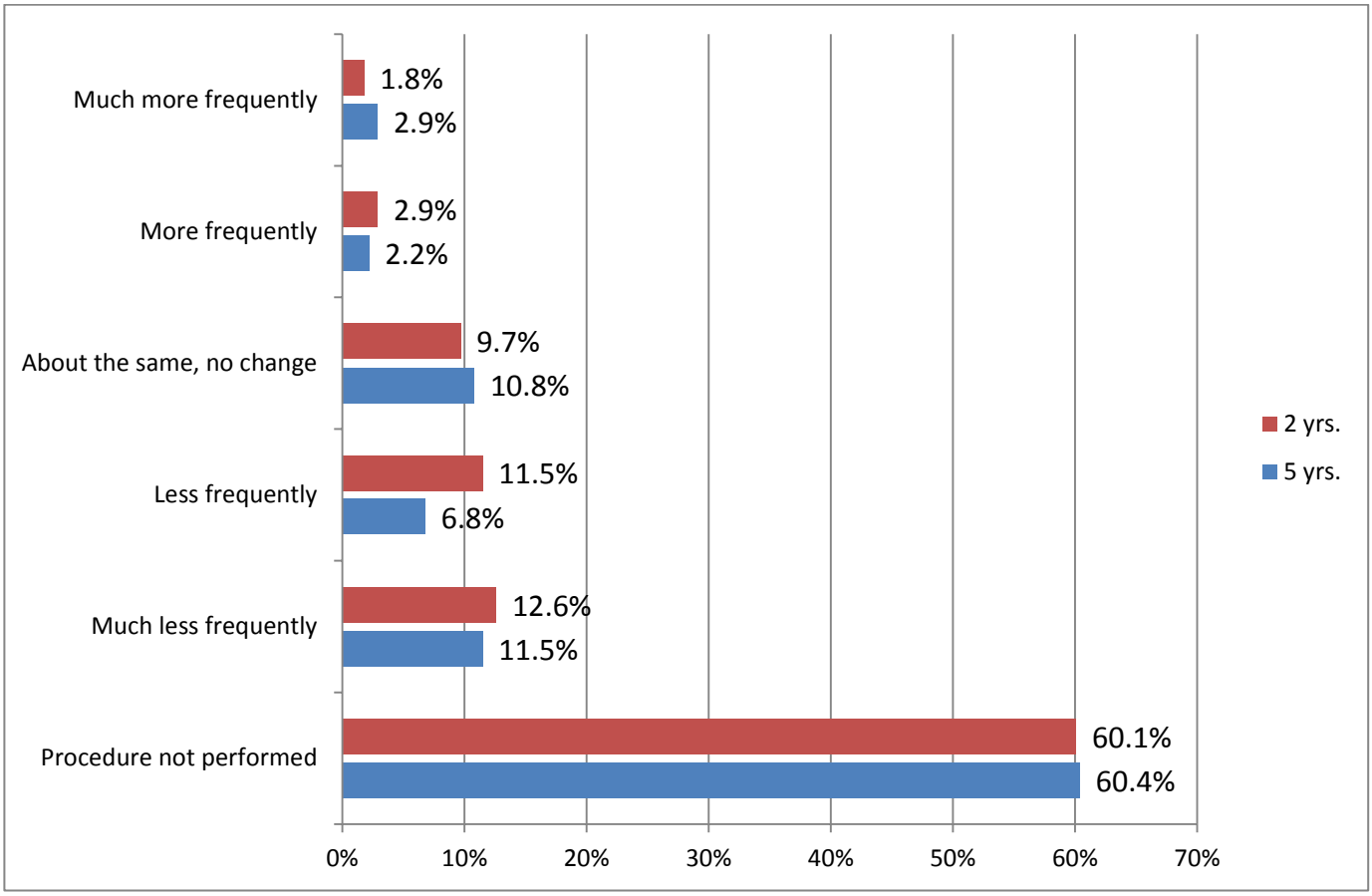
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Core build-up using amalgam**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 167 | 60.1 | 168 | 60.4 |
| Much less frequently | 35 | 12.6 | 32 | 11.5 |
| Less frequently | 32 | 11.5 | 19 | 6.8 |
| About the same, no change | 27 | 9.7 | 30 | 10.8 |
| More frequently | 8 | 2.9 | 6 | 2.2 |
| Much more frequently | 5 | 1.8 | 8 | 2.9 |
| Missing | 4 | 1.4 | 15 | 5.4 |
| Total | 278 | 100 | 278 | 100 |

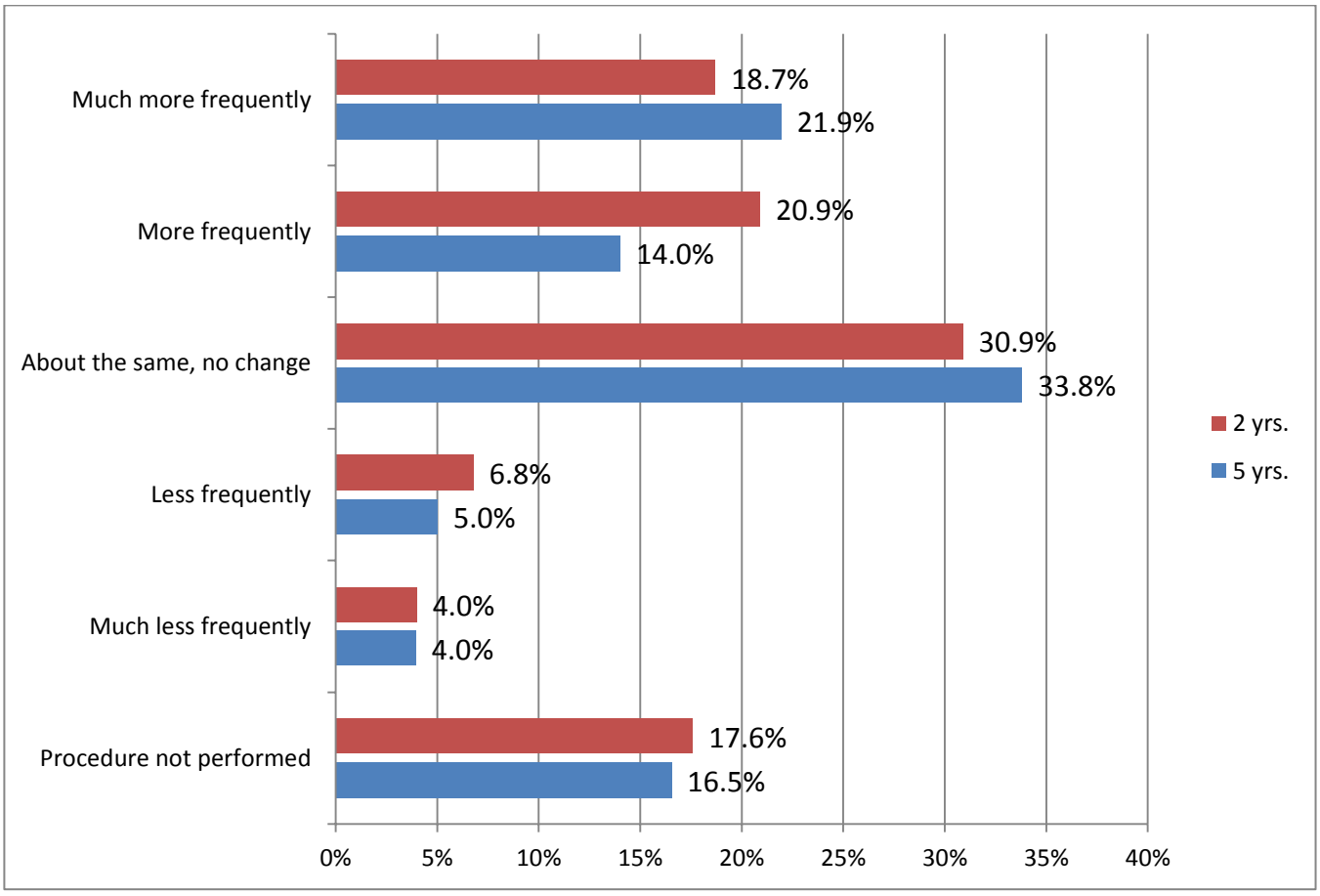


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Core build-up using glass ionomers and composites**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 49 | 17.6 | 46 | 16.5 |
| Much less frequently | 11 | 4 | 11 | 4 |
| Less frequently | 19 | 6.8 | 14 | 5 |
| About the same, no change | 86 | 30.9 | 94 | 33.8 |
| More frequently | 58 | 20.9 | 39 | 14 |
| Much more frequently | 52 | 18.7 | 61 | 21.9 |
| Missing | 3 | 1.1 | 13 | 4.7 |
| Total | 278 | 100 | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

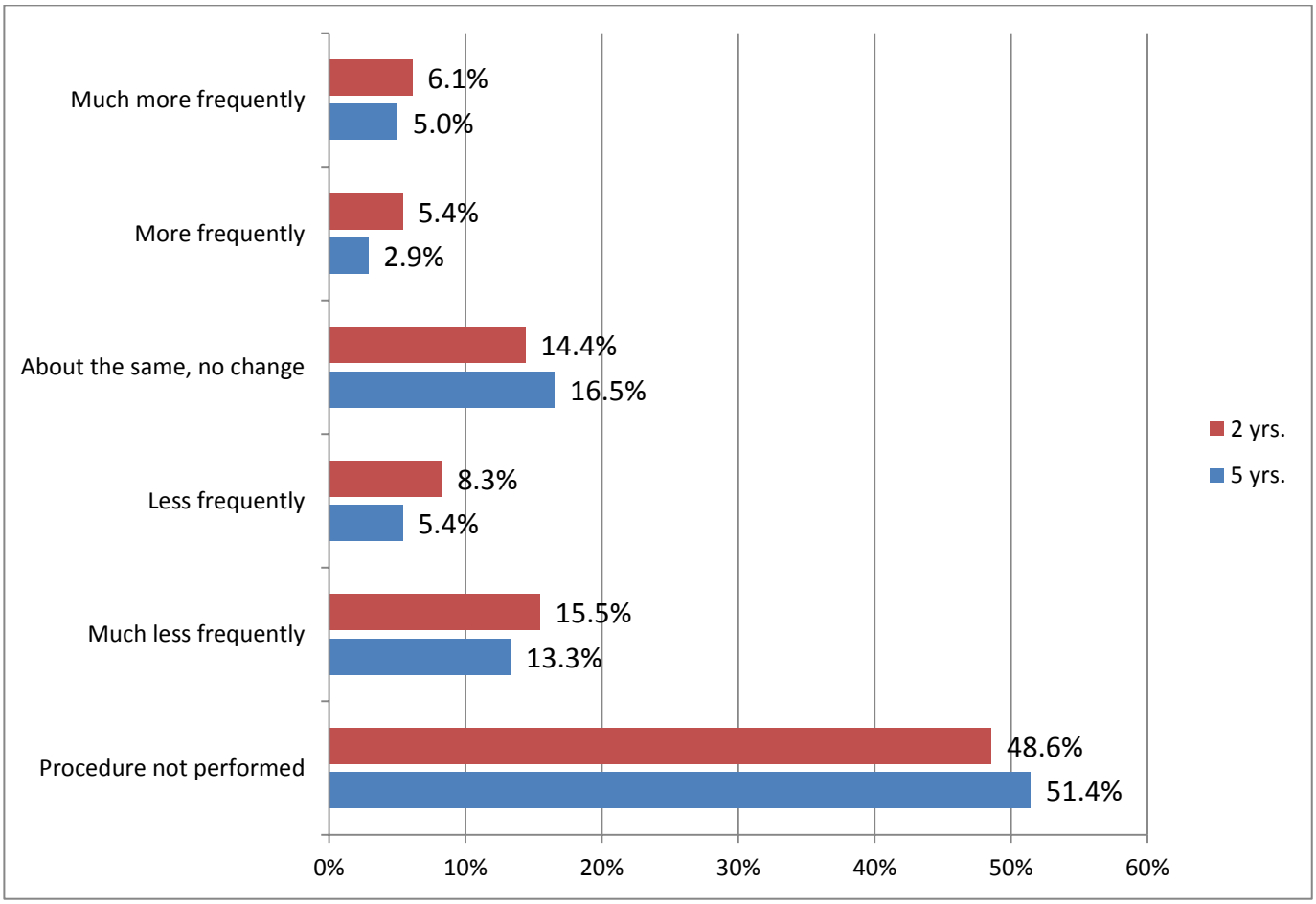


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Posterior direct restorations (amalgam)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 135 | 48.6 | 143 | 51.4 |
| Much less frequently | 43 | 15.5 | 37 | 13.3 |
| Less frequently | 23 | 8.3 | 15 | 5.4 |
| About the same, no change | 40 | 14.4 | 46 | 16.5 |
| More frequently | 15 | 5.4 | 8 | 2.9 |
| Much more frequently | 17 | 6.1 | 14 | 5.0 |
| Missing | 5 | 1.8 | 15 | 5.4 |
| Total | 278 | 100* | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

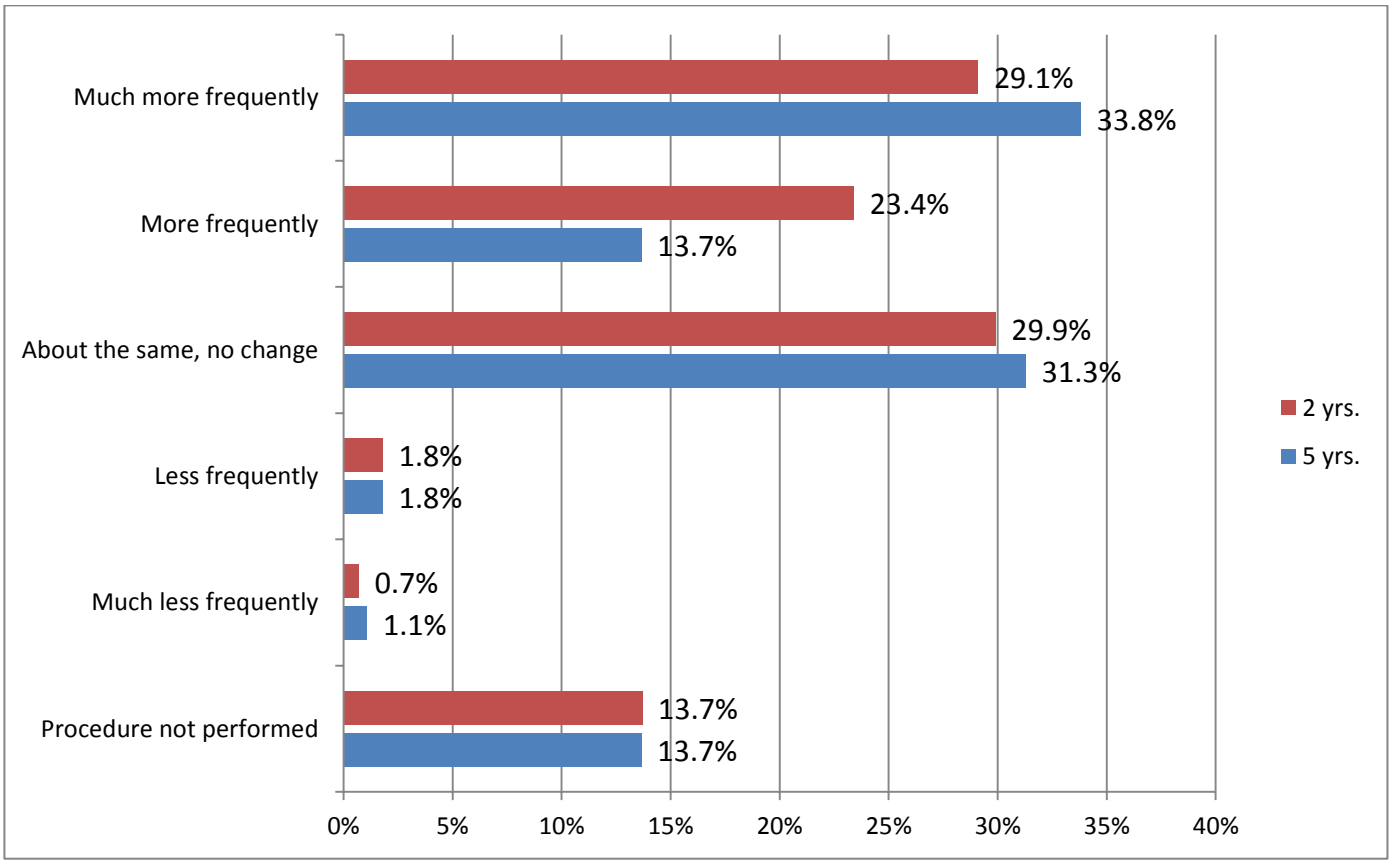


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Posterior direct restorations (composites)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 38 | 13.7 | 38 | 13.7 |
| Much less frequently | 2 | 0.7 | 3 | 1.1 |
| Less frequently | 5 | 1.8 | 5 | 1.8 |
| About the same, no change | 83 | 29.9 | 87 | 31.3 |
| More frequently | 65 | 23.4 | 38 | 13.7 |
| Much more frequently | 81 | 29.1 | 94 | 33.8 |
| Missing | 4 | 1.4 | 13 | 4.7 |
| Total | 278 | 100 | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

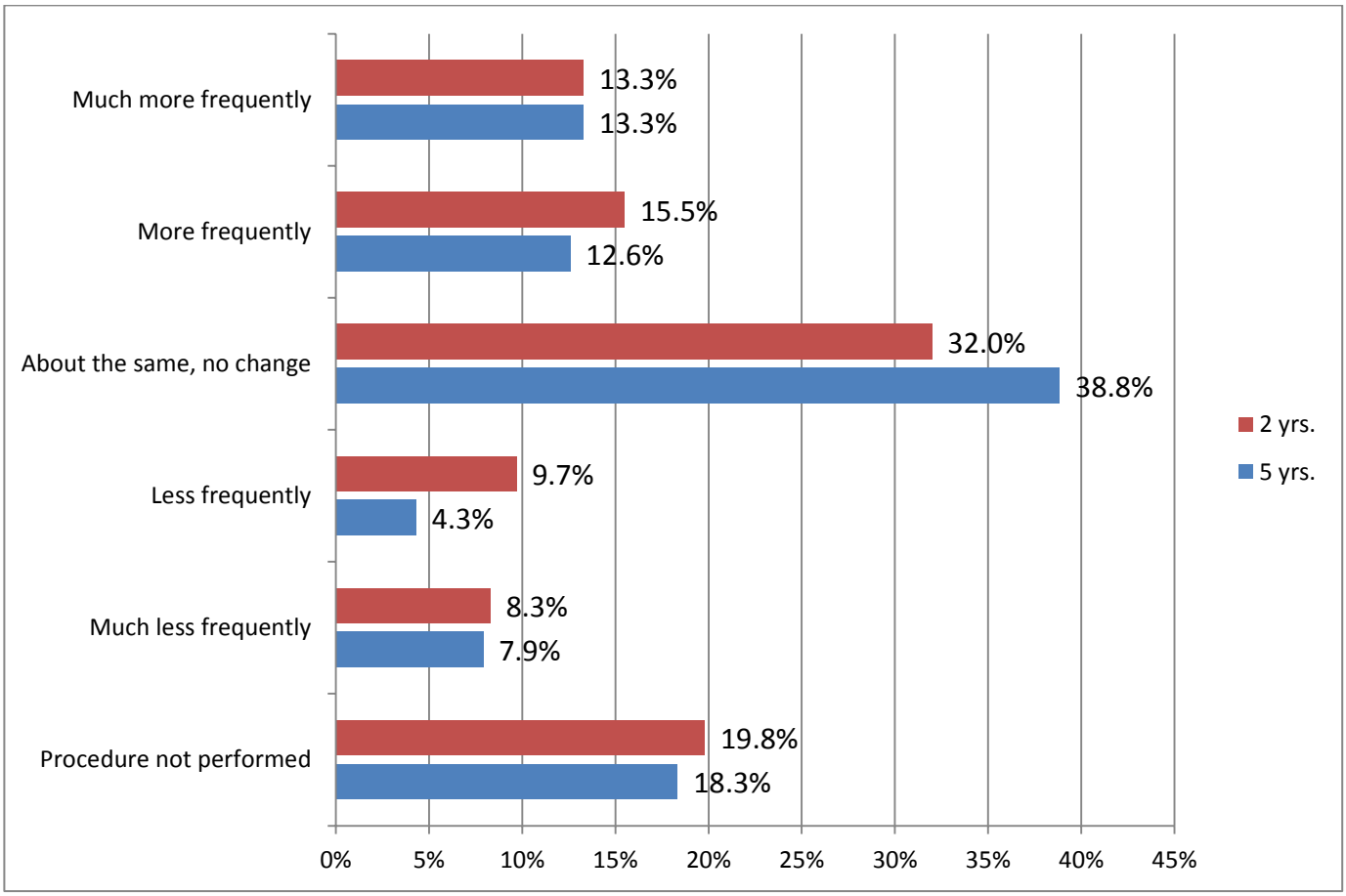


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Caries detection – explorer & disclosing agents**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 55 | 19.8 | 51 | 18.3 |
| Much less frequently | 23 | 8.3 | 22 | 7.9 |
| Less frequently | 27 | 9.7 | 12 | 4.3 |
| About the same, no change | 89 | 32 | 108 | 38.8 |
| More frequently | 43 | 15.5 | 35 | 12.6 |
| Much more frequently | 37 | 13.3 | 37 | 13.3 |
| Missing | 4 | 1.4 | 13 | 4.7 |
| Total | 278 | 100 | 278 | 100* |

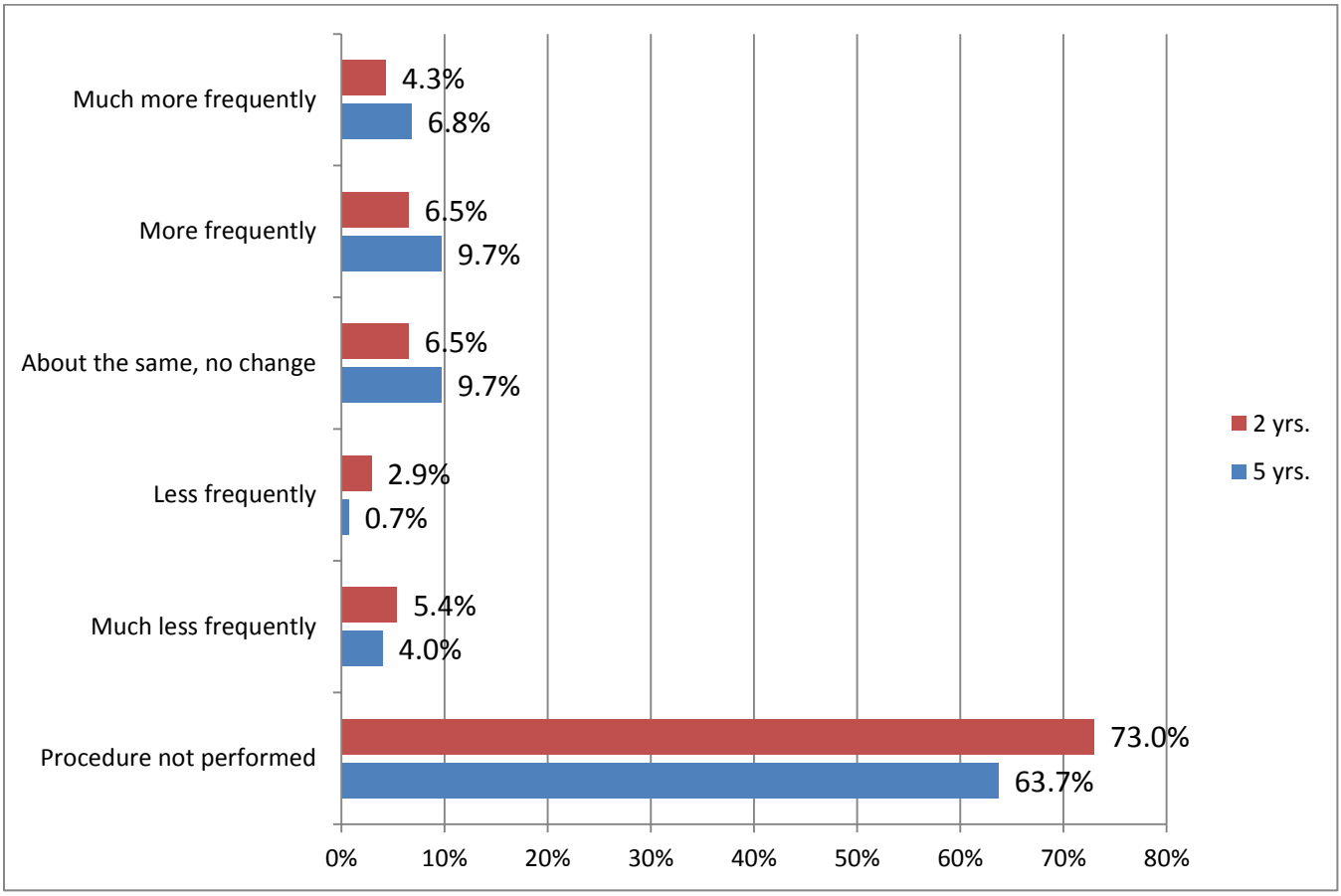
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Caries detection – laser fluorescence**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 203 | 73 | 177 | 63.7 |
| Much less frequently | 15 | 5.4 | 11 | 4 |
| Less frequently | 8 | 2.9 | 2 | 0.7 |
| About the same, no change | 18 | 6.5 | 27 | 9.7 |
| More frequently | 18 | 6.5 | 27 | 9.7 |
| Much more frequently | 12 | 4.3 | 19 | 6.8 |
| Missing | 4 | 1.4 | 15 | 5.4 |
| Total | 278 | 100 | 278 | 100 |

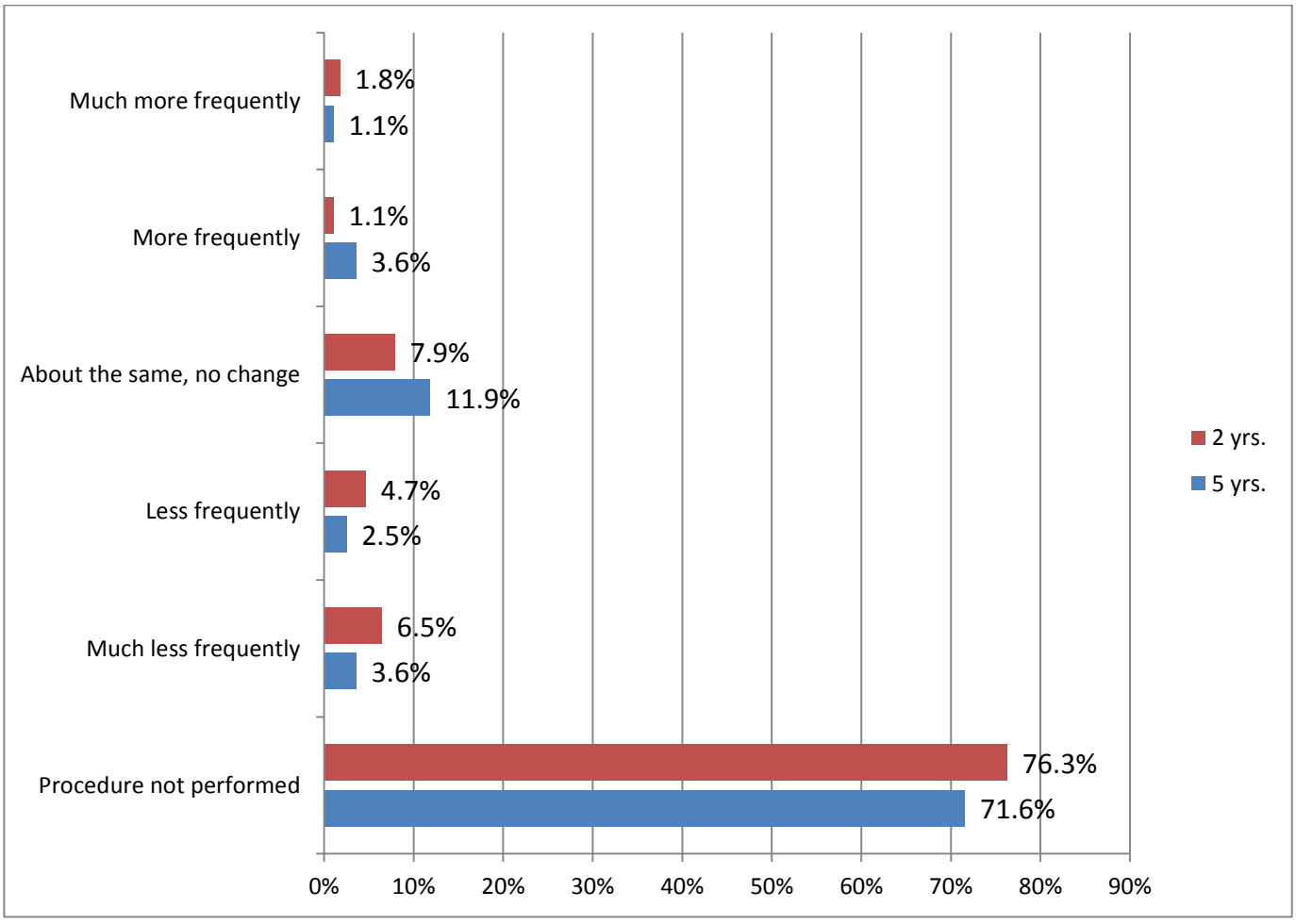


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Periodontal dressing (catalyst-based)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 212 | 76.3 | 199 | 71.6 |
| Much less frequently | 18 | 6.5 | 10 | 3.6 |
| Less frequently | 13 | 4.7 | 7 | 2.5 |
| About the same, no change | 22 | 7.9 | 33 | 11.9 |
| More frequently | 3 | 1.1 | 10 | 3.6 |
| Much more frequently | 5 | 1.8 | 3 | 1.1 |
| Missing | 5 | 1.8 | 16 | 5.8 |
| Total | 278 | 100* | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

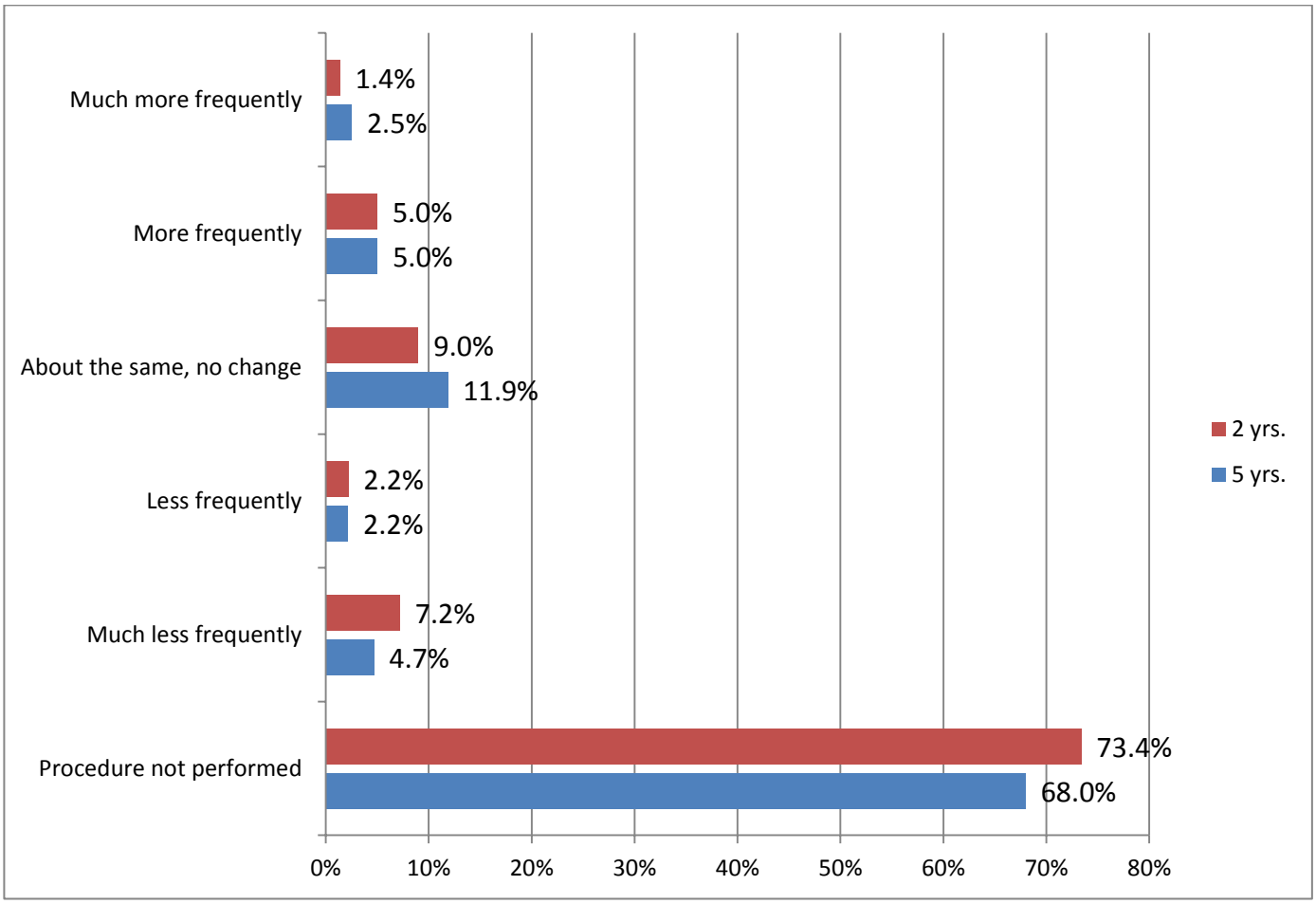


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Periodontal dressing (auto-mix)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 204 | 73.4 | 189 | 68 |
| Much less frequently | 20 | 7.2 | 13 | 4.7 |
| Less frequently | 6 | 2.2 | 6 | 2.2 |
| About the same, no change | 25 | 9 | 33 | 11.9 |
| More frequently | 14 | 5 | 14 | 5 |
| Much more frequently | 4 | 1.4 | 7 | 2.5 |
| Missing | 5 | 1.8 | 16 | 5.8 |
| Total | 278 | 100 | 278 | 100* |

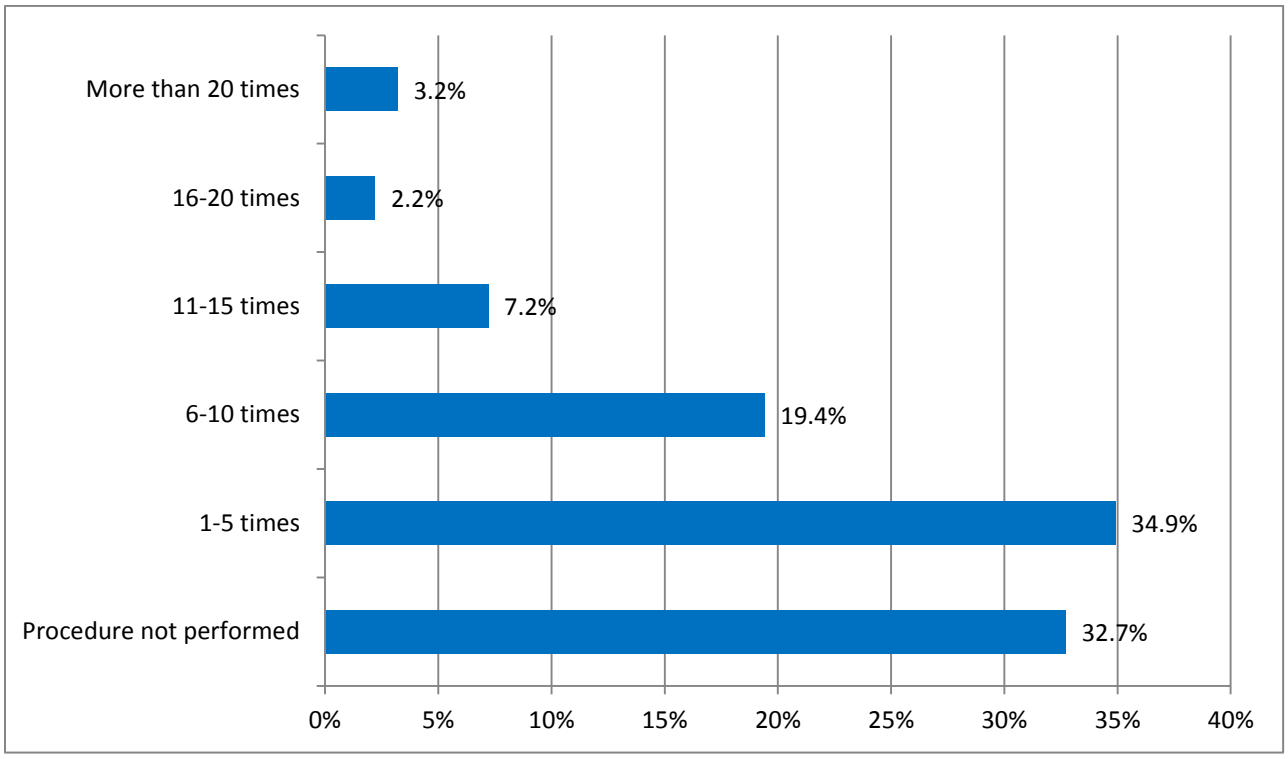
**NOTE: Percentages do not add to 100 due to rounding.*



# APPENDIX G. FREQUENCY OF PERFORMING DENTAL PROCEDURES BY REGISTERED DENTAL ASSISTANTS

In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

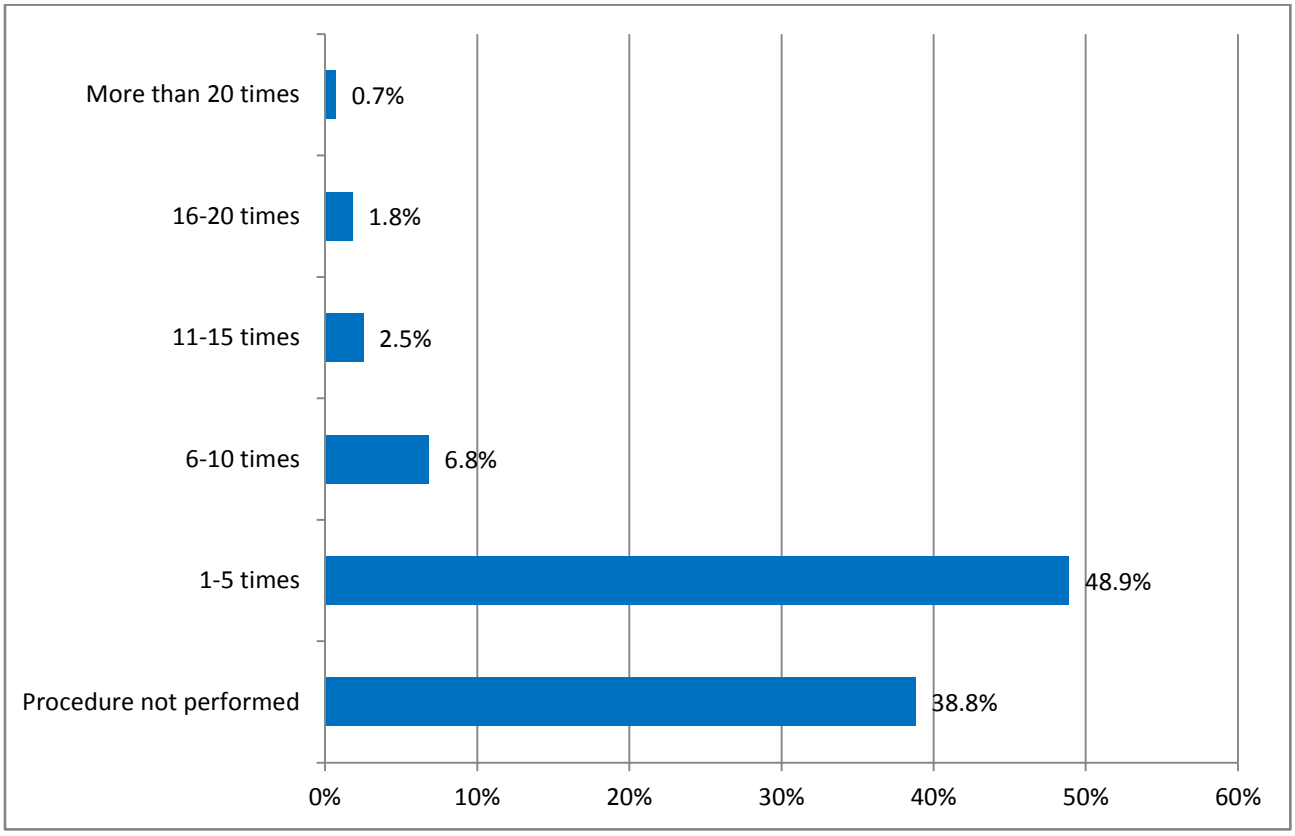
| Mandibular posterior | N | Percent |
|---|---|---|
| Procedure not performed | 91 | 32.7 |
| 1-5 times | 97 | 34.9 |
| 6-10 times | 54 | 19.4 |
| 11-15 times | 20 | 7.2 |
| 16-20 times | 6 | 2.2 |
| More than 20 times | 9 | 3.2 |
| Missing | 1 | 0.4 |
| Total | 278 | 100 |



In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

| Mandibular anterior | N | Percent |
|---|---|---|
| Procedure not performed | 108 | 38.8 |
| 1-5 times | 136 | 48.9 |
| 6-10 times | 19 | 6.8 |
| 11-15 times | 7 | 2.5 |
| 16-20 times | 5 | 1.8 |
| More than 20 times | 2 | 0.7 |
| Missing | 1 | 0.4 |
| Total | 278 | 100* |

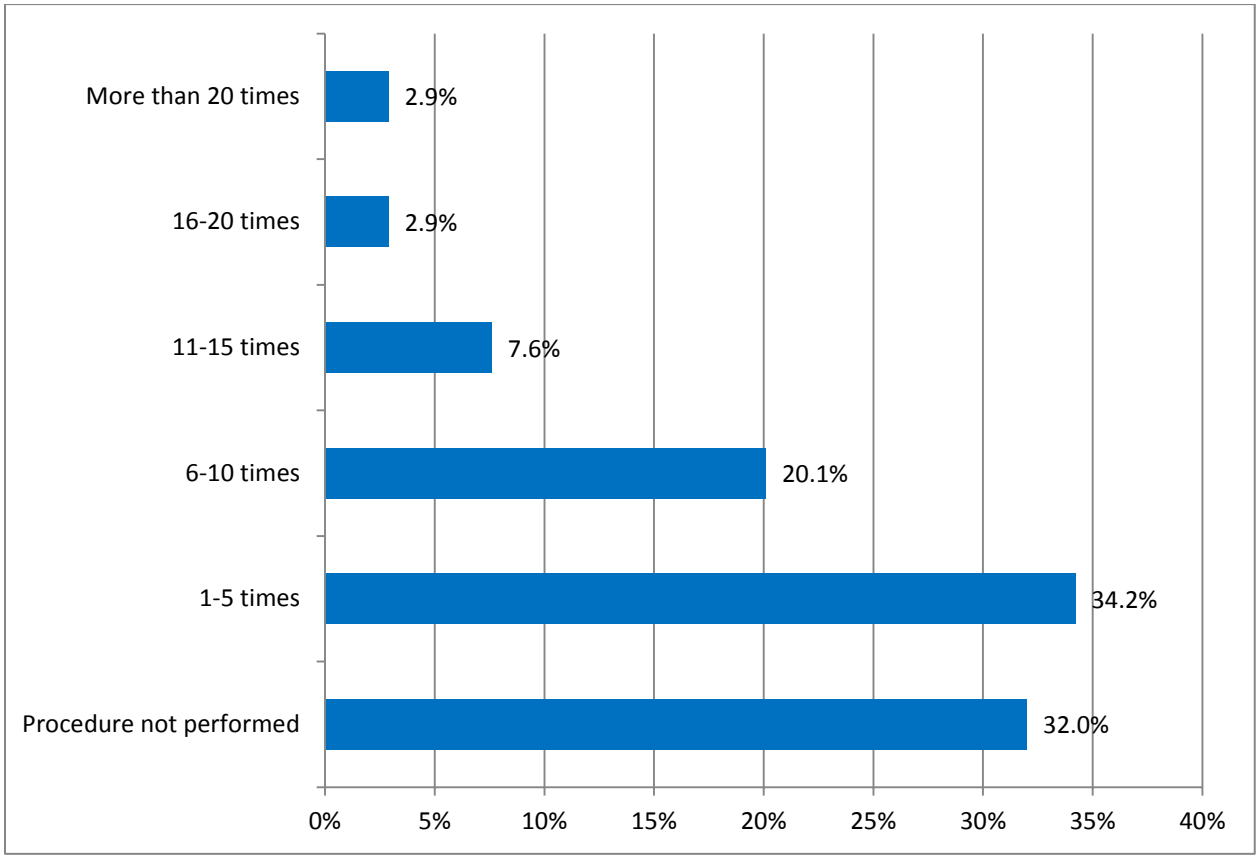
**NOTE: Percentages do not add to 100 due to rounding.*



In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

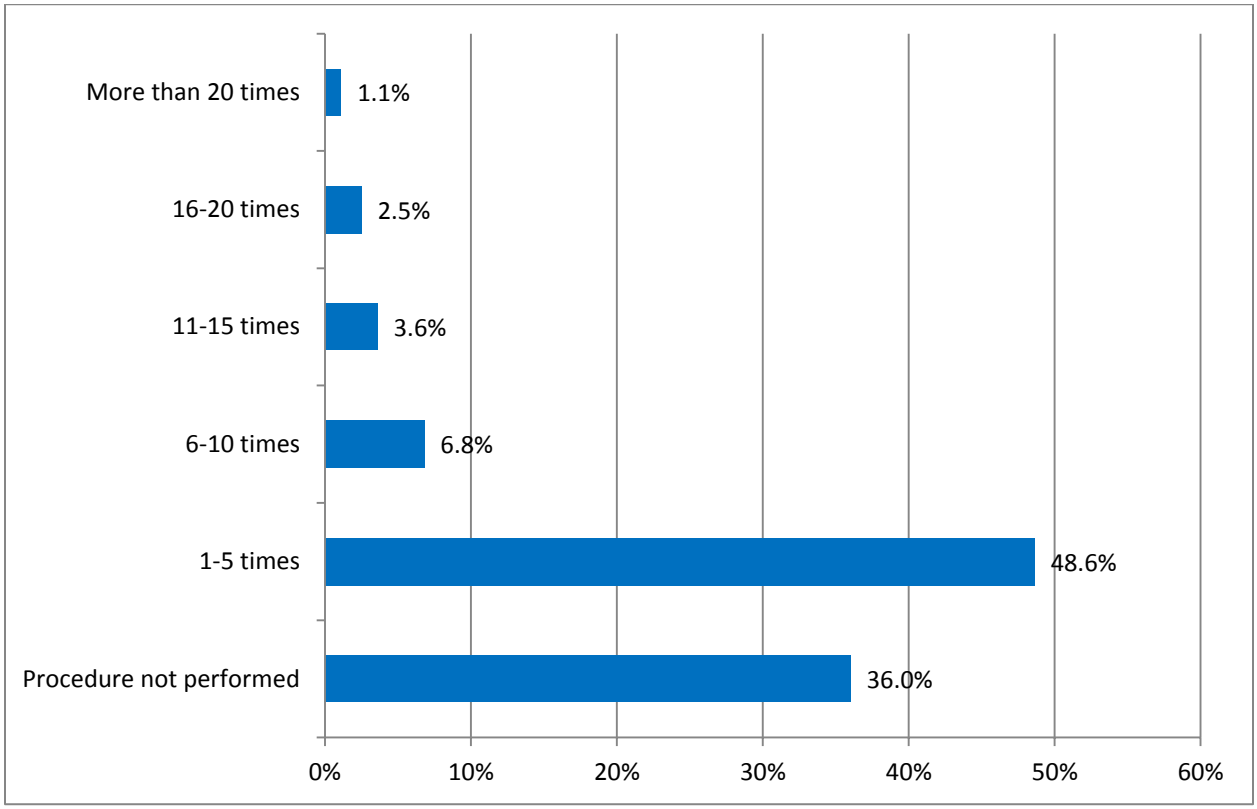
| Maxillary posterior | N | Percent |
|---|---|---|
| Procedure not performed | 89 | 32 |
| 1-5 times | 95 | 34.2 |
| 6-10 times | 56 | 20.1 |
| 11-15 times | 21 | 7.6 |
| 16-20 times | 8 | 2.9 |
| More than 20 times | 8 | 2.9 |
| Missing | 1 | 0.4 |
| Total | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*



In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

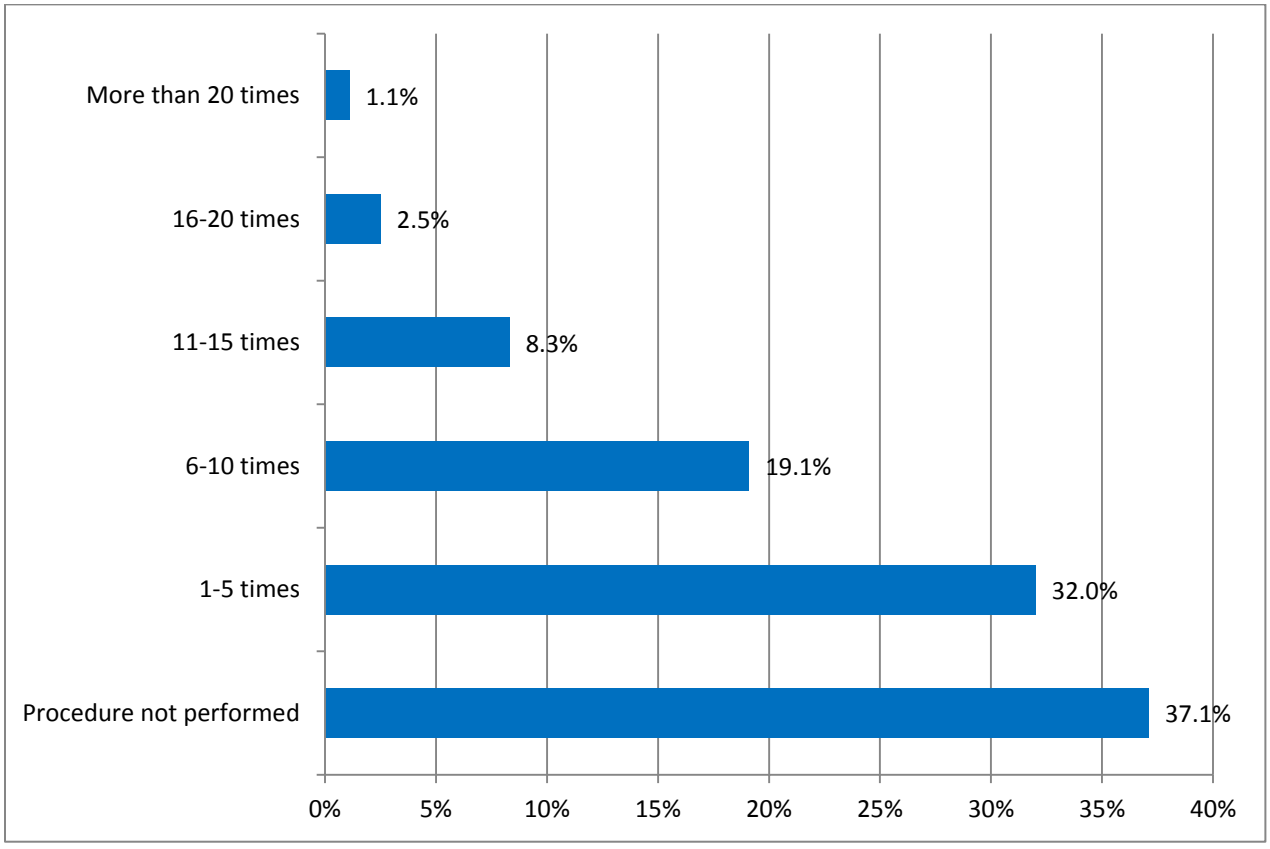
| Maxillary anterior | N | Percent |
|---|---|---|
| Procedure not performed | 100 | 36 |
| 1-5 times | 135 | 48.6 |
| 6-10 times | 19 | 6.8 |
| 11-15 times | 10 | 3.6 |
| 16-20 times | 7 | 2.5 |
| More than 20 times | 3 | 1.1 |
| Missing | 4 | 1.4 |
| Total | 278 | 100 |



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

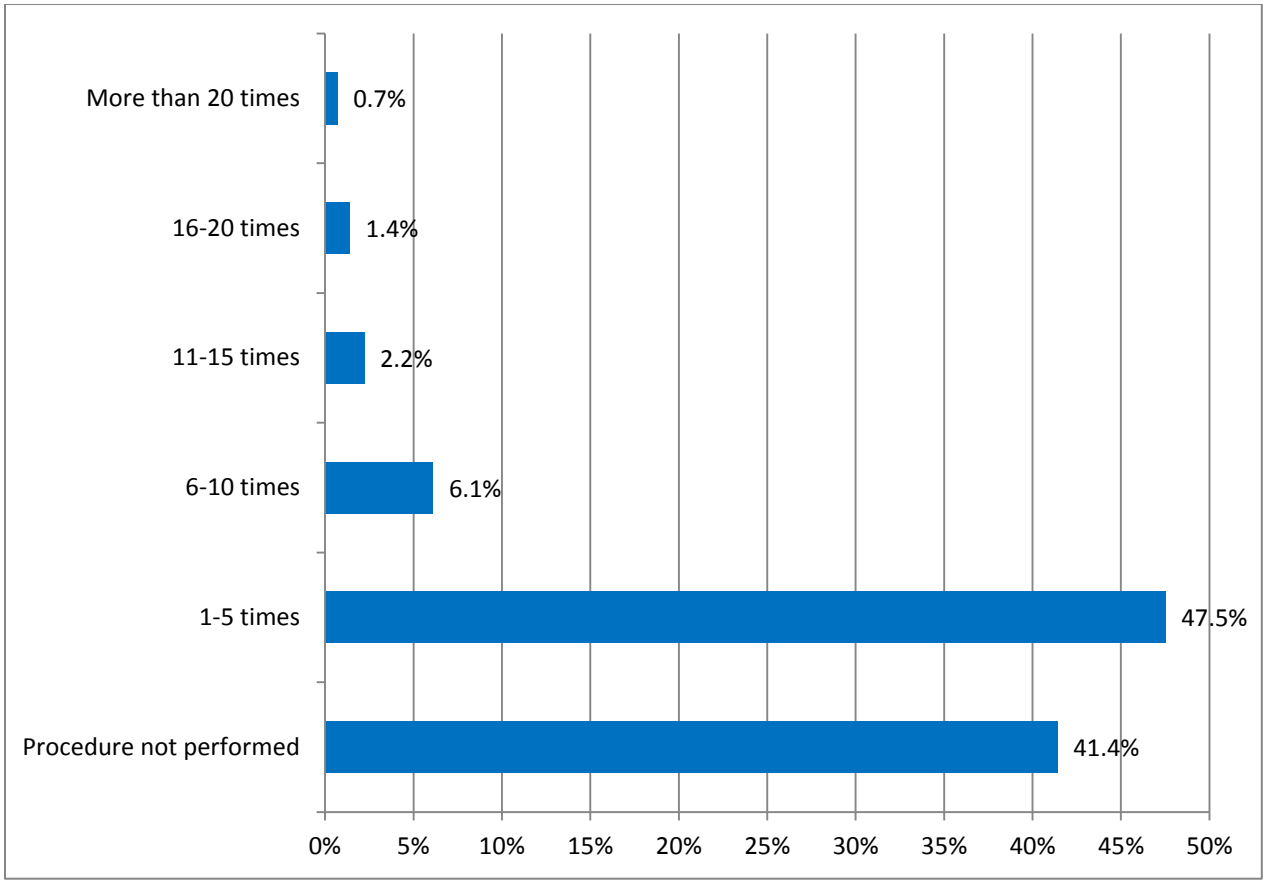
| Mandibular posterior | N | Percent |
|---|---|---|
| Procedure not performed | 103 | 37.1 |
| 1-5 times | 89 | 32 |
| 6-10 times | 53 | 19.1 |
| 11-15 times | 23 | 8.3 |
| 16-20 times | 7 | 2.5 |
| More than 20 times | 3 | 1.1 |
| Total | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*



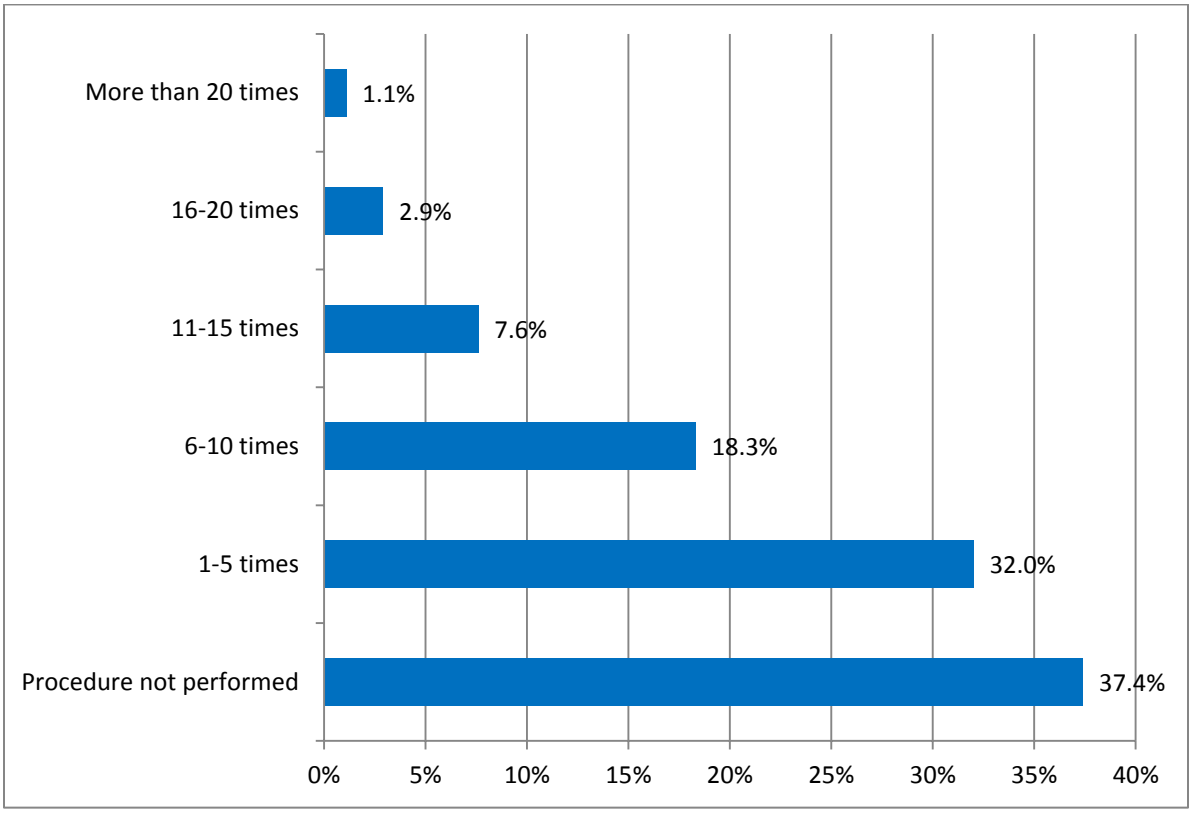
In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

| Mandibular anterior | N | Percent |
|---|---|---|
| Procedure not performed | 115 | 41.4 |
| 1-5 times | 132 | 47.5 |
| 6-10 times | 17 | 6.1 |
| 11-15 times | 6 | 2.2 |
| 16-20 times | 4 | 1.4 |
| More than 20 times | 2 | 0.7 |
| Missing | 2 | 0.7 |
| Total | 278 | 100 |



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

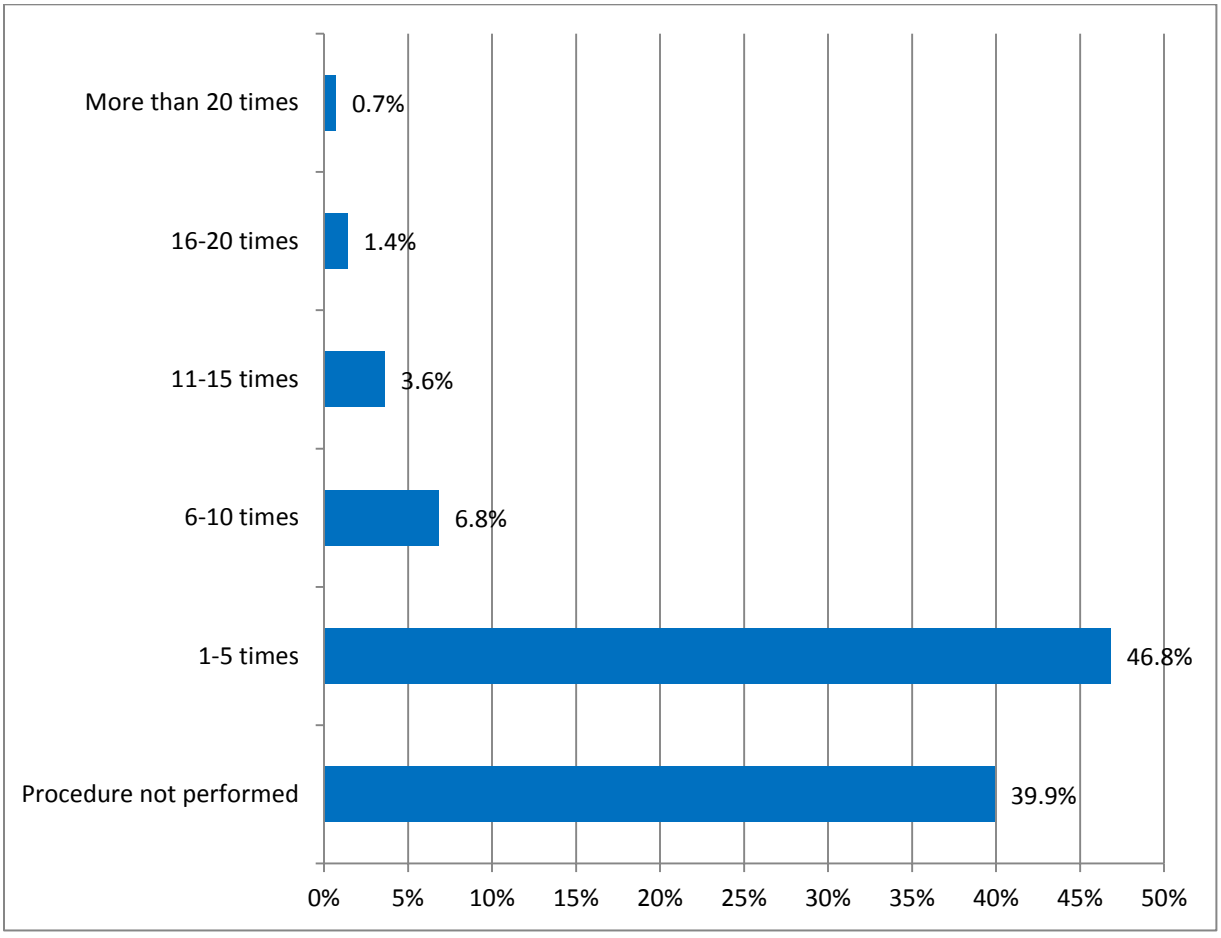
| Maxillary posterior | N | Percent |
|---|---|---|
| Procedure not performed | 104 | 37.4 |
| 1-5 times | 89 | 32 |
| 6-10 times | 51 | 18.3 |
| 11-15 times | 21 | 7.6 |
| 16-20 times | 8 | 2.9 |
| More than 20 times | 3 | 1.1 |
| Missing | 2 | 0.7 |
| Total | 278 | 100 |



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

| Maxillary anterior | N | Percent |
|---|---|---|
| Procedure not performed | 111 | 39.9 |
| 1-5 times | 130 | 46.8 |
| 6-10 times | 19 | 6.8 |
| 11-15 times | 10 | 3.6 |
| 16-20 times | 4 | 1.4 |
| More than 20 times | 2 | 0.7 |
| Missing | 2 | 0.7 |
| Total | 278 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*



# APPENDIX H. LETTER TO PRACTITIONERS

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

October 7, 2015

FirstName LastName 5D_Code
Address1
City, State Zip

Dear Registered Dental Assistant,

The Board is inviting you to participate in the 2015 Occupational Analysis (OA) of the Registered Dental Assistant and Registered Dental Assistant in Extended Functions practice and we would like to award you three CE hours for helping us out on this very important project!

As you know, the Board is responsible for developing examinations to test applicant's skills for licensure in California. The development of an examination begins with an occupational analysis which is a method for identifying the tasks performed in a profession and the knowledge, skills, and abilities required to perform that job. The OA is only conducted every five to seven years and the results are very important to the development of the written and practical exams.

Several workshops with RDAs and RDAEFs have been held in Sacramento, conducted by the Office of Professional Examination Services (OPES). As a result of their efforts, a survey questionnaire has been developed and we invite you to participate in evaluating the 2015 OA as it relates to your current practice as an RDA, RDAEF in California. Your responses will be combined with responses of other licensees to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

The survey will be available from **October 12 thru November 6, 2015,** 24 hours a day, 7 days a week. It will take approximately two - three hours to complete the online survey questionnaire. For your convenience, you may begin the survey questionnaire and exit to return at a later time, as long as it is from the same computer. Certificates for three CE hours will be mailed to those participants who have completed the entire survey.

If you are interested in helping us out with this important project, please:

Enter the following link to access the survey: **https://www.surveymonkey.com/s/H6JLD9H?c=#####**
In place of the **#####,** please type in the 5 digits located after your name (above).
The password for the survey is **dentin** (all lower case).

Again, we appreciate your dedication to your profession and to our mission of protecting the consumers of California by licensing qualified and competent providers.

Sincerely,

The Dental Board of California

# APPENDIX I. QUESTIONNAIRE

# RDA - REGISTERED DENTAL ASSISTANT OCCUPATIONAL ANALYSIS QUESTIONNAIRE

## Welcome Registered Dental Assistants

**Dear Licensee:**

**The Dental Board of California (Board) is conducting an occupational analysis of the Registered Dental Assistant profession. The purpose of the occupational analysis is to identify the important tasks performed by Registered Dental Assistants in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the CA Registered Dental Assistant description of practice.**

**The Board requests your assistance in this process. Please take the time to complete the survey questionnaire as it relates to your current practice. Your participation ensures that all aspects of the profession are covered and is essential to the success of this project.**

**Licensees completing the survey in its entirety will earn 3 CE credits for their participation.**

**Your individual responses will be kept confidential. Your responses will be combined with responses of other RDAs and only group trends will be reported.**

**In order to progress through this survey, please use the following navigation buttons:**

- **Click the Next button to continue to the next page.**
- **Click the Prev button to return to the previous page.**
- **Click the Exit this survey button to exit the survey and return to it at a later time.**
- **Click the Done/Submit button to submit your survey as completed.**

**Any questions marked with an asterisk (*) require an answer in order to progress through the survey questionnaire.**

**Please Note: Once you have started the survey, you can exit at any time and return to it later without losing your responses as long as you are accessing the survey from the same computer. The survey automatically saves fully-completed pages, but will not save responses to questions on pages that were partially completed when the survey was exited.**

**Please make sure to exit only after completing all items on a page and clicking NEXT.**

**For your convenience, the weblink is available 24 hours a day 7 days a week.**

**Please complete the survey questionnaire by November 6, 2015.**

**If you have any questions about completing this survey, please contact Dental Board staff at rda_surveyhelp@dca.ca.gov. The Board welcomes your participation in this project and thanks you for your time.**


## RDA - REGISTERED DENTAL ASSISTANT OCCUPATIONAL ANALYSIS QUESTIONNAIRE

**The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Section 1798 et seq.) and will be used soley for analyzing the ratings from this questionnaire.**

* Are you currently licensed and practicing in California as a licensed Registered Dental Assistant (RDA)?

- ◯ YES
- ◯ NO


# RDA - REGISTERED DENTAL ASSISTANT OCCUPATIONAL ANALYSIS QUESTIONNAIRE

## CE Credit Confirmation

Please provide the board with an email address. An email will be sent to you to confirm that you initiated the survey and that you completed the survey as required to receive the continuing education credits. Note: Email is REQUIRED to receive CE credit.

Please enter the 5-digit NUMERIC code you received with your survey invitation.

# RDA - REGISTERED DENTAL ASSISTANT OCCUPATIONAL ANALYSIS QUESTIONNAIRE

## Part I - Personal Information

### INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS

**This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Registered Dental Assistant practice as represented by the respondents to the questionnaire. Please note the instructions for each item before marking your response as several permit multiple responses.**

How many years have you been licensed and practicing in California as an RDA?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

How many months or years did you work as an unlicensed Dental Assistant before obtaining RDA licensure in California?

- ◯ Not Applicable, I worked as an intern
- ◯ 0 to 11 months
- ◯ 12 to 15 months
- ◯ 16 months to 2 years
- ◯ 3 to 5 years
- ◯ 6 to 10 years
- ◯ More than 10 years

How would you describe your primary work setting?

- ◯ Solo dental practice
- ◯ Group dental practice (2 or more dentist)
- ◯ Specialty dental practice (oral and maxillofacial surgery, dentofacial orthopedics)
- ◯ Public health dentistry
- ◯ Hospital dental clinic
- ◯ Dental school clinic
- ◯ Military
- ◯ Government

Other (please specify)

How would you describe the dental practice in your primary work setting?

- ◯ General dentistry
- ◯ Orthodontic dentistry
- ◯ Endodontic dentistry
- ◯ Periodontic dentistry
- ◯ Pedodontic dentistry
- ◯ Prosthodontic dentistry
- ◯ Oral surgery

Other (please specify)

How would you describe the location of your primary work setting?

- ◯ Urban
- ◯ Rural

How many unlicensed Dental Assistants work in your primary work setting?

- None
- 1
- 2 to 3
- 4 to 5
- More than 5

How many licensed RDAs work in your primary work setting (do not include yourself)?

- None
- 1
- 2 to 3
- 4 to 5
- More than 5

How many licensed RDAEFs work in your primary work setting?

- None
- 1
- 2 to 3
- 4 to 5
- More than 5

# RDA - REGISTERED DENTAL ASSISTANT OCCUPATIONAL ANALYSIS QUESTIONNAIRE

## Part I - Personal Information

Where did you gain the majority of your training and experience to become an RDA? (Check no more than 3.)

- [ ] On the job from dentist
- [ ] On the job from experienced RDA/RDAEF
- [ ] Community college program
- [ ] University-level program
- [ ] ROP program
- [ ] Private career school
- [ ] Online school or program
- [ ] Military

Which of the following permits/certificates do you possess in addition to your RDA license? (Mark all that apply.)

- [ ] Dental Sedation Assistant Permit
- [ ] Orthodontic Assistant Permit
- [ ] Ultrasonic Scaling Certificate
- [ ] Pit and Fissure Sealants Certificate
- [ ] Coronal Polishing Certificate

Other (please specify)

For each of the following procedures, use the Frequency Scale below to indicate:

- The extent to which the frequency of your performing this procedure has changed over the last 2 years.

  AND

- Based on your current practice, the extent to which the frequency of your performing this procedure is

expected to change over the next 5 years.

| | How Frequently Performed Last 2 years | How Frequently Performed Next 5 years |
|---|---|---|
| Traditional braces (brackets/wire) | | |
| Clear tooth aligner systems (e.g., Invisalign, Minor Tooth Movement [MTM]) | | |
| Radiographs by X-ray film | | |
| Radiography by digital sensors/phosphor plates | | |
| Restorations using traditional impression material | | |
| Restorations using digital impressions (CAD/Cam) | | |
| Bonding agents (mix catalyst and base) | | |
| Bonding agents (all in one etch/prime and bond) | | |
| Cements (zinc phosphate, polycarboxylate) | | |
| Cements (glass ionomers and bonded cements) | | |
| Core build-up using amalgam | | |
| Core build-up using glass ionomers and composites | | |
| Posterior direct restorations (amalgam) | | |
| Posterior direct restorations (composites) | | |
| Caries detection – explorer & disclosing agents | | |
| Caries detection – laser fluorescence | | |

| | How Frequently Performed Last 2 years | How Frequently Performed Next 5 years |
|---|---|---|
| Periodontal dressing (catalyst-based) | | |
| Periodontal dressing (auto-mix) | | |

In an average week, what percentage of your time is spent performing each of the following tasks in the course of your work? (your numbers should add up to 100)

Assisting the dentist in the administration of treatment at the chair side

Maintaining a sterile and orderly working environment

Reviewing patients' health history and making chart entries under the direction of the dentist

Familiarizing patients with the aspects of their dental visit and providing instructions and education to support treatment

Stocking operatories and maintaining the clinical supply inventory

Reviewing the daily schedule to set up appropriate trays and instruments

Supervising the preventive maintenance of dental equipment

Assisting with front office procedures if time allows or as determined by the dentist

In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

| | Procedure not performed | 1-5 times | 6-10 times | 11-15 times | 16-20 times | More than 20 times |
|---|---|---|---|---|---|---|
| Mandibular posterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Mandibular anterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Maxillary posterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Maxillary anterior | ○ | ○ | ○ | ○ | ○ | ○ |

In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

| | Procedure not performed | 1-5 times | 6-10 times | 11-15 times | 16-20 times | More than 20 times |
|---|---|---|---|---|---|---|
| Mandibular posterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Mandibular anterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Maxillary posterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Maxillary anterior | ○ | ○ | ○ | ○ | ○ | ○ |

## California Counties

**Location of Registered Dental Assistant Services**

In what California county do you perform the majority of your work as a Registered Dental Assistant? (check no more than 3)

- ☐ 01 - Alameda
- ☐ 02 - Alpine
- ☐ 03 - Amador
- ☐ 04 - Butte
- ☐ 05 - Calaveras
- ☐ 06 - Colusa
- ☐ 07 - Contra Costa
- ☐ 08 - Del Norte
- ☐ 09 - El Dorado
- ☐ 10 - Fresno
- ☐ 11 - Glenn
- ☐ 12 - Humboldt
- ☐ 13 - Imperial
- ☐ 14 - Inyo
- ☐ 15 - Kern
- ☐ 16 - Kings
- ☐ 17 - Lake
- ☐ 18 - Lassen
- ☐ 19 - Los Angeles
- ☐ 20 - Madera
- ☐ 21 - Marin
- ☐ 22 - Mariposa
- ☐ 23 - Mendocino
- ☐ 24 - Merced
- ☐ 25 - Modoc
- ☐ 26 - Mono
- ☐ 27 - Monterey
- ☐ 28 - Napa
- ☐ 29 - Nevada
- ☐ 30 - Orange
- ☐ 31 - Placer
- ☐ 32 - Plumas
- ☐ 33 - Riverside
- ☐ 34 - Sacramento
- ☐ 35 - San Benito
- ☐ 36 - San Bernardino
- ☐ 37 - San Diego
- ☐ 38 - San Francisco
- ☐ 39 - San Joaquin
- ☐ 40 - San Luis Obispo
- ☐ 41 - San Mateo
- ☐ 42 - Santa Barbara
- ☐ 43 - Santa Clara
- ☐ 44 - Santa Cruz
- ☐ 45 - Shasta
- ☐ 46 - Sierra
- ☐ 47 - Siskiyou
- ☐ 48 - Solano
- ☐ 49 - Sonoma
- ☐ 50 - Stanislaus
- ☐ 51 - Sutter
- ☐ 52 - Tehama
- ☐ 53 - Trinity
- ☐ 54 - Tulare
- ☐ 55 - Tuolumne
- ☐ 56 - Ventura
- ☐ 57 - Yolo
- ☐ 58 - Yuba

## Part II - TASK RATINGS

**In this part of the questionnaire, please rate each task as it relates to your current practice as a Registered Dental Assistant.**

**PLEASE NOTE: Numbering of Tasks occasionally skips a few numbers, this is purposeful.**

**Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign from one rating scale should not influence the ratings that you assign from the other rating scale.**

**If the task is NOT part of your current practice, rate the task "0" (zero) Frequency and "0" (zero) Importance.**

**The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow for each list to see the ratings and then select the option based on your current job.**

**FREQUENCY RATING How often are these tasks performed in your current job? Use the following scale to make your rating.**

- **0 - DOES NOT APPLY TO MY PRACTICE. I do not perform this task in my job.**
  **1 - RARELY. This task is one of the tasks I perform least often in my practice relative to other tasks I perform.**
  **2 - SELDOM. This task is performed less often relative to other tasks I perform in my practice.**
  **3 - REGULARLY. This task is performed as often as other tasks I perform in my practice.**
  **4 - OFTEN. This task is performed more often than most other tasks I perform in my practice.**
  **5 - VERY OFTEN. This task is one of the tasks I perform most often in my practice.**

**IMPORTANCE RATING HOW IMPORTANT are these tasks in the performance of your current practice? Use the following scale to make your ratings.**

- **0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE I do not perform this task in my practice.**
  **1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.**
  **2 - FAIRLY IMPORTANT. This task is fairly important for effective performance relative to other tasks; it does not have the priority of most other tasks I perform in my current practice.**
  **3 - MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current job.**
  **4 - VERY IMPORTANT. This task is very important for performance in my practice; it has a**

**higher degree of priority than most other tasks I perform in my current practice.**
**5 - CRITICALLY IMPORTANT. This task is one of the most critical tasks I perform in practice; it has the highest degree of priority of all the tasks I perform in my current practice.**

## Part II - TASK RATINGS (1 through 10)

### Patient Examination

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 1. Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment. | | |
| 2. Take patient blood pressure and vital signs. | | |
| 3. Inspect patient oral condition with mouth mirror. | | |
| 4. Chart existing oral conditions and diagnostic findings at the direction of the licensed provider. | | |
| 5. Perform intra-oral diagnostic imaging of patient mouth and dentition (e.g., radiographs, photographs, CT scans). | | |
| 6. Respond to patient questions about existing conditions and treatment following dentist's diagnosis. | | |
| 7. Observe for signs and conditions that may indicate abuse or neglect. | | |
| 8. Perform dental procedures using professional chairside manner. | | |
| 9. Educate patient about behaviors that could affect oral health or dental treatment. | | |
| 10. Instruct patient about preoperative and postoperative care and maintenance for dental procedures and appliances. | | |

## Part II - TASK RATINGS (13 through 33)

### Direct and Indirect Restorations

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 13. Place bases and liners. | | |
| 14. Place matrices and wedges. | | |
| 15. Place temporary filling material. | | |
| 16. Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations. | | |
| 17. Place bonding agent. | | |
| 18. Fabricate and adjust direct and indirect provisional restorations. | | |
| 19. Perform cementation procedure for direct and indirect provisional restorations. | | |
| 20. Obtain intra-oral images using computer-generated imaging system (e.g., CADCAM). | | |
| 21. Take impressions for direct and indirect provisional restorations. | | |
| 22. Remove indirect provisional restorations. | | |
| 23. Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence). | | |

### Preventive Procedures

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 31. Perform coronal polishing. | | |
| 32. Utilize caries detection materials and devices to gather information for dentist. | | |
| 33. Prepare teeth and apply pit and fissure sealants. | | |

## Part II - TASK RATINGS (34 through 43)

### Infection Control & Safety

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 34. Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks. | | |
| 35. Purge dental unit lines with air or water prior to attachment of devices. | | |
| 36. Use germicides for surface disinfection (e.g., tables, chairs, counters). | | |
| 37. Use surface barriers for prevention of cross-contamination. | | |
| 38. Perform instrument sterilization in compliance with the office's infection control program. | | |
| 39. Disinfect and sterilize laboratory and operatory equipment in compliance with the office's infection control program. | | |
| 40. Use hand hygiene procedures. | | |
| 41. Conduct biological spore testing to ensure functioning of sterilization devices. | | |
| 42. Dispose of biological hazardous waste and other potentially infectious materials (OPIM). | | |
| 43. Dispose of pharmaceuticals and sharps in appropriate container. | | |

## Part II - TASK RATINGS (44 through 57)

### Radiation Safety

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 44. Implement measures to minimize radiation exposure to patient during radiographic procedures. | | |
| 45. Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures. | | |
| 46. Implement measures for the storage and maintenance of radiation protective barriers and portable X-Ray units. | | |
| 47. Implement measures for the storage and disposal of radiographic film. | | |

### Emergencies

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 48. Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist. | | |
| 49. Assist in the administration of oxygen to patients as instructed by dentist. | | |
| 50. Implement basic life support and/or use of AED as indicated during medical emergency. | | |
| 51. Assist in emergency care of patient. | | |
| 52. Implement first aid and BLS measures to support patient care. | | |
| 53. Implement emergency preparedness protocols in compliance with office procedures. | | |
| 54. Follow infection control procedures during the administration of first aid and basic life support. | | |

Occupational Safety

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 55. Implement procedures and protocols to protect operator from exposure during hazardous waste management. | | |
| 56. Package, prepare, and store hazardous waste for disposal. | | |
| 57. Store, label, and log chemicals used in a dental practice. | | |

## Part II - TASK RATINGS (58 through 71)

### Endodontic Procedures

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 58. Test pulp vitality. | | |
| 59. Dry canals with absorbent points. | | |

### Periodontal Procedures

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 62. Place periodontal dressings at surgical site. | | |

### Orthodontic Procedures

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 63. Place orthodontic separators. | | |
| 64. Place and remove ligature ties and arch wires. | | |
| 65. Place elastic ties to secure arch wires. | | |
| 66. Remove orthodontic bands. | | |
| 67. Take impression for fixed and removable orthodontic appliances. | | |
| 68. Remove fixed orthodontic appliances. | | |

### Implants, Oral Surgery, Extractions

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 69. Remove post-extraction and post-surgery sutures as directed by dentist. | | |
| 70. Place and remove dry socket dressing as directed by dentist. | | |

## Prosthetic Appliances

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 71. Adjust prosthetic appliances extra-orally. | | |

## Part III - KNOWLEDGE RATINGS

**In this part of the questionnaire, rate each of the knowledge statements based on how IMPORTANT the knowledge is to successful performance in your practice. If a knowledge statement is NOT part of your job, then rate it "0" (zero) for Importance.**

**PLEASE NOTE: Numbering of Knowledges occasionally skips a few numbers, this is purposeful.**

**The boxes for rating the Importance of each knowledge statement have a drop-down list. Click on the "down" arrow for the list to see the ratings. Then select the rating based on your current practice.**

**IMPORTANCE RATING**
**HOW IMPORTANT is this knowledge in the performance of your current practice?**

**Use the following scale to make your ratings.**
**0 - DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED; this knowledge is not required to perform in my practice.**
**1 - OF MINOR IMPORTANCE; this knowledge is of minor importance for performance of my practice relative to all other knowledge.**
**2 - FAIRLY IMPORTANT; this knowledge is fairly important for performance of my practice relative to all other knowledge.**
**3 - MODERATELY IMPORTANT; this knowledge is moderately important for performance of my practice relative to all other knowledge.**
**4 - VERY IMPORTANT; this knowledge is very important for performance of my practice relative to all other knowledge.**
**5 - CRITICALLY IMPORTANT; this knowledge is essential for performance of my practice relative to all other knowledge.**

## Part III - KNOWLEDGE RATINGS (1 through 26)

### Patient Examination

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 1. Knowledge of effects of coexisting medical/dental conditions on dental treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes). | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine). | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics). | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves). | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. Knowledge of acceptable levels of blood pressure for performing dental procedures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. Knowledge of methods and techniques for using medical equipment to take vital signs. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Knowledge of techniques and procedures for using imaging equipment to perform intra-oral and extra-oral diagnostic imaging. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology. | ○ | ○ | ○ | ○ | ○ | ○ |

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 11. Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, fracture lines) and how to document them. | ○ | ○ | ○ | ○ | ○ | ○ |
| 12. Knowledge of effects of substance abuse on patient physical condition, including oral tissues. | ○ | ○ | ○ | ○ | ○ | ○ |
| 13. Knowledge of effects of nutrition and malnutrition on the oral cavity. | ○ | ○ | ○ | ○ | ○ | ○ |
| 14. Knowledge of effects of smoking and smokeless tobacco on oral tissue. | ○ | ○ | ○ | ○ | ○ | ○ |
| 15. Knowledge of the professional and ethical principles related to communicating with and fair treatment of patient. (ADA 4-A.1, C, C1, ADA 5-A, CDA 4, DANB-Justice, Truth) | ○ | ○ | ○ | ○ | ○ | ○ |
| 16. Knowledge of professional and ethical principles regarding patient care. (CDA-Compassion, 1C, 5, Integrity) | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. Knowledge of legal requirements and ethical principles regarding patient confidentiality. (B&P code, CA client Confidentiality, HIPPA) | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation). | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). (Penal 11166, ADA 3.E, & DANB Definition) | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. Knowledge of techniques to provide patient comfort during intra-oral procedures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 22. Knowledge of RDA/RDAEFs' legal and ethical responsibilities to report violations of the California Dental Practice Act and administrative rules and regulations to the proper authorities. | ○ | ○ | ○ | ○ | ○ | ○ |
| 23. Knowledge of methods and techniques patients can perform to improve oral health. | ○ | ○ | ○ | ○ | ○ | ○ |
| 24 .Knowledge of preoperative and postoperative care and maintenance for dental procedures and appliances. | ○ | ○ | ○ | ○ | ○ | ○ |

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 25. Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 26. Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. | ○ | ○ | ○ | ○ | ○ | ○ |

## Part III - KNOWLEDGE RATINGS (28 through 52)

### Direct and Indirect Restorations

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 28. Knowledge of types of base and liner materials and the techniques and procedures for their application and placement. | ○ | ○ | ○ | ○ | ○ | ○ |
| 29. Knowledge of types of wedges and the techniques and procedures for their use. | ○ | ○ | ○ | ○ | ○ | ○ |
| 30. Knowledge of techniques and procedures for using matrix bands with or without band retainers. | ○ | ○ | ○ | ○ | ○ | ○ |
| 31. Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them. | ○ | ○ | ○ | ○ | ○ | ○ |
| 32. Knowledge of types of bonding agents and the techniques and procedures for their application and placement. | ○ | ○ | ○ | ○ | ○ | ○ |
| 33. Knowledge of types of etchants and the techniques and procedures for their application and placement. | ○ | ○ | ○ | ○ | ○ | ○ |
| 34. Knowledge of irregularities in margins that affect direct and indirect provisional restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 35. Knowledge of techniques used to eliminate open margins when placing restorative materials. | ○ | ○ | ○ | ○ | ○ | ○ |
| 36. Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 37. Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. | ○ | ○ | ○ | ○ | ○ | ○ |

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 38. Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 39. Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 40. Knowledge of equipment and procedures used to obtain intra-oral images for computer-aided milled restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 41. Knowledge of types of impression materials and techniques and procedures for their application and placement. | ○ | ○ | ○ | ○ | ○ | ○ |
| 42. Knowledge of techniques and procedures used to mix and place provisional materials. | ○ | ○ | ○ | ○ | ○ | ○ |
| 43. Knowledge of techniques and procedures for bonding provisional veneers. | ○ | ○ | ○ | ○ | ○ | ○ |
| 44. Knowledge of indications and contraindications for the use of whitening (bleaching) agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 45. Knowledge of indications and contraindications for the use of bonding agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 46. Knowledge of indications and contraindications for the use of etching agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 47. Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application. | ○ | ○ | ○ | ○ | ○ | ○ |
| 48. Knowledge of types of cements and the techniques and procedures for their application, placement, and removal. | ○ | ○ | ○ | ○ | ○ | ○ |
| 49 .Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 50. Knowledge of scope of practice for RDAs and RDAEFs related to direct restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 51. Knowledge of scope of practice for RDAs and RDAEFs related to indirect restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 52. Knowledge of scope of practice for RDAs and RDAEFs related to final impressions. | ○ | ○ | ○ | ○ | ○ | ○ |

## Part III - KNOWLEDGE RATINGS (60 through 68)

### Preventative Procedures

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 60. Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants. | ○ | ○ | ○ | ○ | ○ | ○ |
| 61. Knowledge of indications and contraindications for performing coronal polishing. | ○ | ○ | ○ | ○ | ○ | ○ |
| 62. Knowledge of techniques and procedures for coronal polishing. | ○ | ○ | ○ | ○ | ○ | ○ |
| 63. K of types of disclosing agents used in conjunction with coronal polishing. | ○ | ○ | ○ | ○ | ○ | ○ |
| 64. Knowledge of types of automated caries detection devices and materials and the procedures for their use. | ○ | ○ | ○ | ○ | ○ | ○ |
| 65. Knowledge of procedures for preparing the tooth for application of pit and fissure sealants. | ○ | ○ | ○ | ○ | ○ | ○ |
| 66. Knowledge of indications and contraindications for use of pit and fissure sealants. | ○ | ○ | ○ | ○ | ○ | ○ |
| 67. Knowledge of types of pit and fissure sealants and the techniques and procedures for their application. | ○ | ○ | ○ | ○ | ○ | ○ |
| 68. Knowledge of scope of practice for RDAs related to use of caries detection devices and materials. | ○ | ○ | ○ | ○ | ○ | ○ |

## Part III - KNOWLEDGE RATINGS (69 through 84)

### Infection Control and Safety

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 69. Knowledge of laws and regulations pertaining to infection control procedures related to dental healthcare personnel (DHCP) environments. (CCR 1005 Infection control) | ○ | ○ | ○ | ○ | ○ | ○ |
| 70. Knowledge of procedures and protocols for management and disposal of pharmaceuticals and sharps. | ○ | ○ | ○ | ○ | ○ | ○ |
| 71. Knowledge of methods and procedures for the handling, use, cleaning, and disposal of personal protective equipment (e.g., gloves, masks, goggles, gown). | ○ | ○ | ○ | ○ | ○ | ○ |
| 72. Knowledge of sequence for donning and removing personal protective equipment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 73. Knowledge of procedures and protocols for the use of surface barriers to prevent contamination. | ○ | ○ | ○ | ○ | ○ | ○ |
| 74. Knowledge of procedures and protocols for purging dental unit waterlines and hand pieces (DUWL). (Dental Board Minimum Standards for infection control – CCR 1005(b)(21)) | ○ | ○ | ○ | ○ | ○ | ○ |
| 75. Knowledge of procedures for managing self-contained water systems. | ○ | ○ | ○ | ○ | ○ | ○ |
| 76. Knowledge of procedures and protocols for the disinfection/decontamination of surfaces and work areas. | ○ | ○ | ○ | ○ | ○ | ○ |
| 77. Knowledge of the methods and procedures for the application and disposal of low-level, intermediate-level, and high-level disinfectants and germicides. | ○ | ○ | ○ | ○ | ○ | ○ |

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 78. Knowledge of what defines critical, semi-critical, and non-critical instruments and their respective disinfection/sterilization protocols. | ○ | ○ | ○ | ○ | ○ | ○ |
| 79. Knowledge of types of sterilization devices (e.g., steam and dry heat automated sterilization devices) and the indications and procedures for their use. | ○ | ○ | ○ | ○ | ○ | ○ |
| 80. Knowledge of procedures for the disinfection and sterilization of laboratory equipment, operatory equipment, and mechanical devices. | ○ | ○ | ○ | ○ | ○ | ○ |
| 81. Knowledge of procedures for handling, disinfecting, and sterilizing detachable intra-oral hand pieces, instruments, and devices. | ○ | ○ | ○ | ○ | ○ | ○ |
| 82. Knowledge of procedures and protocols for hand hygiene. | ○ | ○ | ○ | ○ | ○ | ○ |
| 83. Knowledge of protocols for using biological spore test and heat-indicating devices. | ○ | ○ | ○ | ○ | ○ | ○ |
| 84. Knowledge of procedures and protocols for the disposal of biological hazardous waste and other potentially infectious materials (OPIM). | ○ | ○ | ○ | ○ | ○ | ○ |

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## Part III - KNOWLEDGE RATINGS (85 through 101)

### Radiation Safety

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 85. Knowledge of methods and procedures for use and care of protective barriers (e.g., lead apron, thyroid collar, shield) to protect patient from radiation exposure. | ○ | ○ | ○ | ○ | ○ | ○ |
| 86. Knowledge of types of film-holding devices and placement to minimize multiple exposures during radiography. | ○ | ○ | ○ | ○ | ○ | ○ |
| 87. Knowledge of factors of radiographic film speed, digital sensors, phosphor plates, and exposure time as related to radiographic safety. | ○ | ○ | ○ | ○ | ○ | ○ |
| 88. Knowledge of techniques and procedures for minimizing radiation exposure to self and others during radiographic procedures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 89. Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety. (BPC 1645.1(a) (b) Compliance) | ○ | ○ | ○ | ○ | ○ | ○ |
| 90. Knowledge of methods for the storage and disposal of radiographic film. | ○ | ○ | ○ | ○ | ○ | ○ |

## Emergencies

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 91. Knowledge of the applications and contraindications for use of oxygen and nitrous oxide/oxygen in a dental practice setting. | ○ | ○ | ○ | ○ | ○ | ○ |
| 92. Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen. | ○ | ○ | ○ | ○ | ○ | ○ |
| 93. Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 94. Knowledge of procedures for implementing protocols for responding to office and environmental emergencies. | ○ | ○ | ○ | ○ | ○ | ○ |
| 95. Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry. | ○ | ○ | ○ | ○ | ○ | ○ |
| 96. Knowledge of the equipment used for first aid and BLS and their uses and applications (e.g., eyewash station, AED). | ○ | ○ | ○ | ○ | ○ | ○ |
| 97. Knowledge of measures for preventing spread of infection during first aid and BLS. | ○ | ○ | ○ | ○ | ○ | ○ |

## Occupational Safety

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 98. Knowledge of location within Safety Data Sheets of safe handling and emergency protocols for hazardous substances. | ○ | ○ | ○ | ○ | ○ | ○ |
| 99. Knowledge of what constitutes hazardous waste and the procedures and protocols for its disposal. | ○ | ○ | ○ | ○ | ○ | ○ |
| 100. Knowledge of methods for maintaining a chemical inventory. | ○ | ○ | ○ | ○ | ○ | ○ |
| 101. Knowledge of requirements for placing hazardous substances in secondary containers (e.g., labeling, handling, applicable containers). | ○ | ○ | ○ | ○ | ○ | ○ |

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## Part III - KNOWLEDGE RATINGS (102 through 118)

### Endodontic Procedures

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 102. Knowledge of techniques and procedures for testing pulp vitality. | ○ | ○ | ○ | ○ | ○ | ○ |
| 103. Knowledge of techniques and procedures for measuring canal length and size. | ○ | ○ | ○ | ○ | ○ | ○ |
| 104. Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures. | ○ | ○ | ○ | ○ | ○ | ○ |

### Periodontal Procedures

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 108. Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials. | ○ | ○ | ○ | ○ | ○ | ○ |
| 109. Knowledge of types of periodontal dressings and techniques for their application. | ○ | ○ | ○ | ○ | ○ | ○ |

## Orthodontic Procedures

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 110. Knowledge of scope of practice for RDAs and RDAEFs related to the placement of orthodontic materials. | ○ | ○ | ○ | ○ | ○ | ○ |
| 111. Knowledge of techniques for placement and removal of orthodontic separators and bands, arch wires, and ties. | ○ | ○ | ○ | ○ | ○ | ○ |
| 112. Knowledge of techniques for placement and removal of removable orthodontic appliances. | ○ | ○ | ○ | ○ | ○ | ○ |
| 113. Knowledge of types of materials for taking impressions for removable orthodontic appliances and the techniques for their application. | ○ | ○ | ○ | ○ | ○ | ○ |

## Implants, Oral Surgery, Extractions

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 114. Knowledge of techniques for removing post-extraction and post-surgery sutures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 115. Knowledge of methods for treating dry socket. | ○ | ○ | ○ | ○ | ○ | ○ |

## Prosthetic Appliances

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 116. Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances. | ○ | ○ | ○ | ○ | ○ | ○ |
| 117. Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances. | ○ | ○ | ○ | ○ | ○ | ○ |
| 118. Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extra-oral prosthetic appliances. | ○ | ○ | ○ | ○ | ○ | ○ |

DENTAL BOARD OF CALIFORNIA

PARTICIPANT FEEDBACK

**Please provide your feedback about the RDA Occupational Analysis Questionnaire.**

**When done, please click NEXT to continue onto the next page.**

Were the instructions for rating the task and knowledge statements clearly stated?

- YES
- NO

Comments

Were the rating scales easy to understand and apply?

- YES
- NO

Comments

Were any important areas of practice left out?

- YES
- NO

Comments


Finished!

**Thank you for participating in the 2015 Registered Dental Assistant Occupational Analysis.**

**Once the completeness of your survey has been verified you will receive a letter from the Board confirming the CE credits for your records.**

**Dental Board of California**

# DENTAL BOARD OF CALIFORNIA

# OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS PROFESSION

*REVISED*

OFFICE OF PROFESSIONAL EXAMINATION SERVICES

STATE OF CALIFORNIA

DEPARTMENT OF CONSUMER AFFAIRS

# DENTAL BOARD OF CALIFORNIA

# OCCUPATIONAL ANALYSIS OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS PROFESSION

This report was prepared and written by the
Office of Professional Examination Services
California Department of Consumer Affairs

June 2016 (revised*)

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*This report contains minor corrections.

# EXECUTIVE SUMMARY

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) of Registered Dental Assistant in Extended Functions (RDAEF) practice in California. The purpose of the occupational analysis is to define practice for RDAEFs in terms of the actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the RDAEF licensing examination.

OPES test specialists began by researching the profession and conducting a stakeholder and practitioner focus group that included four Registered Dental Assistants (RDA), two RDAEFs, one educator, and two dentists who practice in locations throughout California. The focus group was held at OPES on June 19-20, 2015, to identify changes and trends in RDAEF practice specific to California. Information gained during the research and focus group was used to conduct telephone interviews with six RDAs and three RDAEFs who practice in locations throughout California. The purpose of these interviews was to identify the tasks performed in RDAEF practice and to specify the knowledge required to perform those tasks in a safe and competent manner. The interviews were also used to follow up on topics arising from the focus group.

Two additional focus groups were later held with RDAs and RDAEFs to review and refine the preliminary list of task and knowledge statements. The RDAEFs in these focus groups also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. New task and knowledge statements were created as a result of this process, and some statements were eliminated from the final list due to overlap and reconciliation. The licensees also developed demographic items for inclusion in the questionnaire.

OPES then developed a three-part questionnaire to be completed by RDAEFs statewide. Development of the questionnaire included a pilot study which was conducted using a group of eight licensees. The participants' feedback was used to refine the questionnaire before the final questionnaire was prepared by OPES for administration in October 2015.

In the first part of the questionnaire, licensees were asked to provide demographic information relating to their work settings and practice. In the second part, the licensees were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and importance (i.e., how important the task is to performance of the licensee's current practice). In the third part of the questionnaire, licensees were asked to rate specific knowledge statements in terms of how important that knowledge is to performance of their current practice.

OPES developed a stratified random sample of RDAEF1 licensees (RDAEFs licensed before 2010) to participate in the occupational analysis. The RDAEF1 sample was stratified by years of practice and county of practice with oversampling of licensees licensed 0 to 5 years. The RDAEF2 sample consisted of 169 RDAEFs who were licensed under the 2010 requirements (or 100% of RDAEF2 licensees). The Board sent notification letters to a sample of 924 RDAEFs (out of 1,530 total licensees) inviting them to complete the questionnaire online. Approximately 21% of the licensed RDAEFs in the sample (191) responded by accessing the Web-based questionnaire. The final sample size included in the data analysis was 144, or 15.6% of the population that was invited to complete the questionnaire. The demographic composition of the respondent sample is representative of the California RDAEF population.

OPES then performed data analyses on the task and knowledge rating responses. OPES combined the task ratings to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement.

Once the data had been analyzed, two additional focus groups were conducted that included practitioners licensed as RDAs and RDAEFs. The RDAEF licensees evaluated the criticality indices and determined whether any task or knowledge statements should be eliminated. They also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. They then evaluated and confirmed the content area weights.

The description of practice for the RDAEF is structured into three content areas weighted by criticality relative to the other content areas. The description of practice specifies the job tasks and knowledge critical to safe and effective RDAEF practice in California at the time of licensure, and serves as a basis for developing examinations for inclusion in the process of granting California RDAEF licensure. The description of practice is also the underlying foundation for evaluating the degree to which the content of any examination under consideration measures content critical to California RDAEF practice.

At this time, California licensure as an RDAEF is granted by meeting the education and training requirements and passing the RDAEF written and practical examinations.

The examination outline for the RDAEF written examination is structured into three content areas weighted by criticality relative to the other content areas. An overview of the final examination outline for the exam is provided below.

OVERVIEW OF THE EXAMINATION OUTLINE FOR THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS WRITTEN EXAMINATION

| Content Area | Content Area Description | Percent Weight |
|---|---|---|
| I. Patient Treatment and Care | This area assesses the candidate's ability to review the patient's dental health by assessing medical and dental history; to note and chart the oral cavity; and to provide instruction regarding oral hygiene, preoperative care, and postoperative care. | 40 |
| II. Dental Procedures: Direct and Indirect Restorations | This area assesses the candidate's knowledge of materials, techniques, procedures, and scope of practice regarding direct and indirect restoration dental procedures. | 45 |
| III. Dental Specialty Procedures | This area assesses the candidate's knowledge of materials, techniques, procedures, and scope of practice regarding dental specialty procedures. | 15 |
| **Total** | | **100** |

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# CHAPTER 1. INTRODUCTION

## PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Dental Board of California (Board) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis (OA) to identify critical job activities performed by licensed Registered Dental Assistants in Extended Functions (RDAEF). This OA was part of the Board's comprehensive review of RDAEF practice in California. The purpose of the OA is to define practice for RDAEFs in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this OA serve as the basis for the examination program for RDAEF licensure.

## CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the OA reflected the actual tasks performed by RDAEFs in practice. The technical expertise of California-licensed RDAEFs was used throughout the OA process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

## UTILIZATION OF SUBJECT MATTER EXPERTS

The Board selected Registered Dental Assistants (RDAs) and RDAEFs to participate as subject matter experts (SMEs) during various phases of the OA. The RDAs participated in the discussions describing the role and duties of the RDAEFs in their respective work setting. The SMEs were selected from a broad range of practice settings, geographic locations, and experience backgrounds. They provided information regarding the different aspects of current RDAEF practice during the OA development phase. They also participated in focus groups to review the content of task and knowledge statements for technical accuracy prior to administration of the OA questionnaire. Following administration of the OA questionnaire, groups of SMEs convened at OPES to review the results, finalize the description of practice, and develop the content outlines for the RDAEF written examination.

## ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and State laws and regulations and professional guidelines and technical standards. For the purpose of an OA, the following laws and guidelines are authoritative:

- California Business and Professions Code section 139.

- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.

- California Fair Employment and Housing Act, Government Code section 12944.

- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).

- *Standards for Educational and Psychological Testing* (2014), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

## DESCRIPTION OF OCCUPATION

The RDAEF occupation is described as follows in Sections 1753.5 and 1753.55 of the California Business and Professions Code:

1753.5. (a) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform all duties and procedures that a registered dental assistant is authorized to perform as specified in and limited by Section 1752.4, and those duties that the board may prescribe by regulation.

(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:

(1) Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.

(2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.

(3) Cord retraction of gingiva for impression procedures.

(4) Size and fit endodontic master points and accessory points.

(5) Cement endodontic master points and accessory points.

(6) Take final impressions for permanent indirect restorations.

(7) Take final impressions for tooth-borne removable prosthesis.

(8) Polish and contour existing amalgam restorations.

(9) Place, contour, finish, and adjust all direct restorations.

(10) Adjust and cement permanent indirect restorations.

(11) Other procedures authorized by regulations adopted by the board.

(c) All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office.

1753.55.[1] (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] During the course of the OA, Business and Professions Code section 1753.55 was amended by legislation. The current law may be found at www.leginfo.legislature.ca.gov.

# CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRE

## PRACTITIONER FOCUS GROUP

OPES test specialists began by researching the profession and conducting a stakeholder and practitioner focus group. The focus group, which consisted of four RDAs, two RDAEFs, one educator, and two dentists, was held at OPES on June 19-20, 2015, to identify changes and trends in RDAEF practice specific to California. Information gained during the research and focus group was used to conduct telephone interviews with three RDAEFs and six RDAs throughout California. The purpose of these interviews was to identify the tasks performed in RDAEF practice and to specify the knowledge required to perform those tasks in a safe and competent manner. The interviews were also used to follow up on topics arising from the focus group.

## SUBJECT MATTER EXPERT INTERVIEWS

The Board provided OPES with a list of six RDAs and three RDAEFs practicing throughout California to contact for telephone interviews. During the nine semi-structured interviews, the licensees were asked to identify all of the activities performed that are specific to the RDAEF profession. The interviews confirmed major content areas of their practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge required by RDAEFs to perform each job task safely and competently.

## TASK AND KNOWLEDGE STATEMENTS

OPES staff integrated the information gathered during the interviews and from prior studies of the profession and developed a preliminary list of task and knowledge statements. The statements were then organized into the major content areas of practice.

In July and August 2015, OPES facilitated two focus groups of RDAs and RDAEFs to evaluate the task and knowledge statements for technical accuracy and comprehensiveness and to assign each statement to the appropriate content area. The RDAEF groups verified that the content areas were independent and non-overlapping, and they performed a preliminary linkage of the task and knowledge statements to ensure that every task had a related knowledge and every knowledge statement had a related task. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

The finalized lists of task and knowledge statements were developed into an online questionnaire that was eventually completed and evaluated by a sample of RDAEFs throughout California.

## QUESTIONNAIRE DEVELOPMENT

OPES developed the online OA questionnaire to solicit the licensees' ratings of the job task and knowledge statements for analysis. The surveyed RDAEFs were instructed to rate each job task in terms of how often they performed the task (FREQUENCY) and how important the task was to the performance of their current practice (IMPORTANCE). In addition, they were instructed to rate each knowledge statement in terms of how important the specific knowledge was to the performance of their current practice (IMPORTANCE). The questionnaire also included a demographic section for purposes of developing an accurate profile of the respondents. The questionnaire can be found in Appendix H**.**

## PILOT STUDY

Prior to developing the final questionnaire, OPES prepared an online pilot questionnaire. The pilot questionnaire was reviewed by the Board and a group of eight RDAEF licensees for feedback about the technical accuracy of the task and knowledge statements, estimated time for completion, online navigation, and ease of use. OPES used this feedback to develop the final questionnaire.

# CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

## SAMPLING STRATEGY AND RESPONSE RATE

OPES developed a stratified random sample of RDAEF1 licensees (RDAEFs licensed before 2010) to participate in the OA. The RDAEF1 sample was stratified by years of practice and county of practice with oversampling of licensees licensed 0 to 5 years. The RDAEF2 sample consisted of 169 RDAEFs who were licensed under the 2010 requirements (or 100% of RDAEF2 licensees). The Board sent notification letters to a sample of 924 RDAEFs (out of 1,530 total licensees) inviting them to complete the questionnaire online. The online format allowed for several enhancements to the questionnaire and data collection process. As part of the questionnaire development, configuration, and analysis process, various criteria were established to ensure the integrity of the data.

A total of 191 RDAEFs, or 20.7% of the licensed RDAEFs in the sample, responded by accessing the Web-based questionnaire. The final sample size included in the data analysis was 144, or 15.6% of the population that was invited to complete the questionnaire. This response rate (15.6%) reflects two adjustments. First, data from respondents who indicated they were not currently licensed and practicing as RDAEFs in California were excluded from analysis. And second, the reconciliation process removed questionnaires containing incomplete and unresponsive data. The respondent sample is representative of the population of California RDAEFs based on the sample's demographic composition.

## DEMOGRAPHIC SUMMARY

Of the respondents included in the analysis, 26.4% had been practicing as an RDAEF for 5 years or less, 23.6% had been practicing between 6 and 10 years, 31.9% had been practicing between 11 and 20 years, and 17.4% had been practicing for more than 20 years (see Table 1).

As shown in Table 2, RDAEF1s made up 50% of the final sample and RDAEF2s made up 43% of the final sample. Ten respondents declined to answer this item. Of the RDAEF2s, approximately half received their RDAEF license before 2010 and half received their RDAEF license after 2010.

As shown in Table 10, respondents gained the majority of their work experience to become an RDA from the dentist (63.2%), a private career school (30.6%), a community college program (25.7%), or a university-level program (15.3%). As shown in Table 4, 41.7% of the respondents worked 0 to 5 years as an RDA before being licensed as an RDAEF with 29.9% of the respondents practicing 6 to 10 years as an RDA and 21.5% practicing 11 to 20 years as an RDA before being licensed as an RDAEF.

The respondents were also asked to indicate the primary work setting where they provide services as an RDAEF. Work in a solo dental practice was reported by 39.6% of the respondents, while 45.8% of the respondents reported working in a group dental practice (with two or more dentists), 3.5% reported working in specialty dental practice settings, and 2.8% indicated working in public health dentistry. The remaining respondents reported working in government (2.8%), dental school clinics (1.4%), or military settings (0.7%). None of the respondents reported working in a hospital setting (see Table 5).

As shown in Table 9, respondents generally worked as either the only RDAEF (63.2%) or with one other RDAEF (18.1%).

The respondents were also asked to indicate the type of dental practice in their primary work setting. General dentistry was reported by 88.2% of respondents, prosthodontic dentistry by 4.2%, and pedodontic dentistry by 2.1% (see Table 6).

As shown in Table 13, the respondents reported that, on average, 37.1% of their time was spent assisting the dentist at chairside, 14.6% of their time was spent on taking final impressions for permanent indirect restorations, 14.1% of their time was spent placing a retraction cord for impression procedures, and 18.6% of their time was spent either taking final impressions for toothborne prosthetic devices (9.6%) or conducting direct restoration-related work (9.0%).

The demographic information from the respondents can be found in Tables 1 through 14.

## CHANGES AND TRENDS IN DENTAL PROCEDURES

Based on the results of the initial focus group and practitioner interviews, specific dental procedures, either performed or assisted by RDAEFs, were included in the questionnaire to identify the extent to which possible trends were being seen in the workplace (radiography by x-ray or by digital sensor, for example). Respondents were asked to provide information regarding the extent to which the frequency of their performing the specific dental procedures had changed over the last two years and, based on their current practice, the extent to which the frequency of their performing these procedures was expected to change over the next five years. These results are summarized in Appendix E.

In addition, specific dental procedures performed by RDAEFs related to direct and indirect restorations were identified for inclusion in the questionnaire to identify the frequency with which they are currently being performed by practitioners. These questionnaire items focus on a specific procedure (fabricating provisional restorations, for example) and the teeth where the procedure may be employed (mandibular anterior, for example). The results allow for a comparison of the average frequency with which the dental procedures are applied to specific groups of teeth by the licensees. The results are summarized in Appendix F.

TABLE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS (RDAEF)

| Years | N | Percent |
|---|---|---|
| 0 to 5 years | 38 | 26.4 |
| 6 to 10 years | 34 | 23.6 |
| 11 to 20 years | 46 | 31.9 |
| More than 20 years | 25 | 17.4 |
| Missing | 1 | 0.7 |
| Total | 144 | 100 |

FIGURE 1 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS (RDAEF)

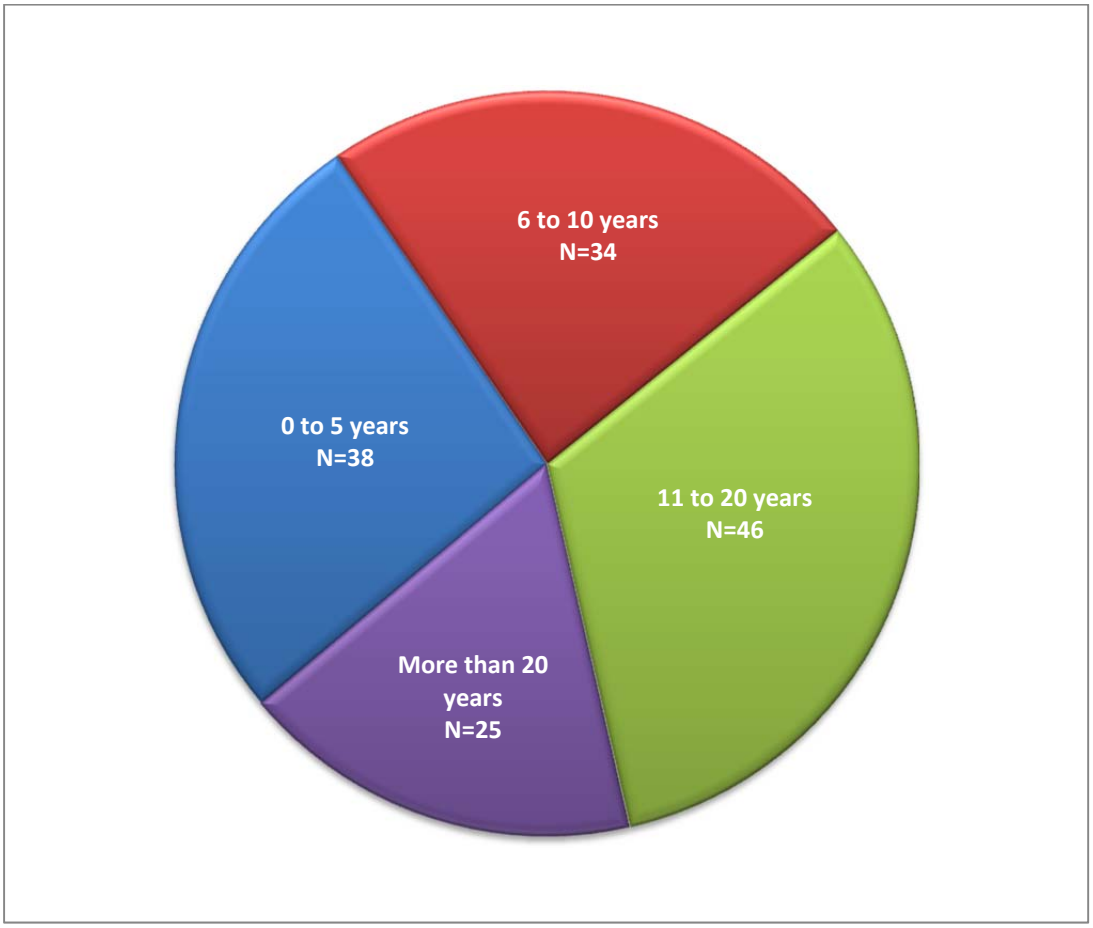


TABLE 2 – WHEN LICENSURE WAS OBTAINED AS AN RDAEF

| When Licensed | N | Percent |
|---|---|---|
| Prior to 2010, Currently RDAEF | 72 | 50.0 |
| Prior to 2010, Currently RDAEF2 | 32 | 22.2 |
| After 2010, Currently RDAEF2 | 30 | 20.8 |
| Missing | 10 | 6.9 |
| Total | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 2 – WHEN LICENSURE WAS OBTAINED AS AN RDAEF

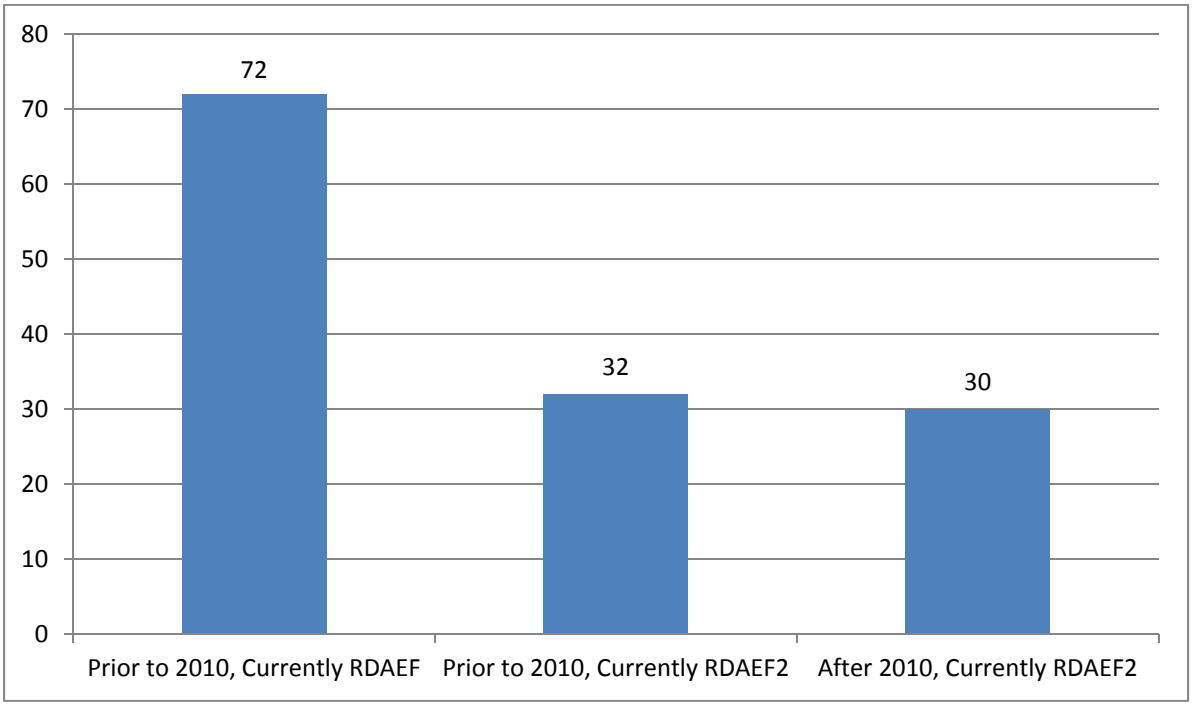


TABLE 3 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A DENTAL ASSISTANT BEFORE OBTAINING RDAEF LICENSURE

| Years | N | Percent |
|---|---|---|
| N/A, I worked as an intern | 23 | 16.0 |
| 0 to 11 months | 40 | 27.8 |
| 12 to 15 months | 22 | 15.3 |
| 16 months to 2 years | 32 | 22.2 |
| 3 to 5 years | 15 | 10.4 |
| 6 to 10 years | 6 | 4.2 |
| More than 10 years | 5 | 3.5 |
| Missing | 1 | 0.7 |
| Total | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 3 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS A DENTAL ASSISTANT BEFORE OBTAINING RDAEF LICENSURE

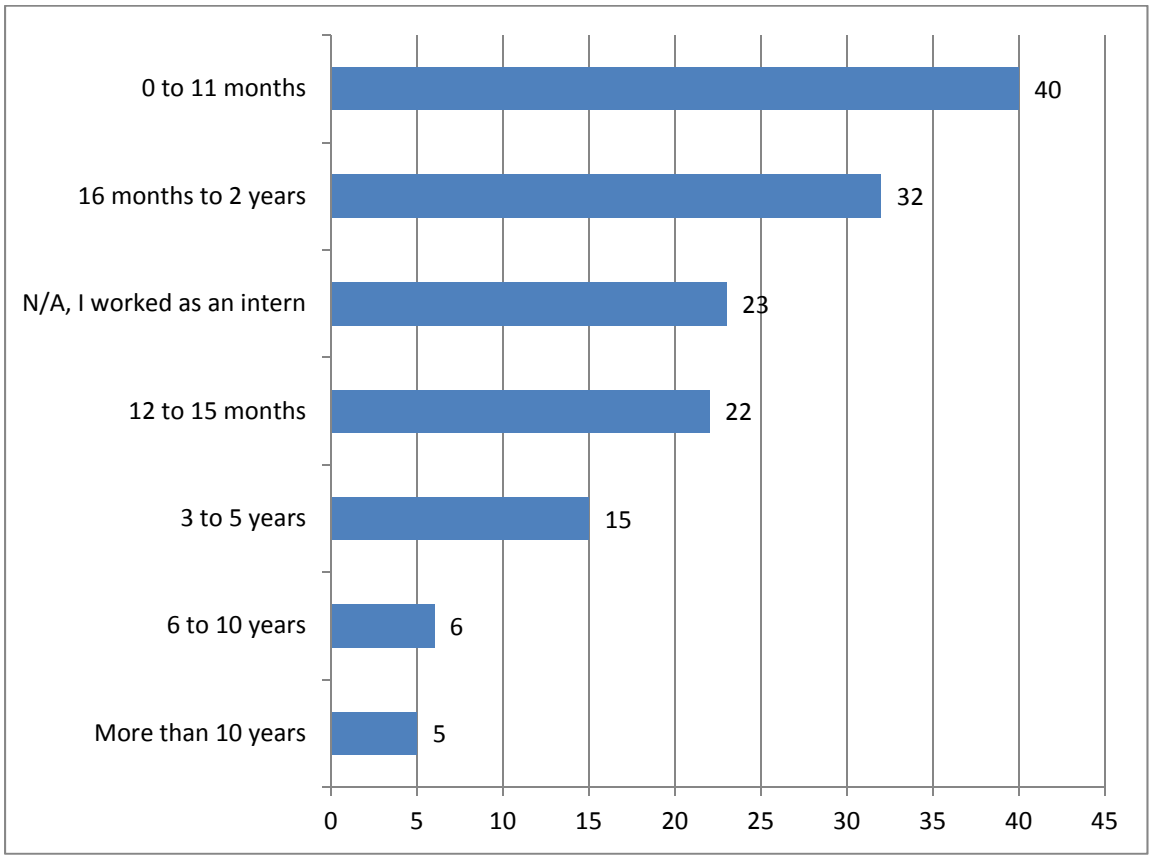


TABLE 4 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS AN RDA BEFORE OBTAINING RDAEF LICENSURE

| Years | N | Percent |
|---|---|---|
| 0 to 5 years | 60 | 41.7 |
| 6 to 10 years | 43 | 29.9 |
| 11 to 20 years | 31 | 21.5 |
| More than 20 years | 9 | 6.3 |
| Missing | 1 | 0.7 |
| Total | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 4 – NUMBER OF YEARS PRACTICING IN CALIFORNIA AS AN RDA BEFORE OBTAINING RDAEF LICENSURE

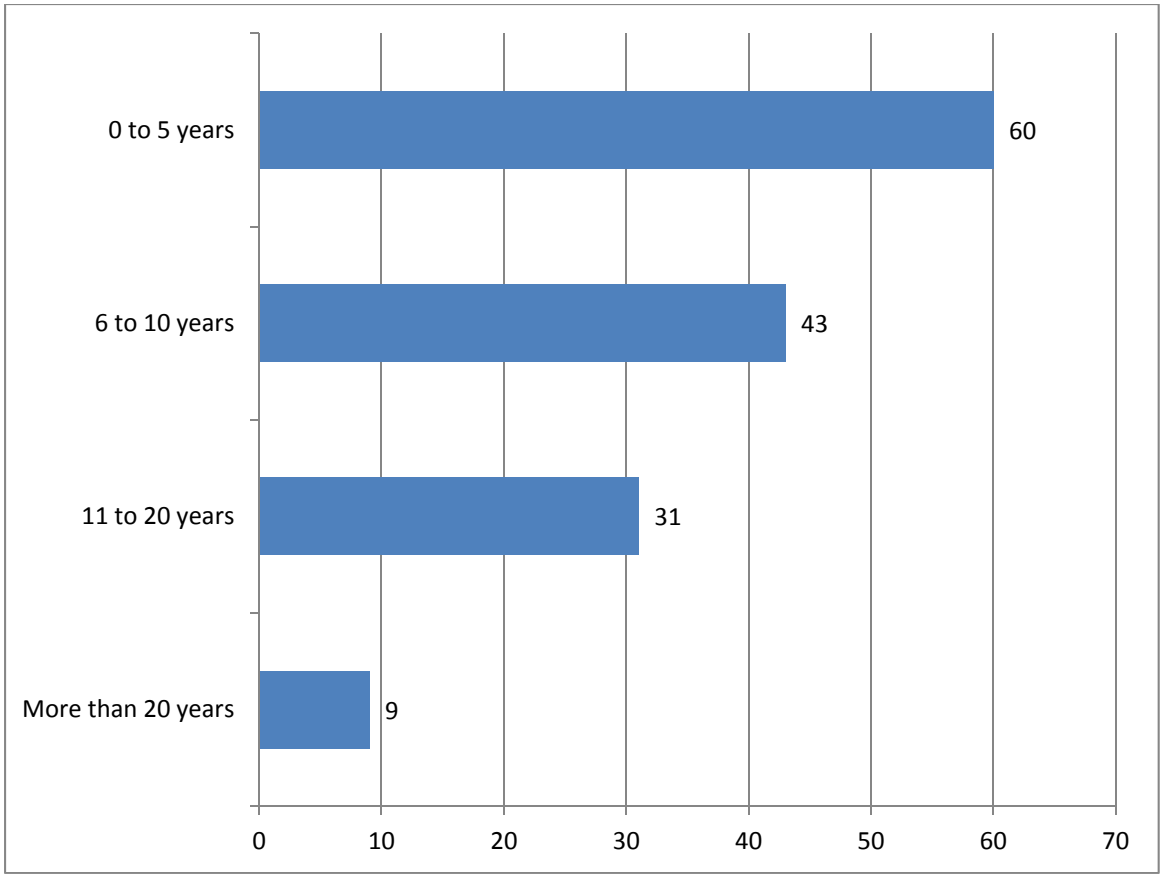


TABLE 5 – PRIMARY WORK SETTING

| Work Setting | N | Percent |
|---|---|---|
| Group dental practice (2 or more dentists) | 66 | 45.8 |
| Solo dental practice | 57 | 39.6 |
| Specialty dental practice<br>(oral/maxillofacial surgery, dentofacial orthopedics) | 5 | 3.5 |
| Government | 4 | 2.8 |
| Public health dentistry | 4 | 2.8 |
| Dental school clinic | 2 | 1.4 |
| Military | 1 | 0.7 |
| Missing | 5 | 3.5 |
| Total | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 5 – PRIMARY WORK SETTING

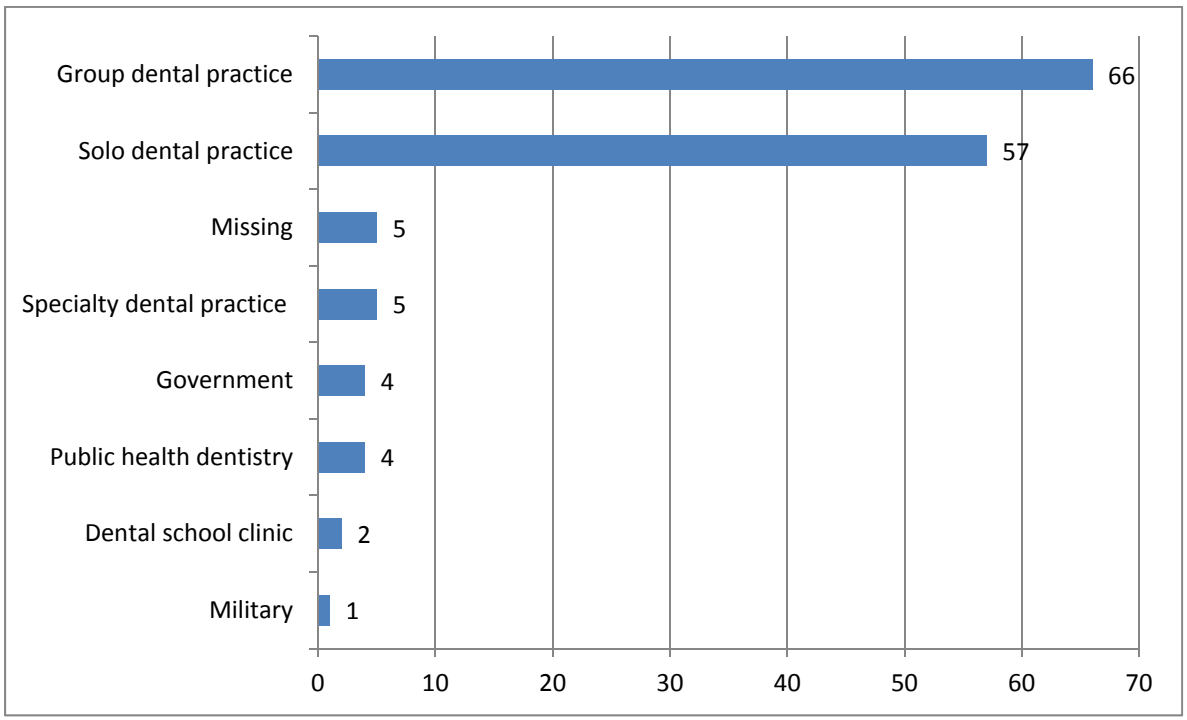


TABLE 6 – TYPE OF DENTAL PRACTICE IN PRIMARY WORK SETTING

| | N | Percent |
|---|---|---|
| General dentistry | 127 | 88.2 |
| Prosthodontic dentistry | 6 | 4.2 |
| Pedodontic dentistry | 3 | 2.1 |
| Periodontic dentistry | 1 | 0.7 |
| Orthodontic dentistry | 1 | 0.7 |
| Endodontic dentistry | 0 | 0 |
| Oral surgery | 0 | 0 |
| Missing | 6 | 4.2 |
| Total | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 6 – TYPE OF DENTAL PRACTICE IN PRIMARY WORK SETTING

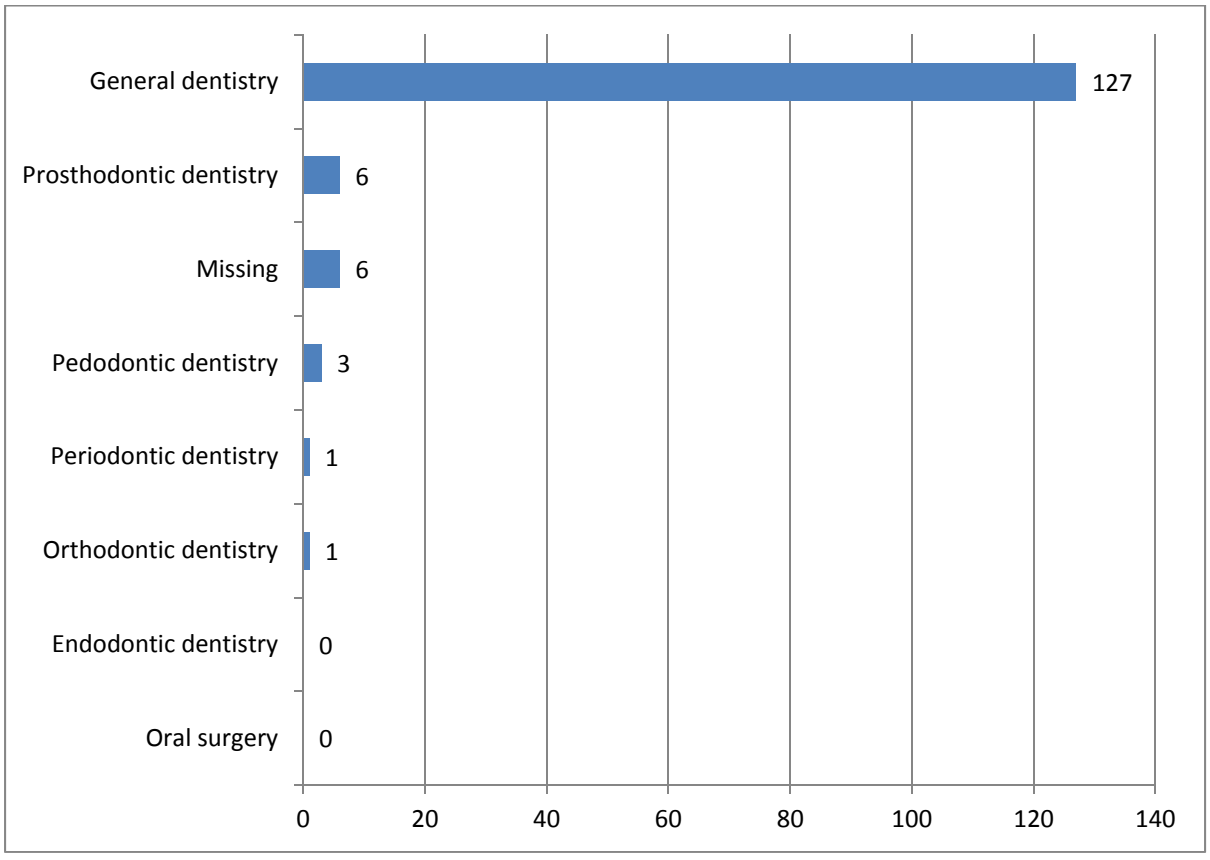


TABLE 7 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DA) IN PRIMARY WORK SETTING

| Number of Unlicensed DAs | N | Percent |
|---|---|---|
| None | 78 | 54.2 |
| 1 DA | 28 | 19.4 |
| 2 to 3 DAs | 26 | 18.1 |
| 4 to 5 DAs | 8 | 5.6 |
| More than 5 DAs | 4 | 2.8 |
| Total | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 7 – NUMBER OF UNLICENSED DENTAL ASSISTANTS (DA) IN PRIMARY WORK SETTING

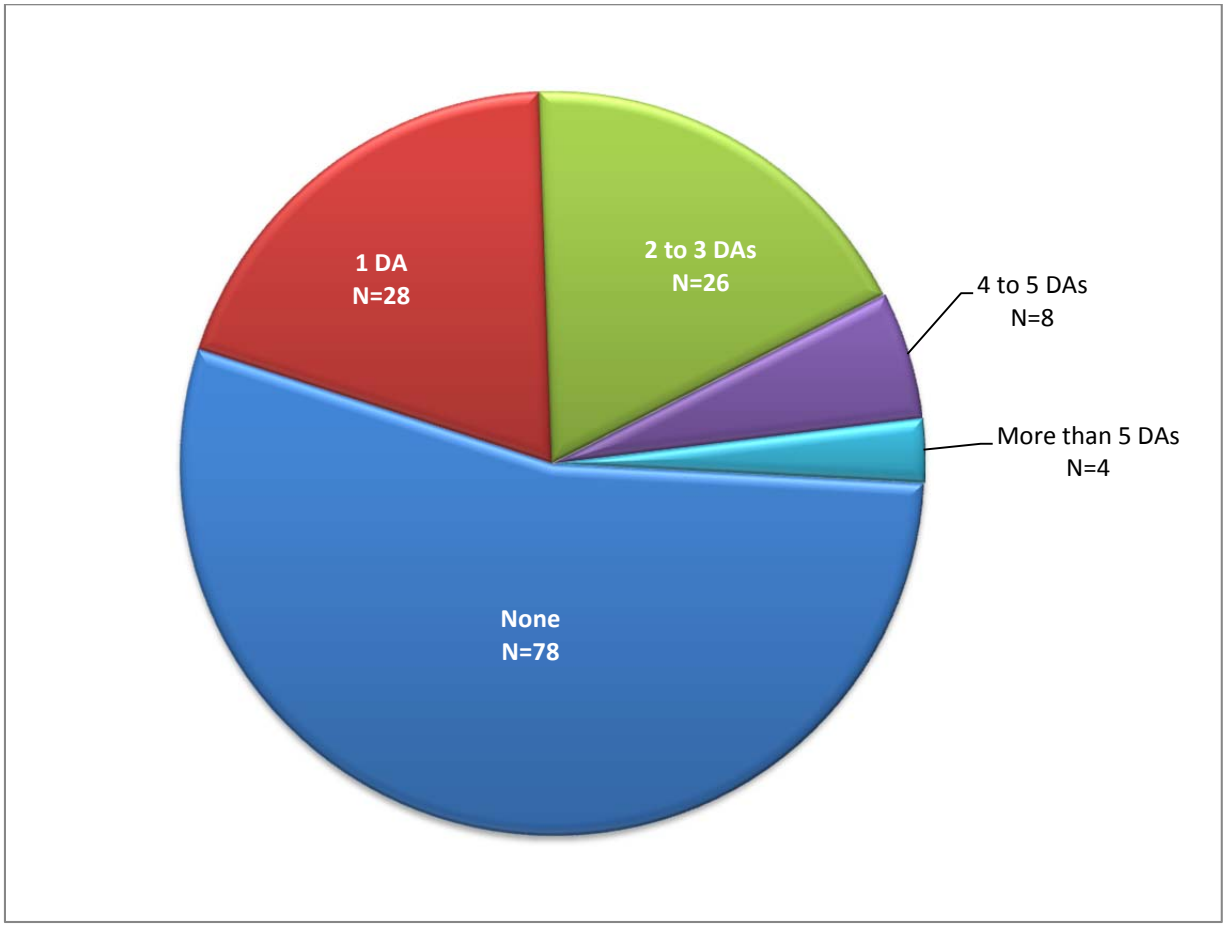


TABLE 8 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDA) IN PRIMARY WORK SETTING

| Number of RDAs | N | Percent |
|---|---|---|
| None | 21 | 14.6 |
| 1 RDA | 46 | 31.9 |
| 2 to 3 RDAs | 39 | 27.1 |
| 4 to 5 RDAs | 14 | 9.7 |
| More than 5 RDAs | 22 | 15.3 |
| Missing | 2 | 1.4 |
| Total | 144 | 100 |

FIGURE 8 – NUMBER OF REGISTERED DENTAL ASSISTANTS (RDA) IN PRIMARY WORK SETTING

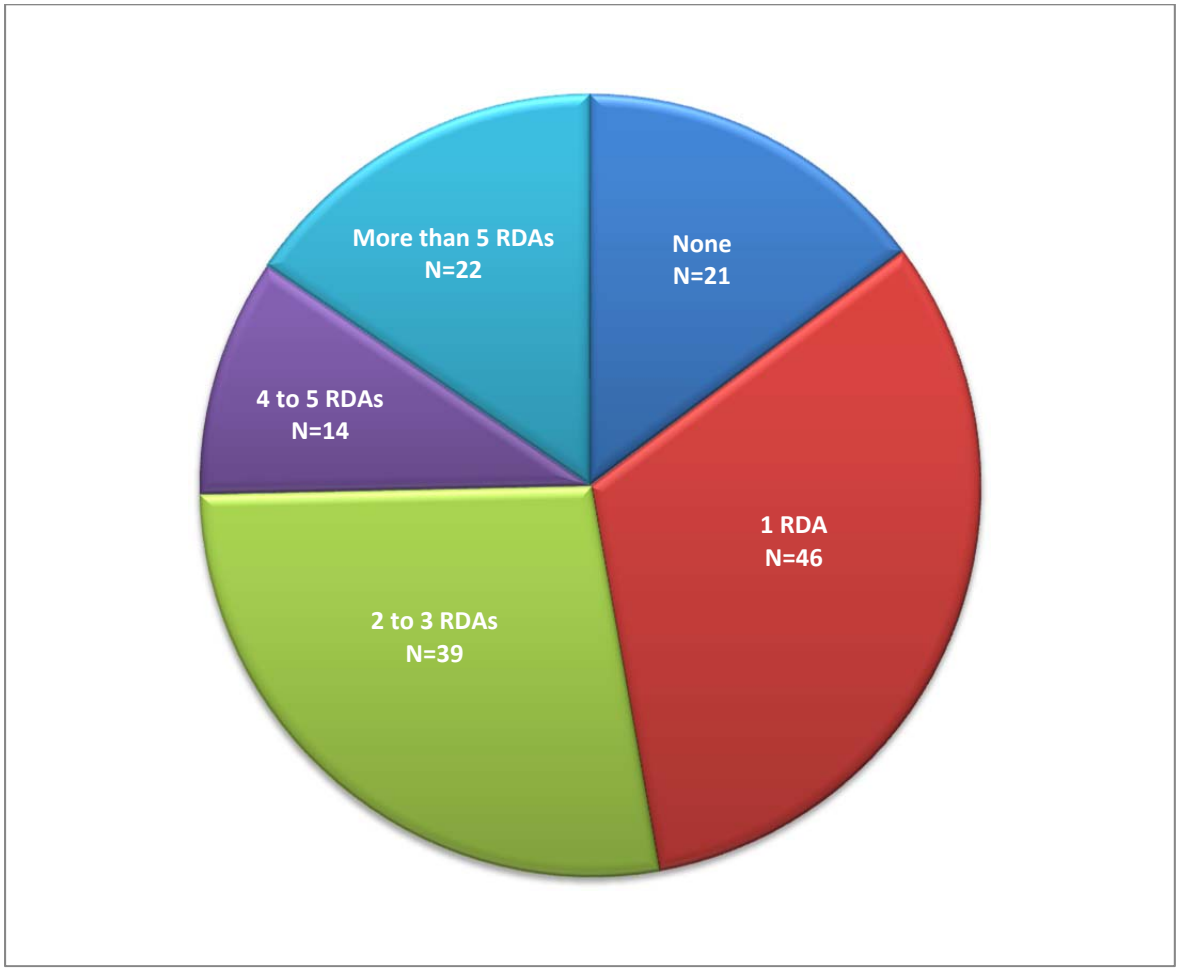
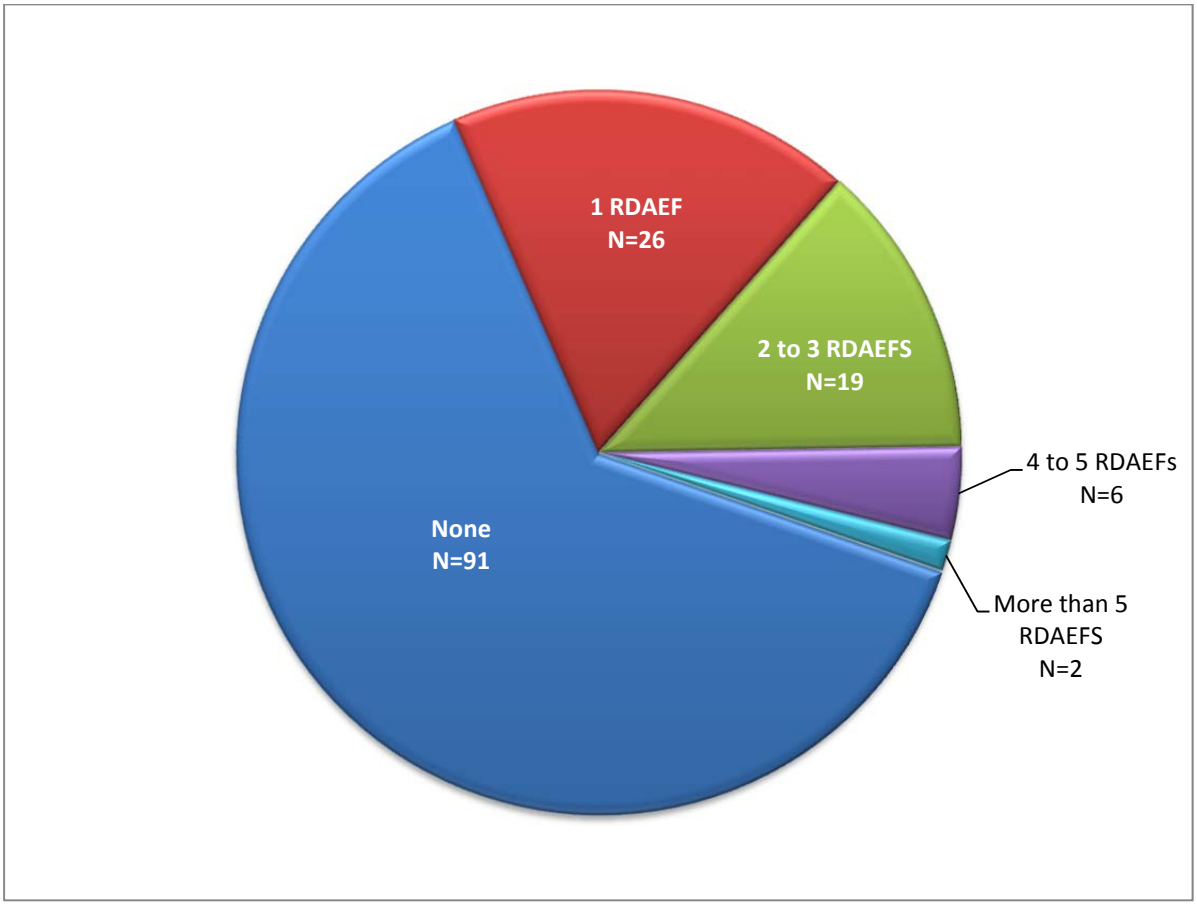


TABLE 9 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEF) IN PRIMARY WORK SETTING*

| Number of RDAEFs | N | Percent |
|---|---|---|
| None | 91 | 63.2 |
| 1 RDAEF | 26 | 18.1 |
| 2 to 3 RDAEFs | 19 | 13.2 |
| 4 to 5 RDAEFs | 6 | 4.2 |
| More than 5 RDAEFs | 2 | 1.4 |
| Total | 144 | 100** |

***NOTE: Percentages do not add to 100 due to rounding.*

FIGURE 9 – NUMBER OF REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS (RDAEF) IN PRIMARY WORK SETTING*




* Does not include respondent

TABLE 10 – SOURCE OF WORK EXPERIENCE TO BECOME A REGISTERED DENTAL ASSISTANT*

| Experience Source | Frequency | Percent |
|---|---|---|
| On the Job (OTJ) from dentist | 91 | 63.2 |
| Private career school | 44 | 30.6 |
| Community college program | 37 | 25.7 |
| University-level program | 22 | 15.3 |
| OTJ from experienced RDA/RDAEF | 11 | 7.6 |
| Private educational school | 8 | 5.6 |
| Community dental clinic | 2 | 1.4 |
| Online school or program | 2 | 1.4 |
| Military | 1 | 0.7 |

**NOTE: Respondents were asked to check no more than 3 options.*

FIGURE 10 – SOURCE OF WORK EXPERIENCE TO BECOME A REGISTERED DENTAL ASSISTANT

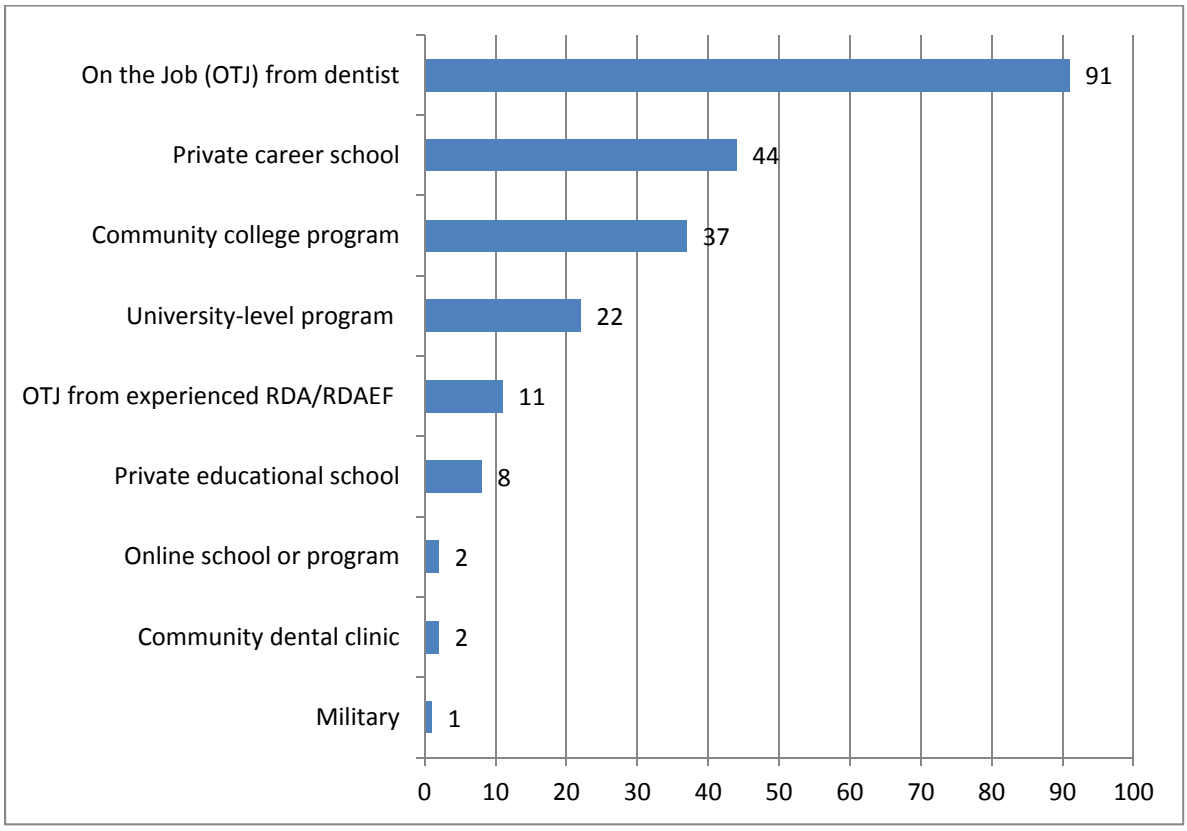


TABLE 11 – OTHER CERTIFICATES/CREDENTIALS POSSESSED

| Certificates / Credentials | N | Percent |
|---|---|---|
| Coronal Polishing Cert. | 143 | 99.3 |
| Pit & Fissure Sealants Cert. | 137 | 95.1 |
| Other | 113 | 78.5 |
| Ultrasonic Scaling Cert. | 45 | 31.3 |
| Orthodontic Asst. Permit | 11 | 7.6 |
| Dental Sedation Asst. Permit | 5 | 3.5 |

**NOTE: Respondents were asked to mark all that apply.*

FIGURE 11 – OTHER CERTIFICATES/CREDENTIALS POSSESSED

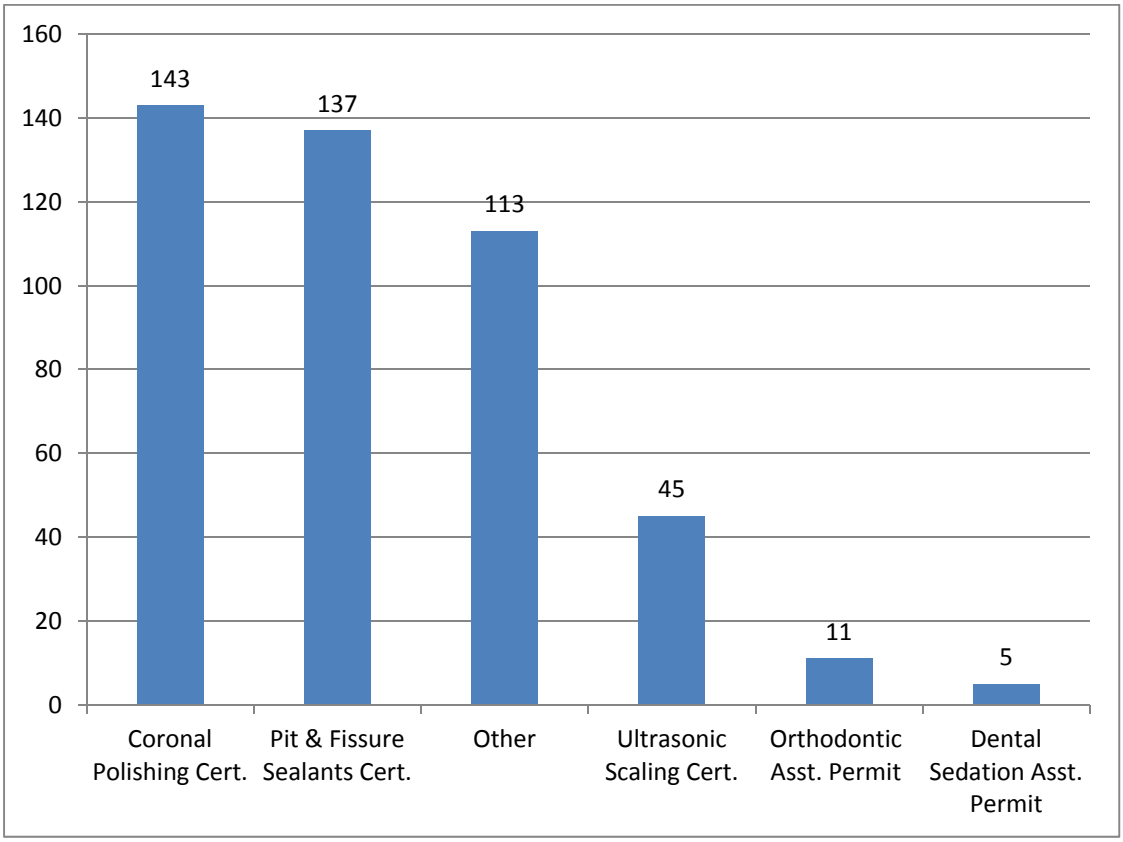


TABLE 12 – LOCATION OF PRIMARY WORK SETTING

| Location | N | Percent |
|---|---|---|
| Urban | 122 | 84.7 |
| Rural | 18 | 12.5 |
| Missing | 4 | 2.8 |
| Total | 144 | 100 |

FIGURE 12 – LOCATION OF PRIMARY WORK SETTING

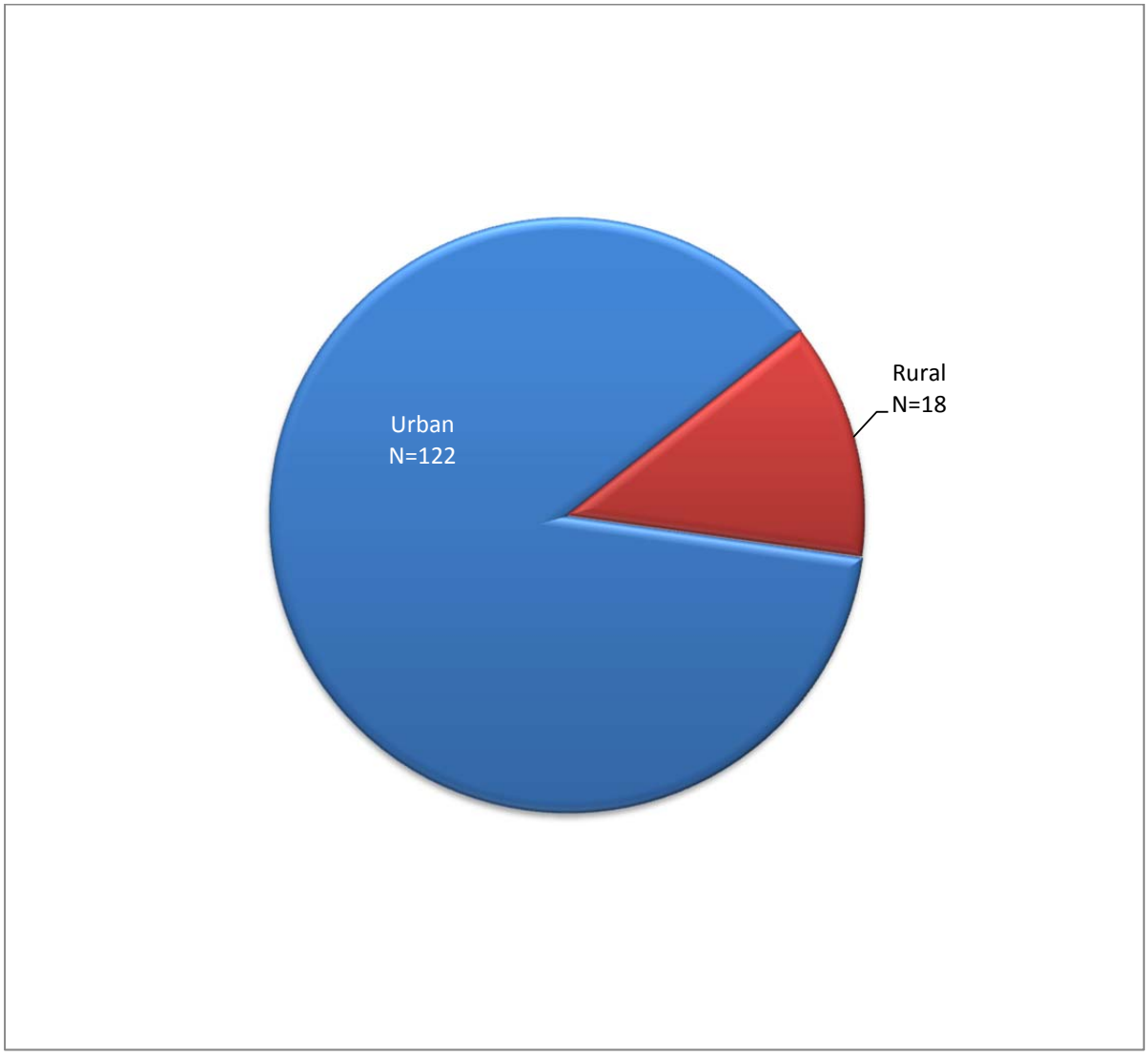


TABLE 13 –PERCENTAGE OF TIME SPENT ON PRINCIPAL WORK TASKS IN AN AVERAGE WEEK

| Work Task | Avg. Percent |
|---|---|
| Assisting the dentist in the administration of treatment at the chair side. | 37.1 |
| Taking final impressions for permanent indirect restorations. | 14.6 |
| Placing a retraction cord for impression procedures. | 14.1 |
| Taking final impressions for toothborne prosthetic appliances. | 9.6 |
| Conducting direct restoration related work. (EF2) | 9.0 |
| Cementing permanent indirect restorations. (EF2) | 7.0 |
| Performing preliminary adjustment of permanent indirect restorations. (EF2) | 5.6 |
| Working with endodontic master points and accessory points (select, size, fit, or seal). | 3.6 |
| Conducting preliminary myofunctional evaluation of the head and neck. (EF2) | 2.3 |

FIGURE 13 – PERCENTAGE OF TIME SPENT ON PRINCIPAL WORK TASKS IN AN AVERAGE WEEK

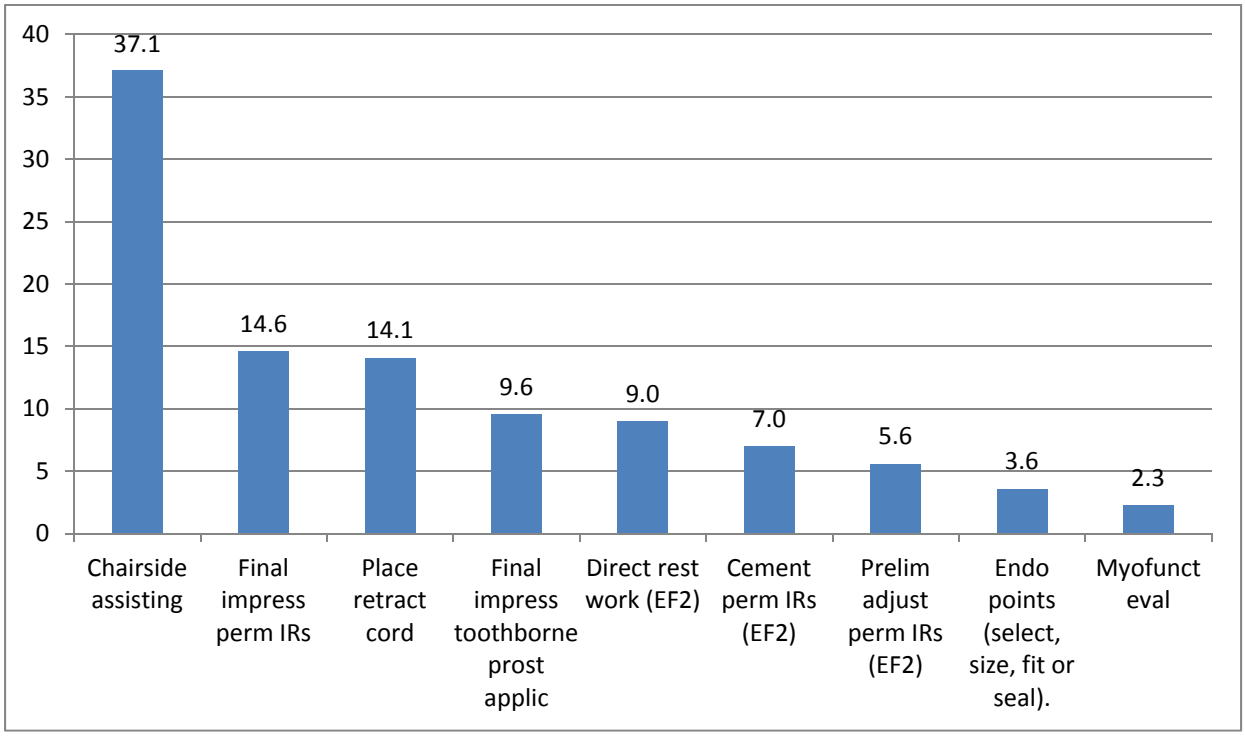


TABLE 14 – RESPONDENTS BY REGION*

| Region | Frequency | Percent |
|---|---|---|
| Los Angeles County and Vicinity | 38 | 26.4 |
| San Francisco Bay Area | 37 | 25.7 |
| San Joaquin Valley | 16 | 11.1 |
| Sacramento Valley | 18 | 12.5 |
| San Diego County and Vicinity | 8 | 5.6 |
| Shasta/Cascade | 1 | 0.7 |
| Riverside County and Vicinity | 7 | 4.9 |
| Sierra Mountain Valley | 10 | 6.9 |
| North Coast | 3 | 2.1 |
| South/Central Coast | 6 | 4.2 |
| Total | 144 | 100** |

**NOTE: Appendix A shows a more detailed breakdown of the frequencies by region.*
*** NOTE: Percentages do not add to 100 due to rounding.*

# CHAPTER 4. DATA ANALYSIS AND RESULTS

## RELIABILITY OF RATINGS

The job task and knowledge ratings obtained by the questionnaire were evaluated with a standard index of reliability called coefficient alpha (α) that ranges from 0 to 1. Coefficient alpha is an estimate of the internal-consistency of the respondents' ratings of job task and knowledge statements. Coefficients were calculated for all respondent ratings.

Table 15 displays the reliability coefficients for the task rating scales in each content area. The overall ratings of task frequency (α = .90) and task importance (α = .93) across content areas were highly reliable. Table 16 displays the reliability coefficients for the knowledge statements rating scale in each content area. The overall ratings of knowledge importance (α = .97) across content areas were highly reliable. These results indicate that the responding RDAEFs rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 15 – TASK SCALE RELIABILITY

| CONTENT AREA | Number of Tasks | α Frequency | α Importance |
|---|---|---|---|
| I. Patient Examination | 12 | .79 | .81 |
| II. Dental Procedures | 21 | .89 | .91 |
| III. Safety | 24 | .88 | .88 |
| IV. Dental Specialty Procedures | 9 | .83 | .90 |
| Total | 66 | .90 | .93 |

TABLE 16 – KNOWLEDGE SCALE RELIABILITY

| CONTENT AREA | Number of Knowledge Statements | α Importance |
|---|---|---|
| I. Patient Examination | 27 | .95 |
| II. Dental Procedures | 41 | .96 |
| III. Safety | 33 | .94 |
| IV. Dental Specialty Procedures | 14 | .94 |
| Total | 115 | .97 |

## TASK CRITICAL VALUES

Focus groups of licensed RDAEFs were convened at OPES in January and February 2016 to review the average frequency and importance ratings and the criticality indices of all task and knowledge statements. The purpose of these focus groups was to identify the essential tasks and knowledge required for safe and effective RDAEF practice at the time of licensure. The licensees reviewed the task frequency, importance, and criticality indices for all task statements.

In order to determine the critical values (criticality) of the task statements, the frequency rating (Fi) and the importance rating (Ii) for each task were multiplied for each respondent, and the products averaged across respondents.

*Critical task index = mean [(Fi) X (Ii)]*

The task statements were then ranked according to the tasks' critical values. The task statements, their mean frequency and importance ratings, and associated critical values are presented in Appendix B.

The January 2016 focus group of SMEs evaluated the tasks' critical values based on the questionnaire results. OPES staff instructed the SMEs to identify a cutoff value of criticality in order to determine if any tasks did not have a high enough critical value to be retained. The SMEs determined that no cutoff value should be set based on their judgment of the relative importance of all tasks to RDAEF practice. The February 2016 focus group of SMEs performed an independent review of the same data and arrived at the same conclusion that no cutoff value should be set and that all tasks should be retained.

## KNOWLEDGE IMPORTANCE RATINGS

In order to determine the importance of each knowledge, the mean importance (KImp) rating for each knowledge statement was calculated. The knowledge statements were then ranked according to mean importance. The knowledge statements and their importance ratings are presented in Appendix C.

The January 2016 focus group of SMEs that evaluated the task critical values also reviewed the knowledge statement importance values. After reviewing the average importance ratings and considering their relative importance to RDAEF practice, they determined that no cutoff value should be established, and all knowledge statements were retained. The February 2016 focus group of SMEs independently reviewed the same data and arrived at the same conclusion that no cutoff value should be set and that all knowledge statements should be retained.

# CHAPTER 5. EXAMINATION PLAN

## CONTENT AREAS AND WEIGHTS

The SMEs attending the January and February 2016 focus groups independently reviewed the tasks in each content area and identified those tasks that were descriptive of RDAEF practice. Each group of SMEs then identified the knowledge related to these tasks. The tasks and their related knowledge that were not descriptive of RDAEF practice were removed. Both groups of SMEs continued in this manner until all of the content areas had been reviewed. Once the second group of SMEs had completed this work, they were asked to review the results from the first group of SMEs and to reconcile any differences through discussion. This reconciliation process resulted in the task and knowledge statements that the SMEs thought best reflected RDAEF practice. The resulting content areas with their respective task and knowledge linkage form the examination outline for the RDAEF written examination. The examination outline is presented in Table 18.

In order for the February 2016 group of SMEs to determine the relative weights of the content areas of the RDAEF written examination, initial calculations were performed by dividing the sum of the task critical values for a content area by the overall sum of the task critical values for all tasks, as shown below.

$$\frac{\textit{Sum of Critical Values for Tasks in Content Area}}{\textit{Sum of Critical Values for All Tasks}} = \textit{Percent Weight of Content Area}$$

In reviewing the preliminary weights based solely on the task critical values, the SMEs determined that these weights did not reflect the relative importance of the content areas to RDAEF practice in California.

The SMEs were then presented with values based on the knowledge importance (KImp) ratings for each content area. These values were calculated by dividing the sum of the knowledge importance for a content area by the overall sum of the knowledge importance ratings for all knowledge, as shown below.

$$\frac{\textit{Sum of K(Imp) for Knowledge in Content Area}}{\textit{Sum of K(Imp) for All Knowledge}} = \textit{Percent Weight of Content Area}$$

In determining the final weighting of the content areas for the RDAEF written examination, the February 2016 group of SMEs reviewed the tasks and knowledge in each content area, the linkage between the tasks and knowledge, and the relative importance of the tasks and knowledge in each content area to RDAEF practice in California.

The final weights took into consideration where the majority of practice-related knowledge was located (Content Area I-Patient Treatment and Care and Content Area II-Dental Procedures: Direct and Indirect Restorations) as well as the fact that the

majority of knowledge statements in Content Area III-Dental Specialty Procedures was related to scope of practice while the knowledge in Content Areas I and II involved multiple areas of law and practice. As such, the SMEs gave heavier weighting to Content Areas I and II.

The final results of their evaluation are depicted in Table 17 below.

TABLE 17 – CONTENT AREA WEIGHTS – RDAEF WRITTEN EXAMINATION

| Content Area | Final Weights |
|---|---|
| I. Patient Treatment and Care | 40 |
| II. Dental Procedures: Direct and Indirect Restorations | 45 |
| III. Dental Specialty Procedures | 15 |
| Total | 100 |

TABLE 18 – EXAMINATION OUTLINE: REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS
WRITTEN EXAMINATION

**I. Patient Treatment and Care (40%):** This area assesses the candidate's ability to review the patient's dental health by assessing medical and dental history; to note and chart the oral cavity; and, to provide instruction regarding oral hygiene, preoperative care, and postoperative care.

| Task Statements | Knowledge Statements |
|---|---|
| 3 Inspect patient's oral condition with mouth mirror.<br>4 Chart existing oral conditions and diagnostic findings at the direction of the licensed provider.<br>7 Observe for signs and conditions that may indicate abuse or neglect.<br>11 Conduct preliminary myofunctional evaluation of the head and neck. (EF2)<br>12 Perform and complete Oral Health Assessments under the direction of a dentist, RDH, or RDHAP. (EF2) | 10 Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology.<br>11 Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fracture lines) and how to document them.<br>12 Knowledge of effects of substance abuse on patient's physical condition including oral tissues.<br>13 Knowledge of effects of nutrition and malnutrition on the oral cavity.<br>14 Knowledge of effects of smoking and smokeless tobacco on oral tissue.<br>17 Knowledge of legal requirements and ethical principles regarding patient confidentiality.<br>18 Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them.<br>19 Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation).<br>20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect).<br>22 Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules or regulations to the proper authorities. |

**I. Patient Treatment and Care** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| | 25 Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.<br>27 Knowledge of techniques and procedures for performing an extra-oral and intraoral examination of the hard and soft tissues to identify pathology and abnormalities. |

**II. Dental Procedures: Direct and Indirect Restorations (45%):** This area assesses the candidate's knowledge of materials, techniques, procedures, and scope of practice regarding direct and indirect restoration dental procedures.

| Task Statements | Knowledge Statements |
|---|---|
| 24 Place and contour direct restorations. (EF2)<br>25 Adjust, finish, and polish direct restorations. (EF2)<br>26 Perform preliminary adjustment of permanent indirect restorations prior to cementation. (EF2)<br>27 Cement permanent indirect restorations. (EF2)<br>28 Perform final adjustment of permanent indirect restorations after cementation. (EF2)<br>29 Take final impressions for permanent indirect restorations and toothborne removable prostheses. (EF 1/2)<br>30 Place retraction cord for impression procedures. | 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations.<br>52 Knowledge of RDA and RDAEF scopes of practice related to final impressions.<br>53 Knowledge of types of direct restorative materials and the techniques and procedures for their application, placement, and contouring.<br>54 Knowledge of techniques and procedures for adjusting, finishing, and polishing direct restorative materials.<br>55 Knowledge of techniques and procedures for identifying and adjusting occlusal, marginal, and contact discrepancies.<br>56 Knowledge of the types of luting agents and the techniques and procedures for applying them in the placement of permanent indirect restorations.<br>57 Knowledge of techniques and procedures for making final adjustment of permanent indirect restorations after cementation.<br>58 Knowledge of materials and techniques for taking final impressions.<br>59 Knowledge of techniques for gingival cord retraction, tissue management, and cord removal. |

**III: Dental Specialty Procedures (15%):** This area assesses the candidate's knowledge of materials, techniques, procedures, and scope of practice regarding dental specialty procedures.

| Task Statements | Knowledge Statements |
|---|---|
| **3A Dental Specialty Procedures: Endodontic Procedures** | |
| 60 Select, size, and fit endodontic master point and accessory points.<br>61 Seal endodontic master and accessory points. | 105 Knowledge of techniques and procedures for fitting master point and accessory points.<br>106 Knowledge of techniques and procedures for sealing endodontic master and accessory points.<br>107 Knowledge of scope of practice for RDA and RDAEFs related to endodontic points. |
| **3B Dental Specialty Procedures: Prosthetic Appliances** | |
| 72 Take final impressions for toothborne prosthetic appliances. | 119 Knowledge of materials and techniques for taking final impressions for toothborne prosthetic appliances. |

# CHAPTER 6. CONCLUSION

The occupational analysis of the Registered Dental Assistant in Extended Functions profession described in this report provides a comprehensive description of current practice in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent the practice of Registered Dental Assistants in Extended Functions. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the examination outline for the Registered Dental Assistant in Extended Functions written examination contained in this report, the Board ensures that its examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been completed in accordance with legal, professional, and technical standards.

# APPENDIX A. RESPONDENTS BY REGION

LOS ANGELES COUNTY AND VICINITY

| County of Practice | Frequency |
|---|---|
| Los Angeles | 26 |
| Orange | 12 |
| TOTAL | 38 |

SAN FRANCISCO BAY AREA

| County of Practice | Frequency |
|---|---|
| Alameda | 7 |
| Santa Clara | 9 |
| Contra Costa | 6 |
| Napa | 2 |
| San Mateo | 3 |
| Marin | 1 |
| Solano | 1 |
| San Francisco | 8 |
| TOTAL | 37 |

SAN JOAQUIN VALLEY

| County of Practice | Frequency |
|---|---|
| Fresno | 2 |
| Kings | 1 |
| Stanislaus | 4 |
| San Joaquin | 3 |
| Kern | 5 |
| Tulare | 1 |
| TOTAL | 16 |

SACRAMENTO VALLEY

| County of Practice | Frequency |
|---|---|
| Sacramento | 12 |
| Lake | 3 |
| Butte | 2 |
| Sutter | 1 |
| TOTAL | 18 |

SAN DIEGO COUNTY AND VICINITY

| County of Practice | Frequency |
|---|---|
| San Diego | 7 |
| Imperial | 1 |
| TOTAL | 8 |

SHASTA/CASCADE

| County of Practice | Frequency |
|---|---|
| Shasta | 1 |
| TOTAL | 1 |

RIVERSIDE COUNTY AND VICINITY

| County of Practice | Frequency |
|---|---|
| Riverside | 4 |
| San Bernardino | 3 |
| TOTAL | 7 |

SIERRA MOUNTAIN VALLEY

| County of Practice | Frequency |
|---|---|
| Placer | 7 |
| El Dorado | 1 |
| Amador | 1 |
| Mono | 1 |
| TOTAL | 10 |

NORTH COAST

| County of Practice | Frequency |
|---|---|
| Mendocino | 2 |
| Sonoma | 1 |
| TOTAL | 3 |

SOUTH/CENTRAL COAST

| County of Practice | Frequency |
|---|---|
| Monterey | 2 |
| Ventura | 4 |
| TOTAL | 6 |

COUNTY 2

| County of Practice | Frequency |
|---|---|
| Riverside | 1 |
| Sacramento | 1 |
| San Bernardino | 2 |
| San Diego | 1 |
| San Francisco | 2 |
| San Mateo | 2 |
| Santa Clara | 1 |
| Santa Cruz | 1 |
| Tehama | 1 |
| Ventura | 2 |
| TOTAL | 14 |

COUNTY 3

| County of Practice | Frequency |
|---|---|
| San Mateo | 1 |
| TOTAL | 1 |

# APPENDIX B. CRITICALITY INDICES FOR ALL TASKS

| CA | T# | Task Statement | Avg. TFreq | Avg. TImpt | TCV |
|---|---|---|---|---|---|
| 2A | 15 | Place temporary filling material. | 2.79 | 3.54 | 22.24 |
| 2A | 16 | Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations. | 3.01 | 3.92 | 20.62 |
| 2A | 19 | Perform cementation procedure for direct and indirect provisional restorations. | 3.54 | 4.24 | 20.48 |
| 2A | 18 | Fabricate and adjust direct and indirect provisional restorations. | 3.56 | 4.27 | 20.29 |
| 2A | 17 | Place bonding agent. | 2.96 | 4.05 | 19.71 |
| 2A | 14 | Place matrices and wedges. | 2.99 | 3.79 | 19.28 |
| 4G | 72 | Take final impressions for toothborne prosthetic appliances. | 2.60 | 3.90 | 18.35 |
| 1 | 10 | Instruct patient about pre- and postoperative care and maintenance for dental procedures and appliances. | 4.56 | 4.45 | 18.23 |
| 1 | 9 | Educate patient about behaviors that could affect oral health or dental treatment. | 4.40 | 4.41 | 18.13 |
| 1 | 1 | Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment. | 3.99 | 4.36 | 18.01 |
| 1 | 11 | Conduct preliminary myofunctional evaluation of the head and neck. | 1.73 | 3.35 | 17.82 |
| 3A | 41 | Conduct biological spore testing to ensure functioning of sterilization devices. | 4.13 | 4.83 | 17.19 |
| 4A | 59 | Dry canals with absorbent points. | 1.06 | 3.66 | 16.9 |
| 4A | 58 | Test pulp vitality. | 0.95 | 3.38 | 16.69 |
| 1 | 8 | Perform dental procedures using professional chairside manner. | 4.70 | 4.66 | 16.62 |
| 3A | 36 | Use germicides for surface disinfection (e.g., tables, chairs, counters). | 4.72 | 4.85 | 15.82 |
| 1 | 7 | Observe for signs and conditions that may indicate abuse or neglect. | 3.23 | 4.08 | 15.76 |
| 3A | 35 | Purge dental unit lines with air or water prior to attachment of devices. | 4.16 | 4.58 | 15.72 |
| 3A | 37 | Use surface barriers for prevention of cross-contamination. | 4.74 | 4.86 | 15.6 |
| 1 | 2 | Take patient’s blood pressure and vital signs. | 3.46 | 4.16 | 15.38 |
| 1 | 3 | Inspect patient’s oral condition with mouth mirror. | 3.17 | 3.90 | 15.31 |
| 1 | 6 | Respond to patient questions about existing conditions and treatment following dentist’s diagnosis. | 4.14 | 4.26 | 14.74 |
| 3A | 34 | Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks. | 4.77 | 4.84 | 14.6 |
| 3A | 40 | Use hand hygiene procedures. | 4.41 | 4.82 | 14.58 |

CA: Content Area

| CA | T# | Task Statement | Avg. TFreq | Avg. TImpt | TCV |
|---|---|---|---|---|---|
| 3D | 57 | Store, label, and log chemicals used in a dental practice. | 3.36 | 4.47 | 14.35 |
| 3A | 42 | Dispose of biological hazardous waste and Other Potentially Infectious Materials (OPIM). | 4.07 | 4.76 | 14.21 |
| 2A | 13 | Place bases and liners. | 1.97 | 3.35 | 13.91 |
| 1 | 12 | Perform and complete Oral Health Assessments under the direction of a dentist, RDH, or RDHAP. | 2.02 | 3.52 | 13.83 |
| 1 | 4 | Chart existing oral conditions and diagnostic findings at the direction of the licensed provider. | 3.70 | 4.02 | 13.34 |
| 1 | 5 | Perform intraoral diagnostic imaging of patient's mouth and dentition (e.g., radiographs, photographs, CT scans). | 4.04 | 4.37 | 13.19 |
| 2C | 33 | Prepare teeth and apply pit and fissure sealants. | 2.95 | 3.84 | 13.19 |
| 3A | 43 | Dispose of pharmaceuticals and sharps in appropriate container. | 4.52 | 4.88 | 13.02 |
| 2C | 31 | Perform coronal polishing. | 2.84 | 3.51 | 12.81 |
| 2C | 32 | Utilize caries detection materials and devices to gather information for dentist. | 1.50 | 3.27 | 12.63 |
| 2B | 27 | Cement permanent indirect restorations. | 2.04 | 4.29 | 12.54 |
| 4B | 60 | Select, size, and fit endodontic master point and accessory points. | 0.74 | 3.77 | 12.33 |
| 3D | 56 | Package, prepare, and store hazardous waste for disposal. | 3.19 | 4.52 | 12.31 |
| 4F | 71 | Adjust prosthetic appliances extraorally. | 1.81 | 3.59 | 12.25 |
| 2B | 26 | Perform preliminary adjustment of permanent indirect restorations prior to cementation. | 2.40 | 4.08 | 11.26 |
| 2B | 30 | Place retraction cord for impression procedures. | 3.73 | 4.33 | 11.19 |
| 4B | 61 | Seal endodontic master and accessory points. | 0.63 | 3.67 | 11.04 |
| 2B | 28 | Perform final adjustment of permanent indirect restorations after cementation. | 1.76 | 3.97 | 11.02 |
| 3C | 50 | Implement basic life support and/or use of AED as indicated during medical emergency. | 1.40 | 4.66 | 10.81 |
| 2B | 29 | Take final impressions for permanent indirect restorations and toothborne removable prostheses. | 3.13 | 4.31 | 10.73 |
| 3C | 51 | Assist in emergency care of patient. | 1.78 | 4.51 | 10.61 |
| 3C | 48 | Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist. | 2.31 | 4.13 | 10.57 |
| 3C | 49 | Assist in the administration of oxygen to patients as instructed by dentist. | 2.15 | 4.20 | 10.44 |
| 3B | 47 | Implement measures for the storage and disposal of radiographic film. | 1.60 | 4.53 | 9.65 |
| 4E | 70 | Place and remove dry socket dressing as directed by dentist. | 0.76 | 3.61 | 9.3 |

| CA | T# | Task Statement | Avg. TFreq | Avg. TImpt | TCV |
|---|---|---|---|---|---|
| 3C | 53 | Implement emergency preparedness protocols as per office procedures. | 2.98 | 4.51 | 9.13 |
| 3C | 52 | Implement first aid and BLS measures to support patient care. | 1.65 | 4.53 | 9.07 |
| 3A | 39 | Disinfect and sterilize laboratory and operatory equipment in compliance with the office's infection control program. | 4.60 | 4.79 | 8.3 |
| 2A | 23 | Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence). | 1.94 | 3.16 | 7.94 |
| 3C | 54 | Follow infection control procedures during the administration of first aid and basic life support. | 2.75 | 4.66 | 7.84 |
| 3A | 38 | Perform instrument sterilization in compliance with the office's infection control program. | 4.44 | 4.81 | 7.82 |
| 2A | 20 | Obtain intraoral images using computer generated imaging system (e.g., CADCAM). | 1.94 | 4.07 | 7.65 |
| 3D | 55 | Implement protocols and procedures to protect operator from exposure during hazardous waste management. | 3.58 | 4.56 | 7.62 |
| 2B | 25 | Adjust, finish, and polish direct restorations. | 2.28 | 4.27 | 7.5 |
| 3B | 44 | Implement measures to minimize radiation exposure to patient during radiographic procedures. | 4.56 | 4.76 | 7.23 |
| 2A | 22 | Remove indirect provisional restorations. | 3.25 | 3.82 | 6.97 |
| 2B | 24 | Place and contour direct restorations. | 2.10 | 4.36 | 6.66 |
| 3B | 45 | Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures. | 4.38 | 4.75 | 6.64 |
| 2A | 21 | Take impressions for direct and indirect provisional restorations. | 3.82 | 4.23 | 6.39 |
| 3B | 46 | Implement measures for the storage and maintenance of radiation protective barriers and portable X-Ray units. | 3.58 | 4.60 | 5.34 |
| 4E | 69 | Remove post-extraction and post-surgery sutures as directed by dentist. | 1.59 | 3.41 | 5.3 |
| 4C | 62 | Place periodontal dressings at surgical site. | 0.45 | 3.41 | 5.2 |

# APPENDIX C. KNOWLEDGE IMPORTANCE RATINGS

| CA | K# | Knowledge Statement | Avg. KImpt. |
|---|---|---|---|
| 1 | 3 | Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine). | 4.73 |
| 1 | 6 | Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves). | 4.70 |
| 3C | 96 | Knowledge of the equipment used for first aid and BLS and their uses and applications (e.g., eyewash station, AED). | 4.70 |
| 3A | 70 | Knowledge of procedures and protocols for management and disposal of pharmaceuticals and sharps. | 4.69 |
| 3C | 93 | Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures. | 4.69 |
| 3C | 97 | Knowledge of measures for preventing spread of infection during first aid and BLS. | 4.68 |
| 3A | 71 | Knowledge of methods and procedures for the handling, use, cleaning, and disposal of personal protective equipment (e.g., gloves, masks, goggles, gown). | 4.67 |
| 1 | 5 | Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. | 4.66 |
| 3A | 69 | Knowledge of laws and regulations pertaining to infection control procedures related to “Dental Healthcare Personnel” (DHCP) environments. | 4.65 |
| 3A | 84 | Knowledge of procedures and protocols for the disposal of biological hazardous waste and Other Potentially Infectious Materials (OPIM). | 4.65 |
| 3A | 76 | Knowledge of procedures and protocols for the disinfection/decontamination of surfaces and work areas. | 4.63 |
| 3A | 81 | Knowledge of procedures for handling, disinfecting, and sterilizing detachable intraoral handpieces, instruments, and devices. | 4.62 |
| 2B | 59 | Knowledge of techniques for gingival cord retraction, tissue management, and cord removal. | 4.61 |
| 3A | 79 | Knowledge of types of sterilization devices and the indications and procedures for their use (e.g., steam and dry heat automated sterilization devices). | 4.61 |
| 3A | 80 | Knowledge of procedures for the disinfection and sterilization of laboratory equipment, operatory equipment, and mechanical devices. | 4.61 |
| 3C | 95 | Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry. | 4.61 |
| 2B | 58 | Knowledge of materials and techniques for taking final impressions. | 4.60 |
| 2A | 36 | Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. | 4.59 |
| 3A | 78 | Knowledge of what defines critical, semi-critical and non-critical instruments and their respective disinfection/sterilization protocols. | 4.59 |

CA: Content Area

| CA | K# | Knowledge Statement | Avg. KImpt. |
|---|---|---|---|
| 3A | 82 | Knowledge of protocols and procedures for hand hygiene. | 4.59 |
| 3A | 73 | Knowledge of procedures and protocols for the use of surface barriers to prevent contamination. | 4.58 |
| 3A | 77 | Knowledge of the methods and procedures for the application and disposal of low-level, intermediate-level and high-level disinfectants and germicides. | 4.58 |
| 2A | 35 | Knowledge of techniques used to eliminate open margins when placing restorative materials. | 4.56 |
| 3A | 83 | Knowledge of protocols for using biological spore test and heat indicating devices. | 4.56 |
| 3A | 74 | Knowledge of protocols and procedures for purging dental unit waterlines and handpieces (DUWL). | 4.55 |
| 3C | 94 | Knowledge of procedures for implementing protocols for responding to office and environmental emergencies. | 4.54 |
| 1 | 4 | Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics). | 4.53 |
| 2A | 37 | Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. | 4.53 |
| 3C | 91 | Knowledge of the applications and contraindications for use of oxygen and nitrous oxide/oxygen in a dental practice setting. | 4.53 |
| 2A | 52 | Knowledge of RDA and RDAEF scopes of practice related to final impressions. | 4.52 |
| 1 | 7 | Knowledge of acceptable levels of blood pressure for performing dental procedures. | 4.51 |
| 3A | 72 | Knowledge of sequence for donning and removing personal protective equipment. | 4.51 |
| 3B | 85 | Knowledge of methods and procedures for the use and care of protective barriers (e.g., lead apron, thyroid collar, shield) to protect patient from radiation exposure. | 4.51 |
| 2A | 34 | Knowledge of irregularities in margins that affect direct and indirect provisional restorations. | 4.50 |
| 2A | 50 | Knowledge of RDA and RDAEF scopes of practice related to direct restorations. | 4.50 |
| 1 | 25 | Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures. | 4.49 |
| 3C | 92 | Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen. | 4.49 |
| 2A | 51 | Knowledge of RDA and RDAEF scopes of practice related to indirect restorations. | 4.48 |

| CA | K# | Knowledge Statement | Avg. KImpt. |
|---|---|---|---|
| 1 | 22 | Knowledge of the RDA/RDAEFs legal and ethical responsibilities to report violations of the state dental practice act, administrative rules, or regulations to the proper authorities. | 4.47 |
| 1 | 2 | Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes). | 4.45 |
| 1 | 8 | Knowledge of methods and techniques for using medical equipment to take vital signs. | 4.45 |
| 1 | 17 | Knowledge of legal requirements and ethical principles regarding patient confidentiality. | 4.44 |
| 3D | 99 | Knowledge of what constitutes hazardous waste and the protocols and procedures for its disposal. | 4.44 |
| 2A | 32 | Knowledge of types of bonding agents and the techniques and procedures for their application and placement. | 4.43 |
| 2A | 41 | Knowledge of types of impression materials and techniques and procedures for their application and placement. | 4.43 |
| 2A | 33 | Knowledge of types of etchants and the techniques and procedures for their application and placement. | 4.42 |
| 2A | 43 | Knowledge of techniques and procedures for bonding provisional veneers. | 4.42 |
| 2B | 53 | Knowledge of types of direct restorative materials and the techniques and procedures for their application, placement, and contouring. | 4.41 |
| 2B | 55 | Knowledge of techniques and procedures for identifying and adjusting occlusal, marginal, and contact discrepancies. | 4.41 |
| 1 | 19 | Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation). | 4.40 |
| 3A | 75 | Knowledge of procedures for managing self-contained water systems. | 4.40 |
| 2A | 46 | Knowledge of indications and contraindications for the use of etching agents. | 4.39 |
| 1 | 24 | Knowledge of pre- and postoperative care and maintenance for dental procedures and appliances. | 4.38 |
| 1 | 26 | Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. | 4.38 |
| 2A | 45 | Knowledge of indications and contraindications for the use of bonding agents. | 4.38 |
| 2A | 48 | Knowledge of types of cements and the techniques and procedures for their application, placement, and removal. | 4.38 |
| 2B | 54 | Knowledge of techniques and procedures for adjusting, finishing, and polishing direct restorative materials. | 4.38 |
| 1 | 21 | Knowledge of techniques to provide patient comfort during intraoral procedures. | 4.37 |

| CA | K# | Knowledge Statement | Avg. KImpt. |
|---|---|---|---|
| 2B | 56 | Knowledge of the types of luting agents and the techniques and procedures for applying them in the placement of permanent indirect restorations. | 4.35 |
| 2B | 57 | Knowledge of techniques and procedures for making final adjustment of permanent indirect restorations after cementation. | 4.35 |
| 2C | 67 | Knowledge of types of pit and fissure sealants and the techniques and procedures for their application. | 4.35 |
| 3B | 88 | Knowledge of techniques and procedures for minimizing exposure to self and others during radiation procedures. | 4.35 |
| 3D | 98 | Knowledge of location within Safety Data Sheets of safe handling and emergency protocols for hazardous substances. | 4.35 |
| 1 | 23 | Knowledge of methods and techniques patients can perform to improve oral health. | 4.34 |
| 2C | 65 | Knowledge of procedures for preparing the tooth for the application of pit and fissure sealants. | 4.34 |
| 3D | 101 | Knowledge of requirements for placing hazardous substances in secondary containers, (e.g., labeling, handling, applicable containers). | 4.34 |
| 3B | 86 | Knowledge of types of film holding devices and placement to minimize multiple exposures during radiography. | 4.33 |
| 3B | 89 | Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety. | 4.33 |
| 2A | 38 | Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations. | 4.32 |
| 2A | 49 | Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents. | 4.32 |
| 2A | 31 | Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them. | 4.31 |
| 2A | 39 | Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents. | 4.31 |
| 1 | 11 | Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fracture lines) and how to document them. | 4.30 |
| 2A | 44 | Knowledge of indications and contraindications for the use of whitening (bleaching) agents. | 4.30 |
| 4G | 119 | Knowledge of materials and techniques for taking final impressions for toothborne prosthetic appliances. | 4.29 |
| 1 | 16 | Knowledge of professional and ethical principles regarding patient care. | 4.28 |
| 2C | 66 | Knowledge of indications and contraindications for use of pit and fissure sealants. | 4.27 |
| 1 | 15 | Knowledge of the professional and ethical principles related to communicating with and fair treatment of patient. | 4.25 |

| CA | K# | Knowledge Statement | Avg. KImpt. |
|---|---|---|---|
| 2A | 28 | Knowledge of types of base and liner materials and the techniques and procedures for their application and placement. | 4.25 |
| 2A | 42 | Knowledge of techniques and procedures used to mix and place provisional materials. | 4.25 |
| 1 | 1 | Knowledge of effects of coexisting medical/dental conditions on dental treatment. | 4.24 |
| 1 | 9 | Knowledge of techniques and procedures for using imaging equipment to perform intraoral and extraoral diagnostic imaging. | 4.24 |
| 1 | 18 | Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them. | 4.23 |
| 1 | 20 | Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). | 4.23 |
| 3D | 100 | Knowledge of methods for maintaining a chemical inventory. | 4.23 |
| 2C | 60 | Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants. | 4.22 |
| 2C | 62 | Knowledge of techniques and procedures for coronal polishing. | 4.22 |
| 2A | 30 | Knowledge of techniques and procedures for using matrix bands with or without band retainers. | 4.21 |
| 1 | 12 | Knowledge of effects of substance abuse on patient's physical condition including oral tissues. | 4.18 |
| 2A | 29 | Knowledge of types of wedges and the techniques and procedures for their use. | 4.18 |
| 2A | 47 | Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application. | 4.17 |
| 3B | 87 | Knowledge of factors of radiographic film speed, digital sensors, phosphor plates, and exposure time as related to radiographic safety. | 4.16 |
| 2A | 40 | Knowledge of equipment and procedures used to obtain intraoral images for computer-aided, milled restorations. | 4.15 |
| 1 | 27 | Knowledge of techniques and procedures for performing an extra-oral and intraoral examination of the hard and soft tissues to identify pathology and abnormalities. | 4.14 |
| 2C | 61 | Knowledge of indications and contraindications for performing coronal polishing. | 4.13 |
| 3B | 90 | Knowledge of methods for the storage and disposal of radiographic film. | 4.13 |
| 1 | 14 | Knowledge of effects of smoking and smokeless tobacco on oral tissue. | 4.11 |
| 4F | 118 | Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extraoral prosthetic appliances. | 4.06 |
| 4F | 117 | Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances. | 3.98 |

| CA | K# | Knowledge Statement | Avg. KImpt. |
|---|---|---|---|
| 4F | 116 | Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances. | 3.97 |
| 1 | 13 | Knowledge of effects of nutrition and malnutrition on the oral cavity. | 3.96 |
| 4E | 115 | Knowledge of methods for treating dry socket. | 3.92 |
| 4E | 114 | Knowledge of techniques for removing post-extraction and post-surgery sutures. | 3.91 |
| 2C | 68 | Knowledge of scope of practice for RDAs related to use of caries detection devices and materials. | 3.90 |
| 1 | 10 | Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology. | 3.86 |
| 2C | 63 | Knowledge of types of disclosing agents used in conjunction with coronal polishing. | 3.83 |
| 4A | 102 | Knowledge of techniques and procedures for testing pulp vitality. | 3.73 |
| 2C | 64 | Knowledge of types of automated caries detection devices, materials, and procedures for their use. | 3.70 |
| 4A | 103 | Knowledge of techniques and procedures for measuring canal length and size. | 3.66 |
| 4B | 105 | Knowledge of techniques and procedures for fitting master point and accessory points. | 3.64 |
| 4B | 106 | Knowledge of techniques and procedures for sealing endodontic master and accessory points. | 3.63 |
| 4B | 107 | Knowledge of scope of practice for RDA and RDAEFs related to endodontic points. | 3.63 |
| 4C | 108 | Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials. | 3.55 |
| 4C | 109 | Knowledge of types of periodontal dressings and techniques for their application. | 3.54 |
| 4A | 104 | Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures. | 3.53 |

# APPENDIX D. TASK-KNOWLEDGE LINKAGE
# RDAEF WRITTEN EXAMINATION

**RDAEF GENERAL KNOWLEDGE TEST PLAN**
**TASK AND KNOWLEDGE LINKAGE**

**I. Patient Treatment and Care (40%):** This area assesses the candidate's ability to review the patient's dental health by assessing medical and dental history; to note and chart the oral cavity; and, to provide instruction regarding oral hygiene, preoperative care, and postoperative care.

| Task Statements | Knowledge Statements |
|---|---|
| 3 Inspect patient's oral condition with mouth mirror. | 10 Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology.<br>11 Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fracture lines) and how to document them.<br>12 Knowledge of effects of substance abuse on patient's physical condition including oral tissues.<br>13 Knowledge of effects of nutrition and malnutrition on the oral cavity.<br>14 Knowledge of effects of smoking and smokeless tobacco on oral tissue.<br>17 Knowledge of legal requirements and ethical principles regarding patient confidentiality.<br>18 Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them.<br>27 Knowledge of techniques and procedures for performing an extra-oral and intraoral examination of the hard and soft tissues to identify pathology and abnormalities. |
| 4 Chart existing oral conditions and diagnostic findings at the direction of the licensed provider. | 10 Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology.<br>11 Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, and fracture lines) and how to document them.<br>12 Knowledge of effects of substance abuse on patient's physical condition including oral tissues.<br>13 Knowledge of effects of nutrition and malnutrition on the oral cavity.<br>14 Knowledge of effects of smoking and smokeless tobacco on oral tissue.<br>17 Knowledge of legal requirements and ethical principles regarding patient confidentiality.<br>18 Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them.<br>19 Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation). |

**I. Patient Treatment and Care** (continued)

| Task Statements | Knowledge Statements |
|---|---|
| 7 Observe for signs and conditions that may indicate abuse or neglect. | 13 Knowledge of effects of nutrition and malnutrition on the oral cavity.<br>14 Knowledge of effects of smoking and smokeless tobacco on oral tissue.<br>20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). |
| 11 Conduct preliminary myofunctional evaluation of the head and neck. (EF2) | 25 Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.<br>27 Knowledge of techniques and procedures for performing an extraoral and intraoral examination of the hard and soft tissues to identify pathology and abnormalities. |
| 12 Perform and complete Oral Health Assessments under the direction of a dentist, RDH, or RDHAP. (EF2) | 17 Knowledge of legal requirements and ethical principles regarding patient confidentiality.<br>20 Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect).<br>25 Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures.<br>26 Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment.<br>27 Knowledge of techniques and procedures for performing an extra-oral and intraoral examination of the hard and soft tissues to identify pathology and abnormalities. |

**II. Dental Procedures: Direct and Indirect Restorations (45%):** This area assesses the candidate's knowledge of materials, techniques, procedures, and scope of practice regarding direct and indirect restoration dental procedures.

| Task Statements | Knowledge Statements |
|---|---|
| 24 Place and contour direct restorations. (EF2) | 53 Knowledge of types of direct restorative materials and the techniques and procedures for their application, placement, and contouring. |
| 25 Adjust, finish, and polish direct restorations. (EF2) | 50 Knowledge of RDA and RDAEF scopes of practice related to direct restorations.<br>54 Knowledge of techniques and procedures for adjusting, finishing, and polishing direct restorative materials. |
| 26 Perform preliminary adjustment of permanent indirect restorations prior to cementation. (EF2) | 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations.<br>55 Knowledge of techniques and procedures for identifying and adjusting occlusal, marginal, and contact discrepancies. |
| 27 Cement permanent indirect restorations. (EF2) | 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations.<br>56 Knowledge of the types of luting agents and the techniques and procedures for applying them in the placement of permanent indirect restorations. |
| 28 Perform final adjustment of permanent indirect restorations after cementation. (EF2) | 51 Knowledge of RDA and RDAEF scopes of practice related to indirect restorations.<br>57 Knowledge of techniques and procedures for making final adjustment of permanent indirect restorations after cementation. |
| 29 Take final impressions for permanent indirect restorations and toothborne removable prostheses. (EF1/2) | 52 Knowledge of RDA and RDAEF scopes of practice related to final impressions.<br>58 Knowledge of materials and techniques for taking final impressions. |
| 30 Place retraction cord for impression procedures. | 59 Knowledge of techniques for gingival cord retraction, tissue management, and cord removal. |

**III. Dental Specialty Procedures (15%):** This area assesses the candidate's knowledge of materials, techniques, procedures and scope of practice regarding dental specialty procedures.

| Task Statements | Knowledge Statements |
|---|---|
| **3A Dental Specialty Procedures: Endodontic Procedures** | |
| 60 Select, size, and fit endodontic master point and accessory points. | 105 Knowledge of techniques and procedures for fitting master point and accessory points.<br>107 Knowledge of scope of practice for RDA and RDAEFs related to endodontic points. |
| 61 Seal endodontic master and accessory points. | 106 Knowledge of techniques and procedures for sealing endodontic master and accessory points.<br>107 Knowledge of scope of practice for RDA and RDAEFs related to endodontic points. |
| **3B Dental Specialty Procedures: Prosthetic Appliances** | |
| 72 Take final impressions for toothborne prosthetic appliances. | 119 Knowledge of materials and techniques for taking final impressions for toothborne prosthetic appliances. |

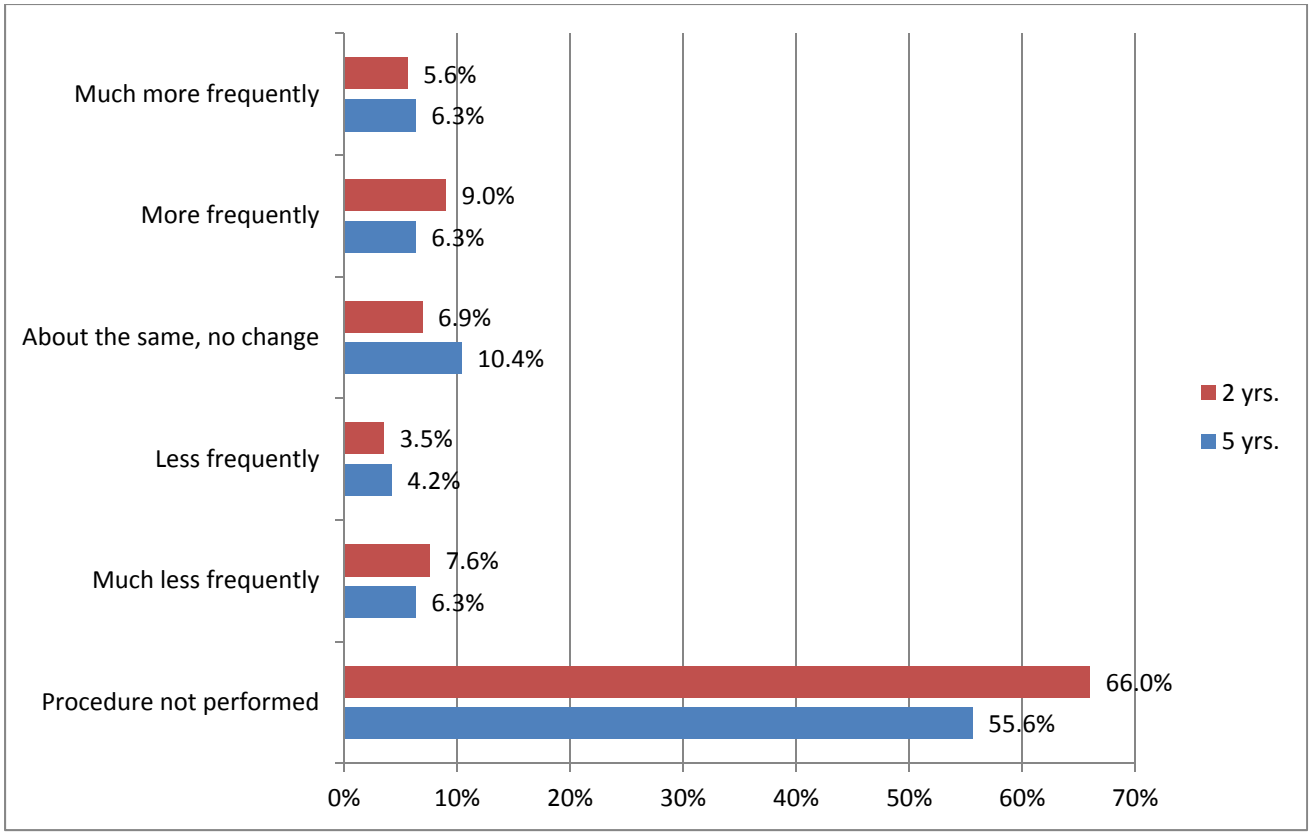
# APPENDIX E. FREQUENCY OF PERFORMING DENTAL PROCEDURES IN PRACTICE SETTING BY REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS

Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Traditional braces (brackets/wire)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed * | 95 | 66.0 | 80 | 55.6 |
| Much less frequently | 11 | 7.6 | 9 | 6.3 |
| Less frequently | 5 | 3.5 | 6 | 4.2 |
| About the same, no change | 10 | 6.9 | 15 | 10.4 |
| More frequently | 13 | 9.0 | 9 | 6.3 |
| Much more frequently | 8 | 5.6 | 9 | 6.3 |
| Missing | 2 | 1.4 | 16 | 11.1 |
| Total | 144 | 100 | 144 | 100** |

***NOTE: Percentages do not add to 100 due to rounding.*



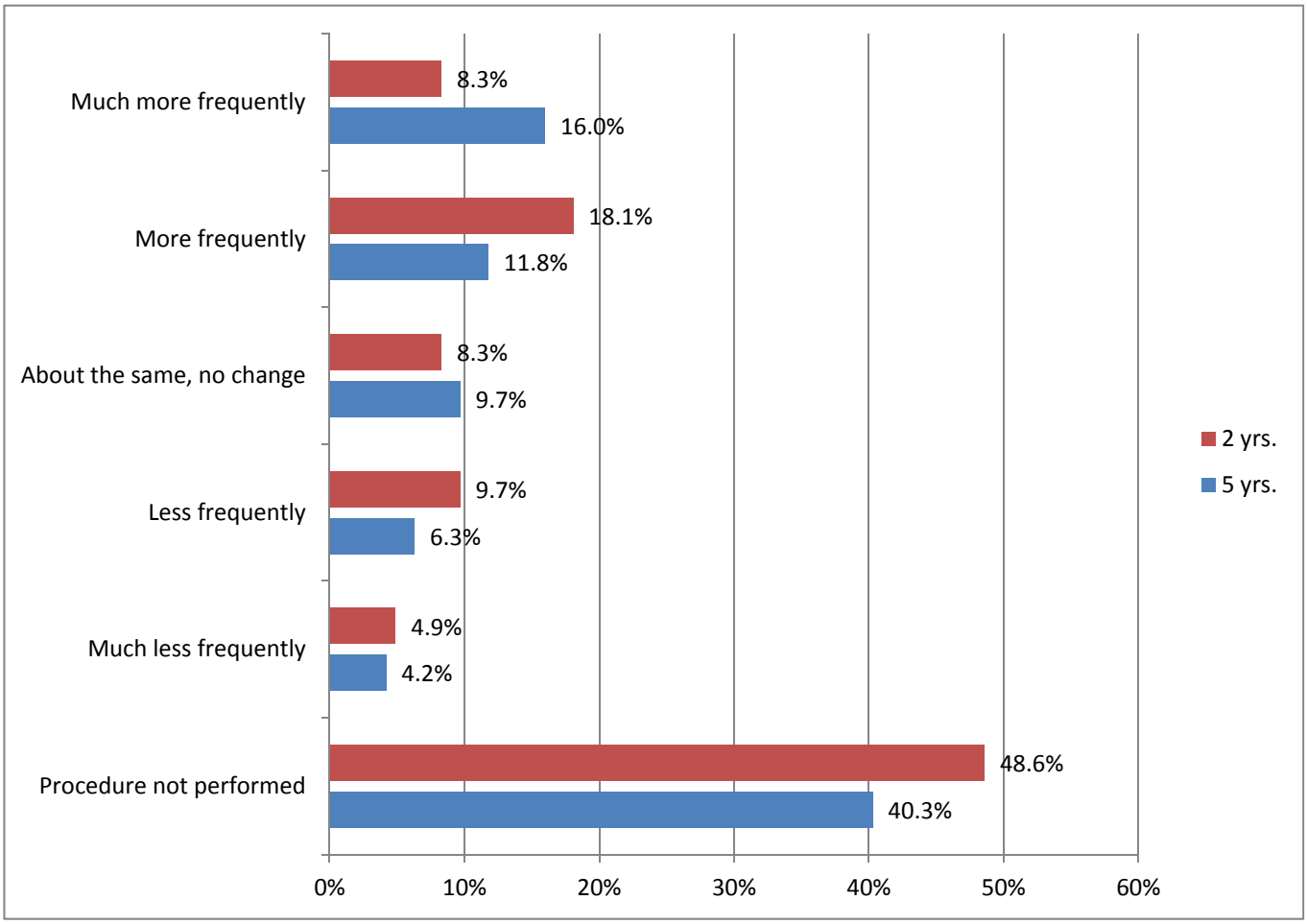

* Procedure typically performed only in specialty dental settings

Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Clear tooth aligner systems (e.g., Invisalign, Minor Tooth Movement [MTM])**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed * | 70 | 48.6 | 58 | 40.3 |
| Much less frequently | 7 | 4.9 | 6 | 4.2 |
| Less frequently | 14 | 9.7 | 9 | 6.3 |
| About the same, no change | 12 | 8.3 | 14 | 9.7 |
| More frequently | 26 | 18.1 | 17 | 11.8 |
| Much more frequently | 12 | 8.3 | 23 | 16.0 |
| Missing | 3 | 2.1 | 17 | 11.8 |
| Total | 144 | 100 | 144 | 100** |

***NOTE: Percentages do not add to 100 due to rounding.*



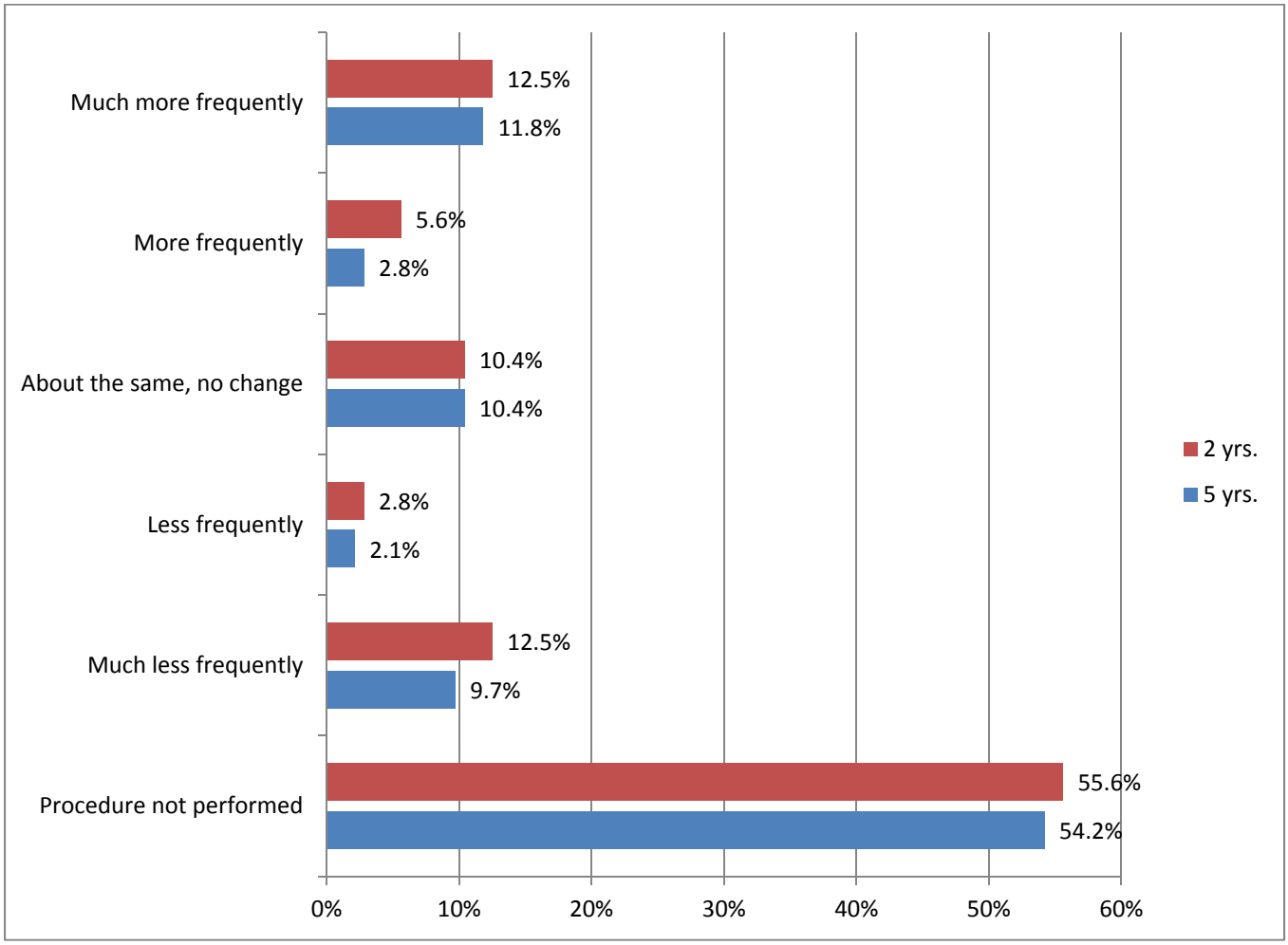

* Procedure typically performed only in specialty dental settings

Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Radiographs by X-ray film**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 80 | 55.6 | 78 | 54.2 |
| Much less frequently | 18 | 12.5 | 14 | 9.7 |
| Less frequently | 4 | 2.8 | 3 | 2.1 |
| About the same, no change | 15 | 10.4 | 15 | 10.4 |
| More frequently | 8 | 5.6 | 4 | 2.8 |
| Much more frequently | 18 | 12.5 | 17 | 11.8 |
| Missing | 1 | 0.7 | 13 | 9.0 |
| Total | 144 | 100* | 144 | 100 |

**NOTE: Percentages do not add to 100 due to rounding.*

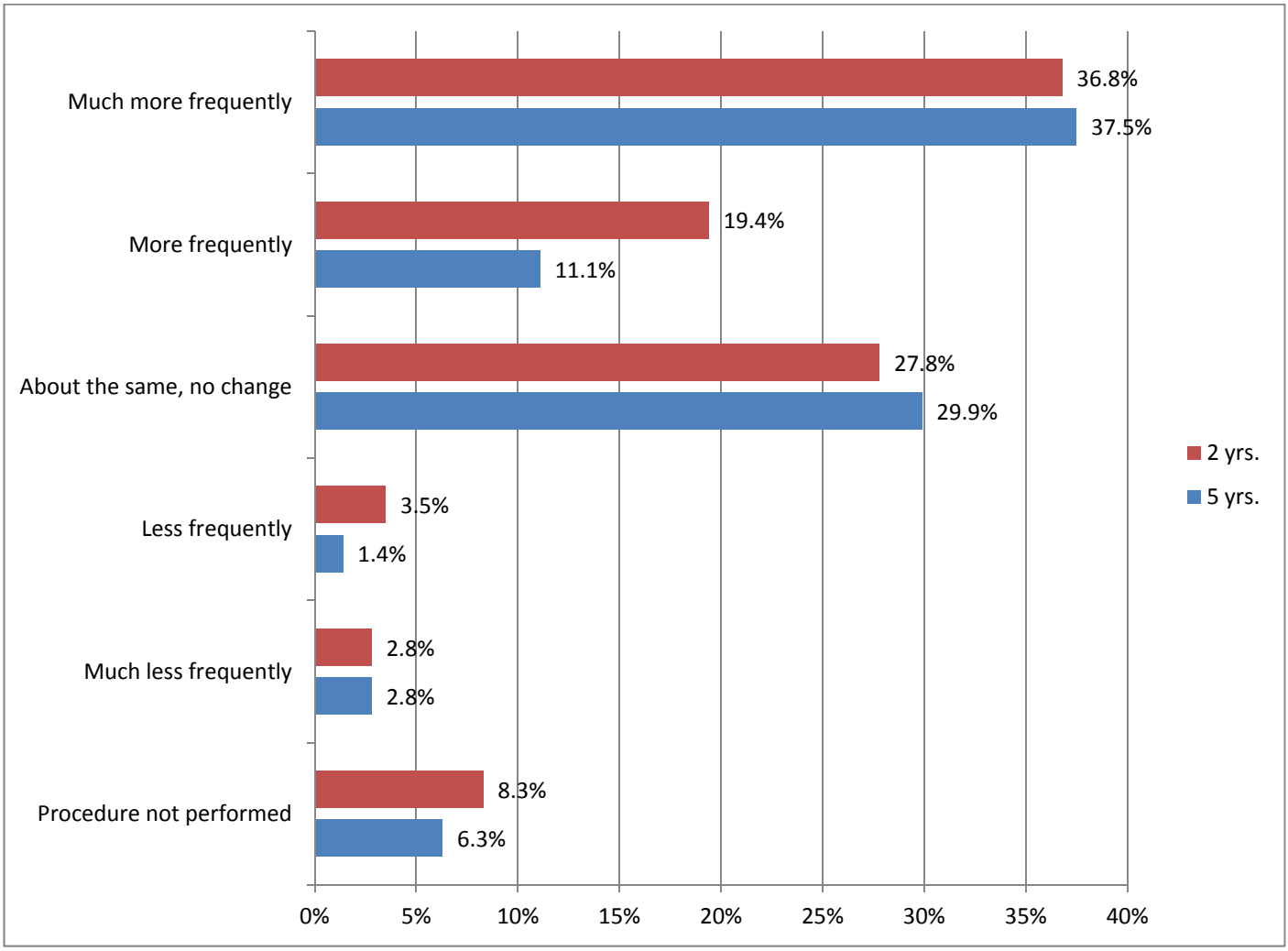


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Radiography by digital sensors/phosphor plates**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 12 | 8.3 | 9 | 6.3 |
| Much less frequently | 4 | 2.8 | 4 | 2.8 |
| Less frequently | 5 | 3.5 | 2 | 1.4 |
| About the same, no change | 40 | 27.8 | 43 | 29.9 |
| More frequently | 28 | 19.4 | 16 | 11.1 |
| Much more frequently | 53 | 36.8 | 54 | 37.5 |
| Missing | 2 | 1.4 | 16 | 11.1 |
| Total | 144 | 100 | 144 | 100* |

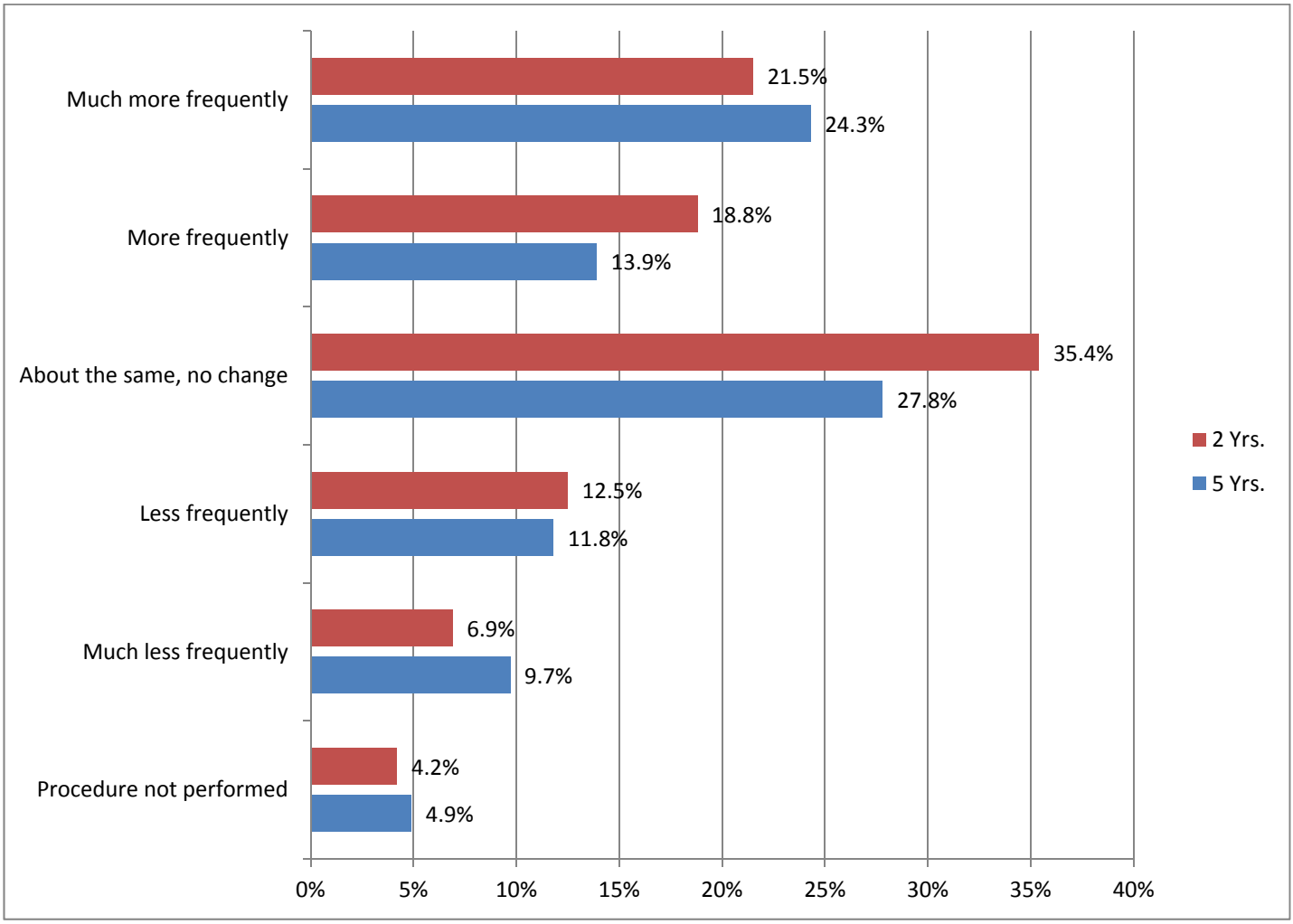
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Restorations using traditional impression material**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 6 | 4.2 | 7 | 4.9 |
| Much less frequently | 10 | 6.9 | 14 | 9.7 |
| Less frequently | 18 | 12.5 | 17 | 11.8 |
| About the same, no change | 51 | 35.4 | 40 | 27.8 |
| More frequently | 27 | 18.8 | 20 | 13.9 |
| Much more frequently | 31 | 21.5 | 35 | 24.3 |
| Missing | 1 | 0.7 | 11 | 7.6 |
| Total | 144 | 100 | 144 | 100 |

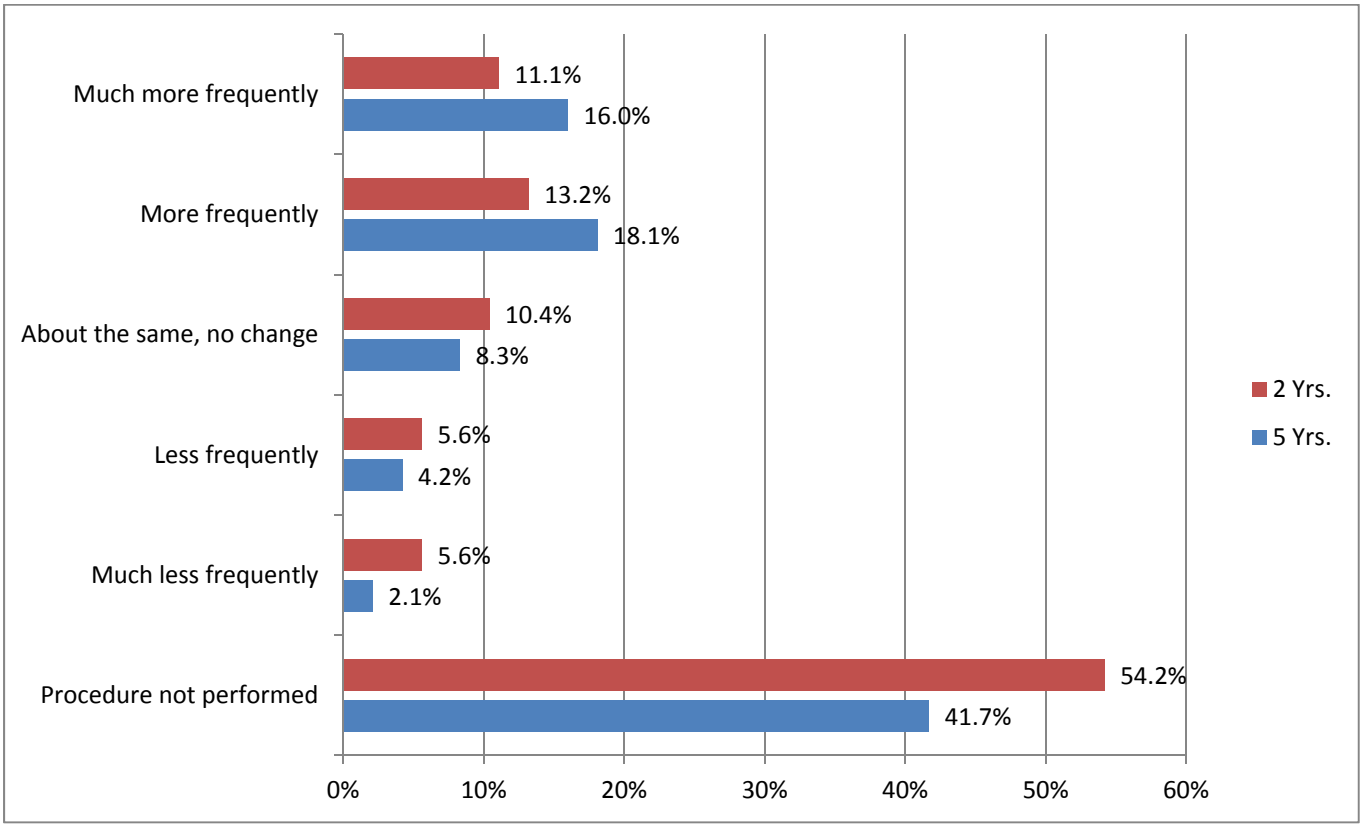


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Restorations using digital impressions (CAD/CAM)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 78 | 54.2 | 60 | 41.7 |
| Much less frequently | 8 | 5.6 | 3 | 2.1 |
| Less frequently | 8 | 5.6 | 6 | 4.2 |
| About the same, no change | 15 | 10.4 | 12 | 8.3 |
| More frequently | 19 | 13.2 | 26 | 18.1 |
| Much more frequently | 16 | 11.1 | 23 | 16.0 |
| Missing | 0 | 0.0 | 14 | 9.7 |
| Total | 144 | 100* | 144 | 100* |

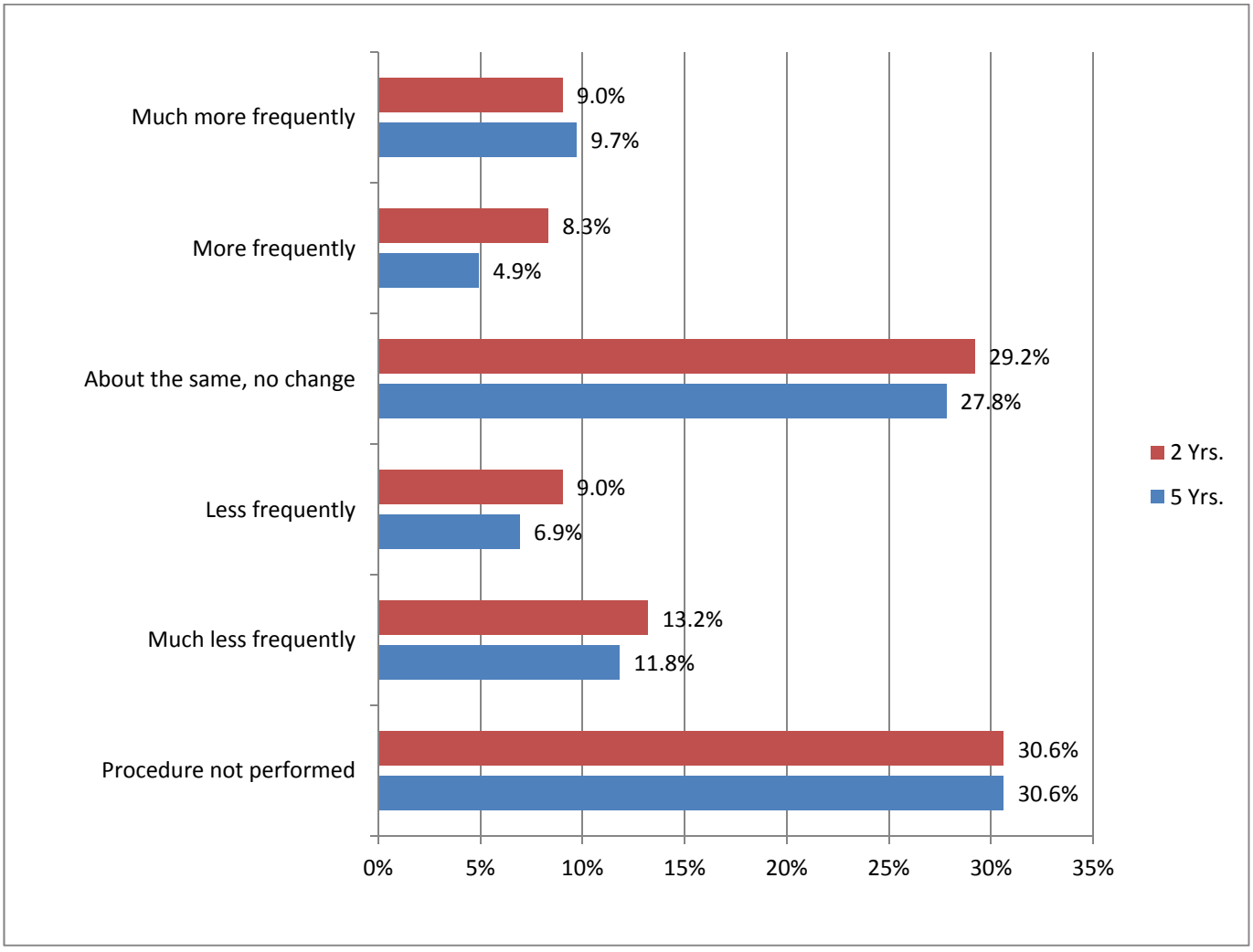
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Bonding agents (mix catalyst and base)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 44 | 30.6 | 44 | 30.6 |
| Much less frequently | 19 | 13.2 | 17 | 11.8 |
| Less frequently | 13 | 9.0 | 10 | 6.9 |
| About the same, no change | 42 | 29.2 | 40 | 27.8 |
| More frequently | 12 | 8.3 | 7 | 4.9 |
| Much more frequently | 13 | 9.0 | 14 | 9.7 |
| Missing | 1 | 0.7 | 12 | 8.3 |
| Total | 144 | 100 | 144 | 100 |

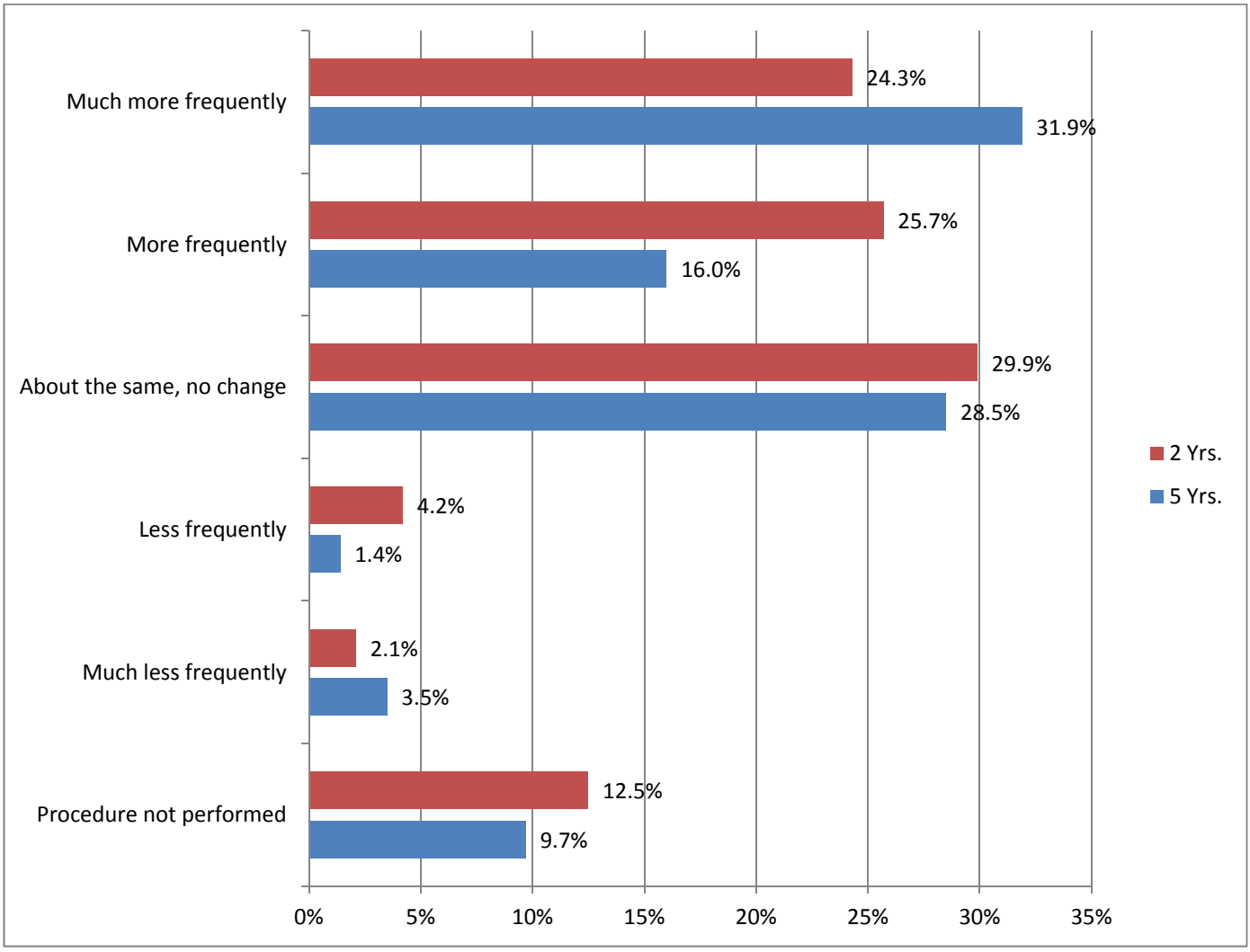


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Bonding agents (all in one etch/prime and bond)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 18 | 12.5 | 14 | 9.7 |
| Much less frequently | 3 | 2.1 | 5 | 3.5 |
| Less frequently | 6 | 4.2 | 2 | 1.4 |
| About the same, no change | 43 | 29.9 | 41 | 28.5 |
| More frequently | 37 | 25.7 | 23 | 16.0 |
| Much more frequently | 35 | 24.3 | 46 | 31.9 |
| Missing | 2 | 1.4 | 13 | 9.0 |
| Total | 144 | 100* | 144 | 100 |

**NOTE: Percentages do not add to 100 due to rounding.*

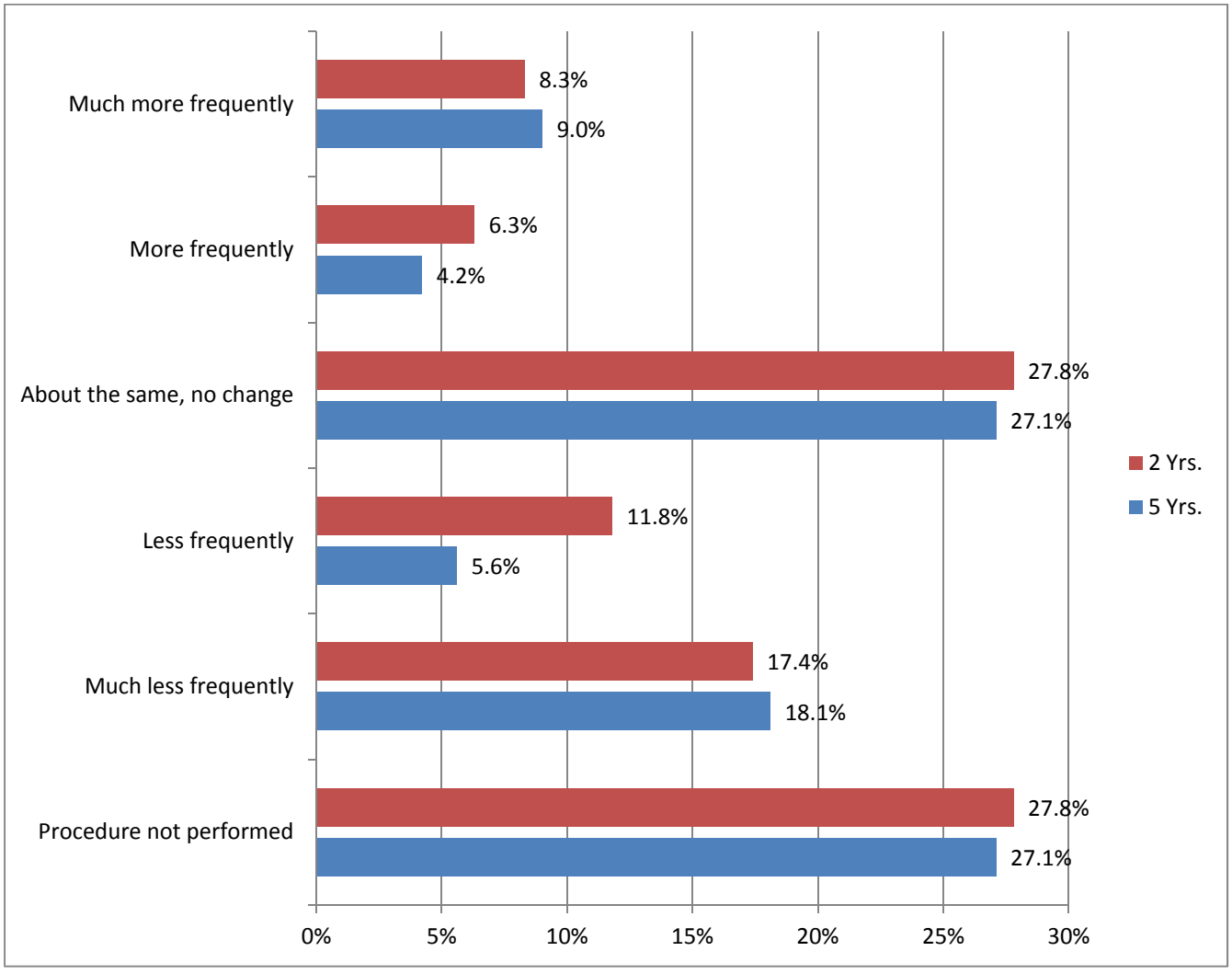


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Cements (zinc phosphate, polycarboxylate)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 40 | 27.8 | 39 | 27.1 |
| Much less frequently | 25 | 17.4 | 26 | 18.1 |
| Less frequently | 17 | 11.8 | 8 | 5.6 |
| About the same, no change | 40 | 27.8 | 39 | 27.1 |
| More frequently | 9 | 6.3 | 6 | 4.2 |
| Much more frequently | 12 | 8.3 | 13 | 9.0 |
| Missing | 1 | 0.7 | 13 | 9.0 |
| Total | 144 | 100* | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

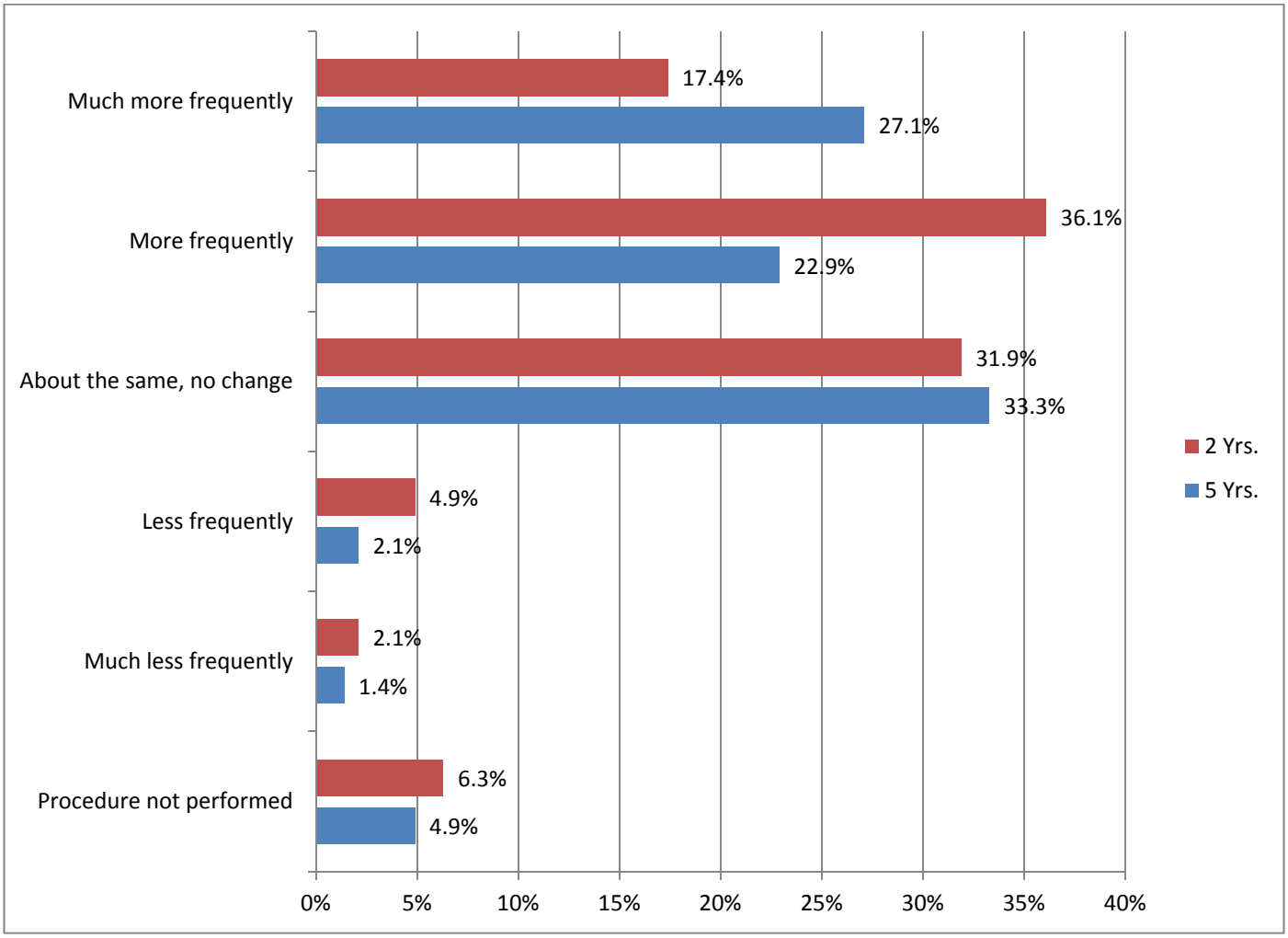


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Cements (glass ionomers and bonded cements)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 9 | 6.3 | 7 | 4.9 |
| Much less frequently | 3 | 2.1 | 2 | 1.4 |
| Less frequently | 7 | 4.9 | 3 | 2.1 |
| About the same, no change | 46 | 31.9 | 48 | 33.3 |
| More frequently | 52 | 36.1 | 33 | 22.9 |
| Much more frequently | 25 | 17.4 | 39 | 27.1 |
| Missing | 2 | 1.4 | 12 | 8.3 |
| Total | 144 | 100* | 144 | 100 |

**NOTE: Percentages do not add to 100 due to rounding.*

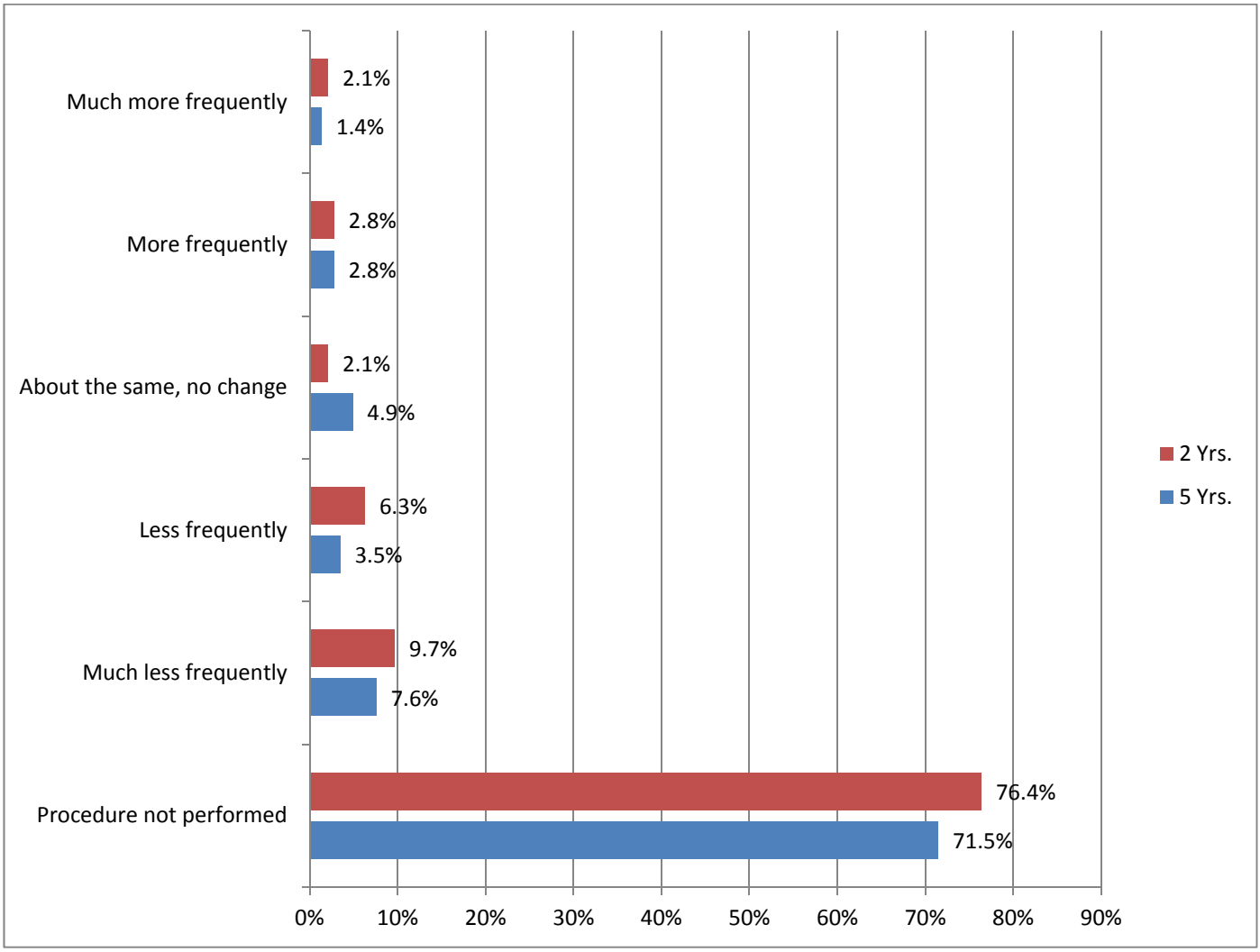


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Core build-up using amalgam**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 110 | 76.4 | 103 | 71.5 |
| Much less frequently | 14 | 9.7 | 11 | 7.6 |
| Less frequently | 9 | 6.3 | 5 | 3.5 |
| About the same, no change | 3 | 2.1 | 7 | 4.9 |
| More frequently | 4 | 2.8 | 4 | 2.8 |
| Much more frequently | 3 | 2.1 | 2 | 1.4 |
| Missing | 1 | 0.7 | 12 | 8.3 |
| Total | 144 | 100* | 144 | 100 |

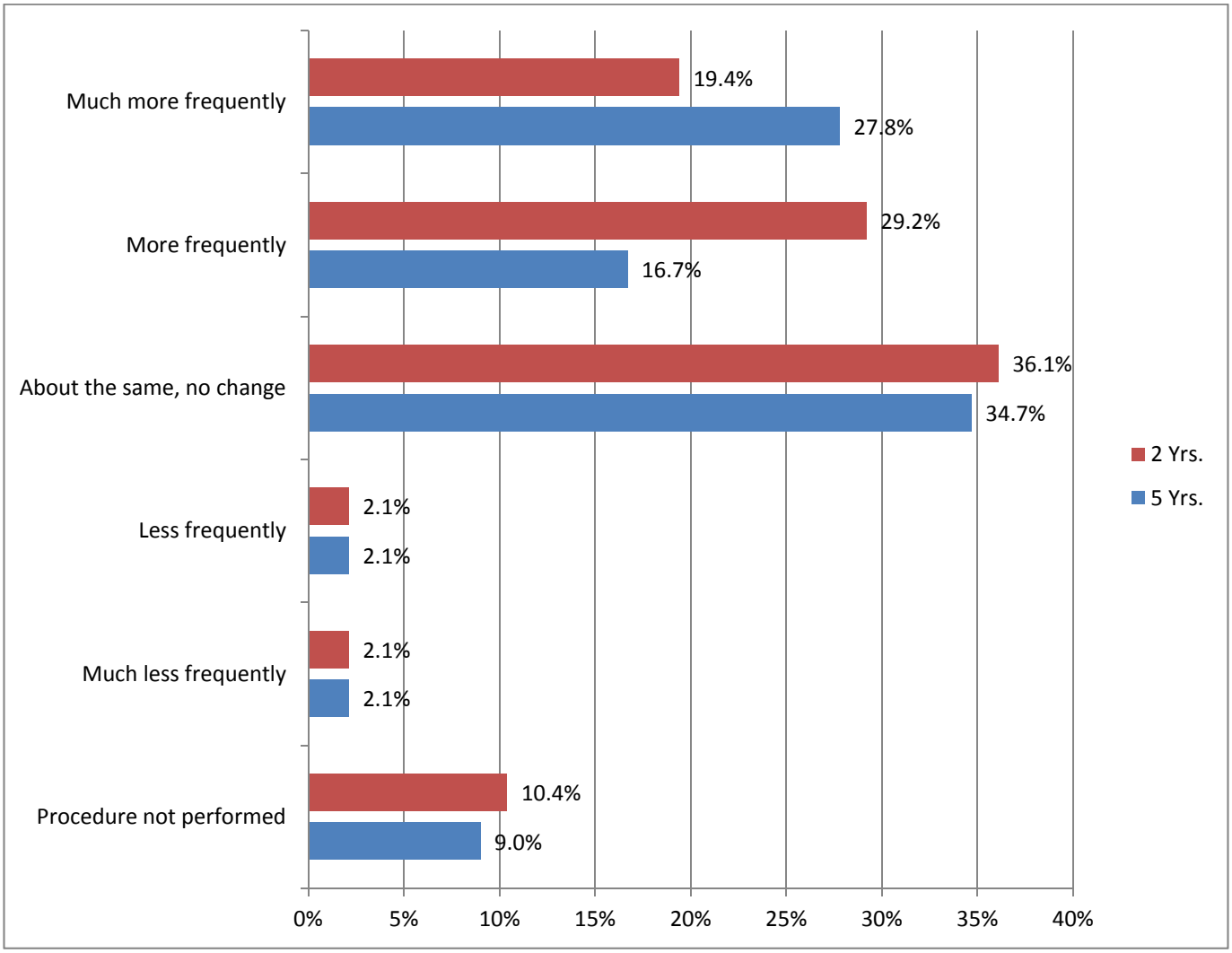
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Core build-up using glass ionomers and composites**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 15 | 10.4 | 13 | 9.0 |
| Much less frequently | 3 | 2.1 | 3 | 2.1 |
| Less frequently | 3 | 2.1 | 3 | 2.1 |
| About the same, no change | 52 | 36.1 | 50 | 34.7 |
| More frequently | 42 | 29.2 | 24 | 16.7 |
| Much more frequently | 28 | 19.4 | 40 | 27.8 |
| Missing | 1 | 0.7 | 11 | 7.6 |
| Total | 144 | 100 | 144 | 100 |

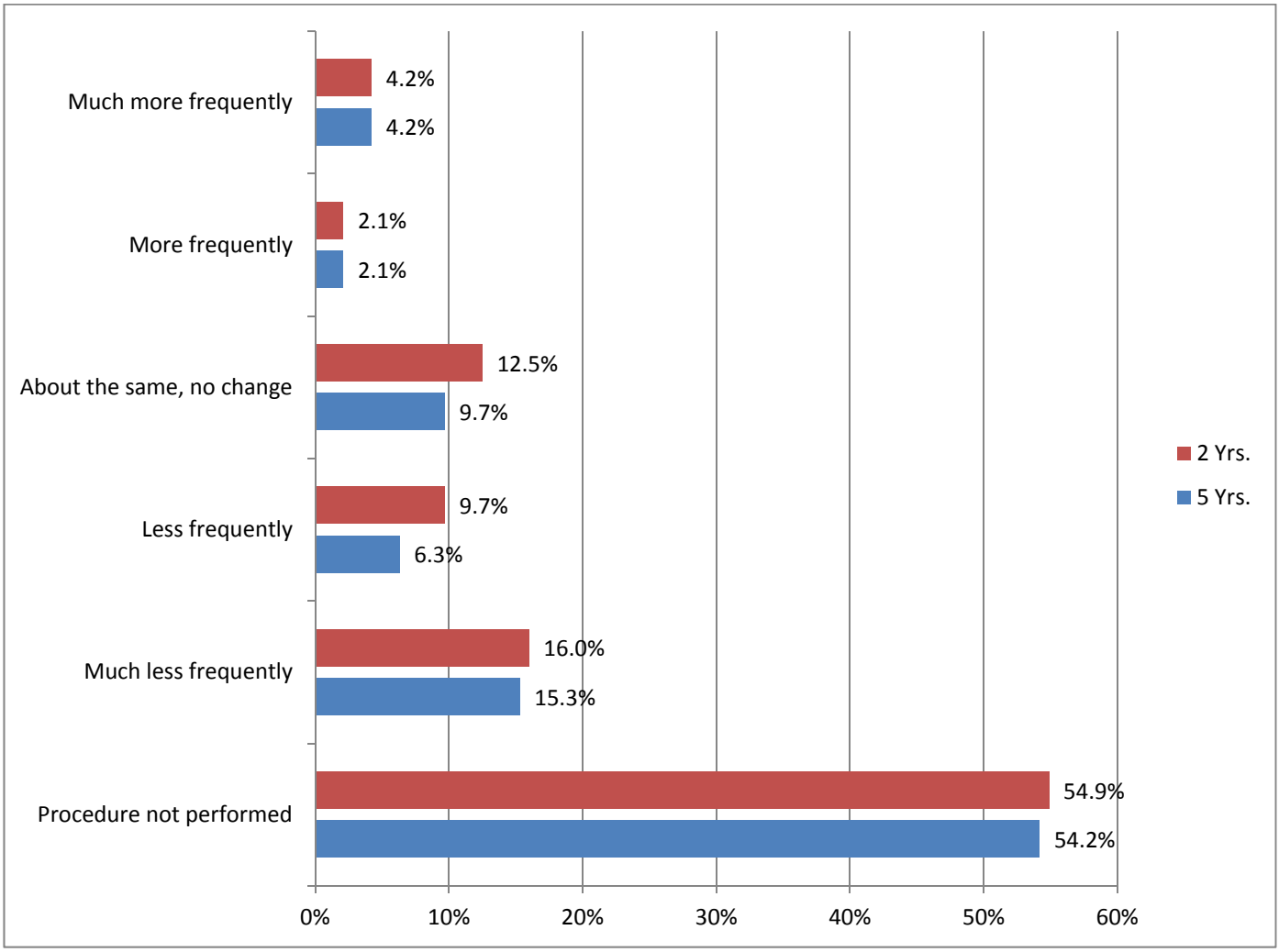


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Posterior direct restorations (amalgam)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 79 | 54.9 | 78 | 54.2 |
| Much less frequently | 23 | 16.0 | 22 | 15.3 |
| Less frequently | 14 | 9.7 | 9 | 6.3 |
| About the same, no change | 18 | 12.5 | 14 | 9.7 |
| More frequently | 3 | 2.1 | 3 | 2.1 |
| Much more frequently | 6 | 4.2 | 6 | 4.2 |
| Missing | 1 | 0.7 | 12 | 8.3 |
| Total | 144 | 100* | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*

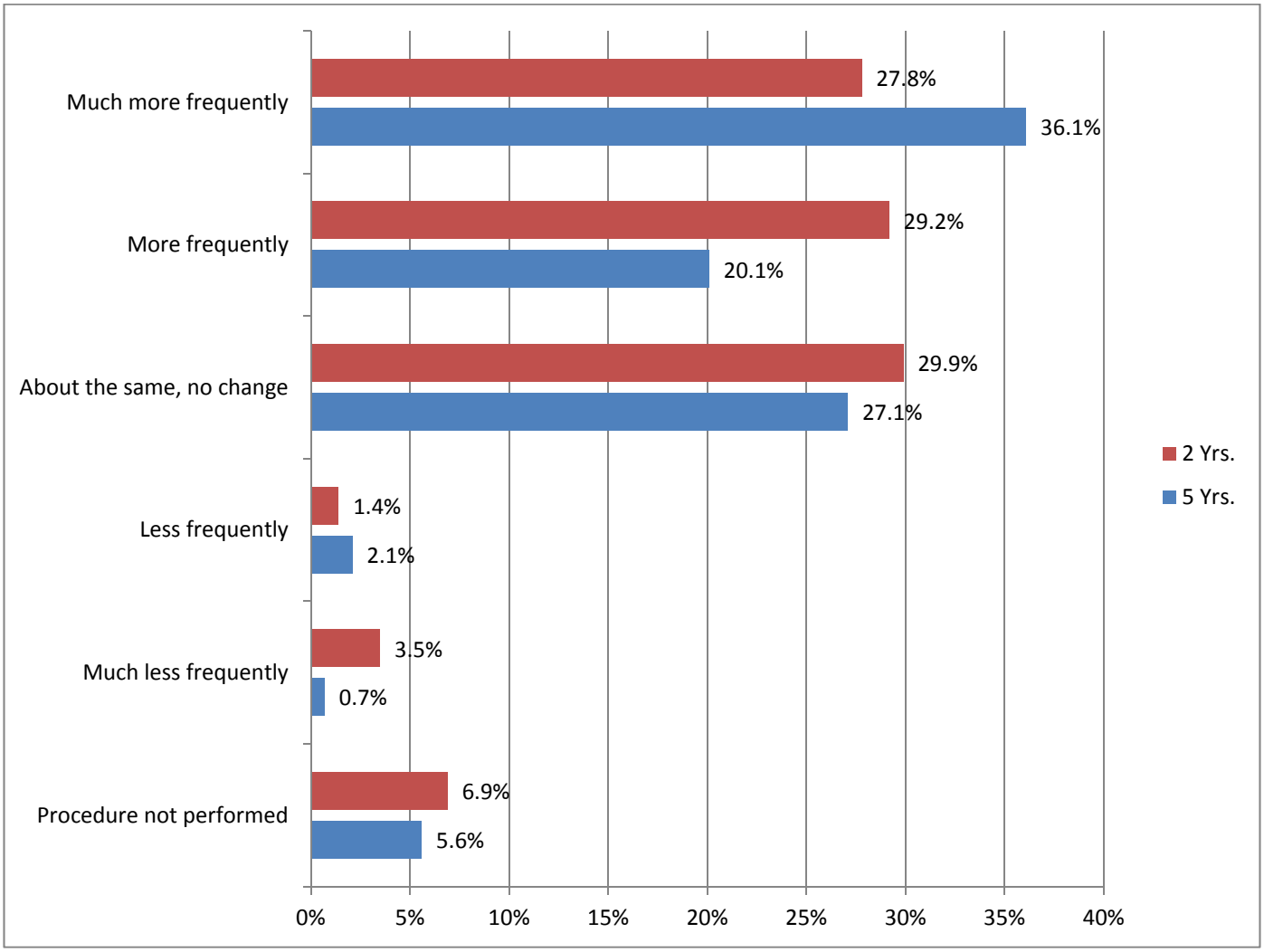


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Posterior direct restorations (composites)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 10 | 6.9 | 8 | 5.6 |
| Much less frequently | 5 | 3.5 | 1 | 0.7 |
| Less frequently | 2 | 1.4 | 3 | 2.1 |
| About the same, no change | 43 | 29.9 | 39 | 27.1 |
| More frequently | 42 | 29.2 | 29 | 20.1 |
| Much more frequently | 40 | 27.8 | 52 | 36.1 |
| Missing | 2 | 1.4 | 12 | 8.3 |
| Total | 144 | 100* | 144 | 100 |

**NOTE: Percentages do not add to 100 due to rounding.*

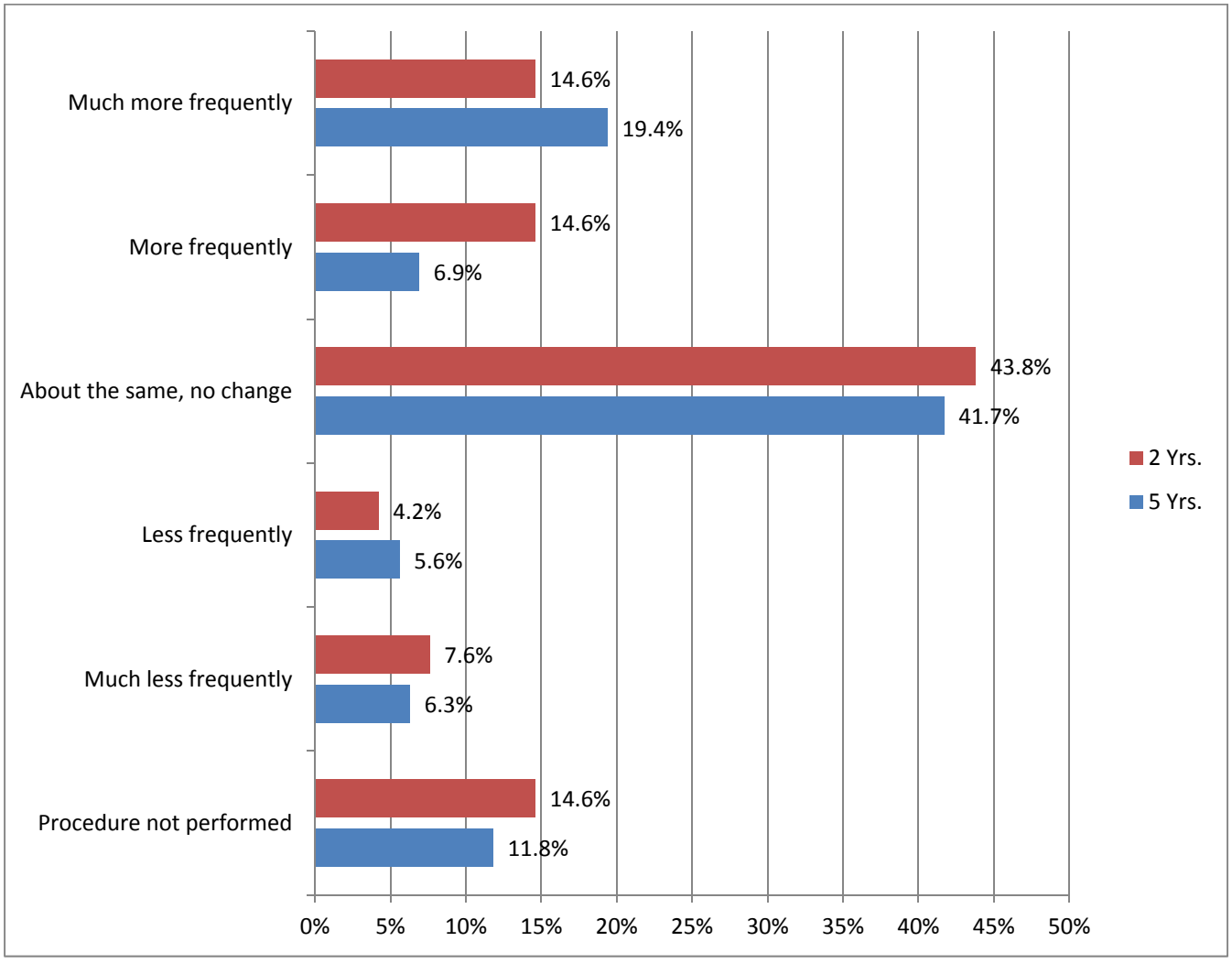


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Caries detection – explorer & disclosing agents**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 21 | 14.6 | 17 | 11.8 |
| Much less frequently | 11 | 7.6 | 9 | 6.3 |
| Less frequently | 6 | 4.2 | 8 | 5.6 |
| About the same, no change | 63 | 43.8 | 60 | 41.7 |
| More frequently | 21 | 14.6 | 10 | 6.9 |
| Much more frequently | 21 | 14.6 | 28 | 19.4 |
| Missing | 1 | 0.7 | 12 | 8.3 |
| Total | 144 | 100* | 144 | 100 |

**NOTE: Percentages do not add to 100 due to rounding.*

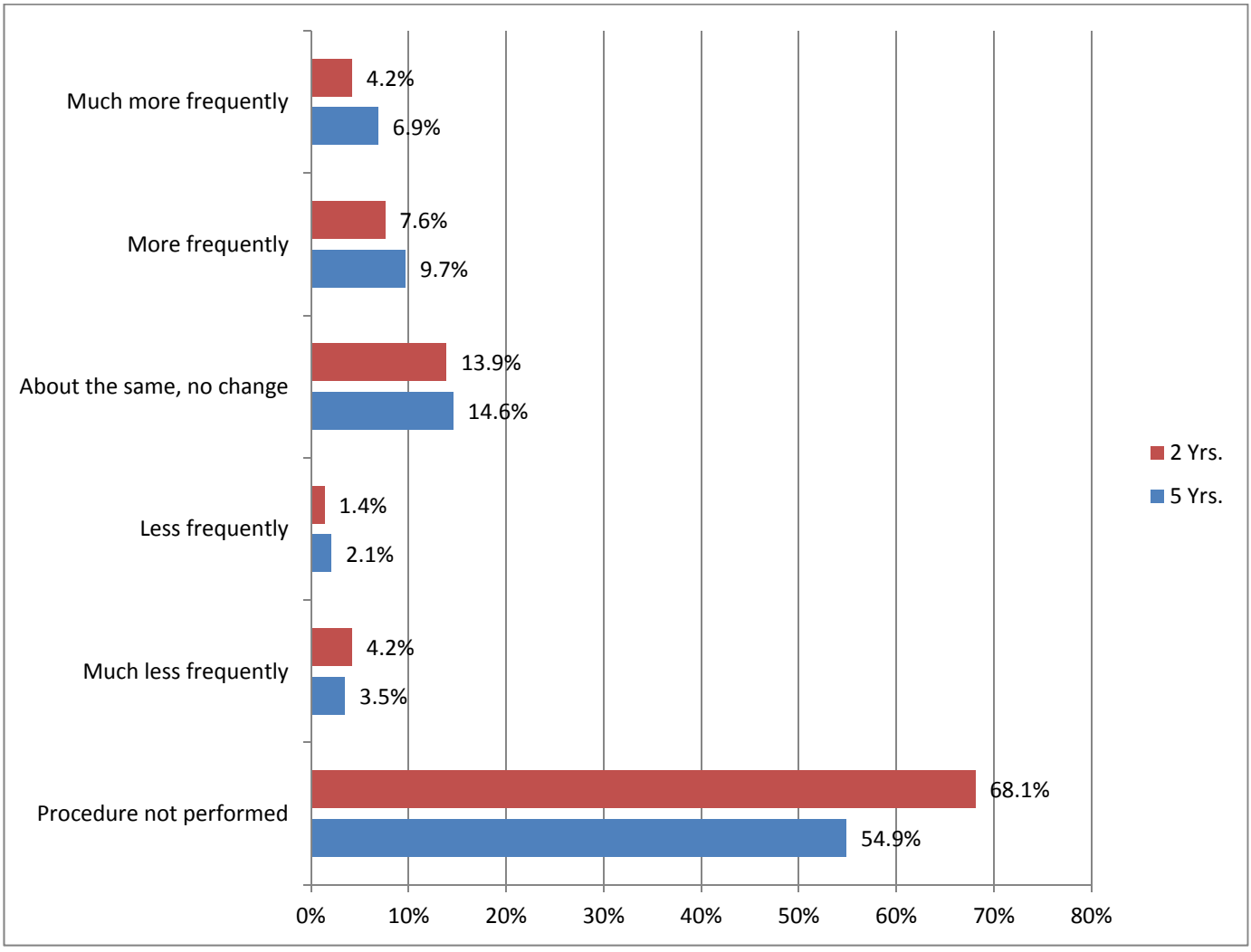


Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Caries detection – laser fluorescence**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 98 | 68.1 | 79 | 54.9 |
| Much less frequently | 6 | 4.2 | 5 | 3.5 |
| Less frequently | 2 | 1.4 | 3 | 2.1 |
| About the same, no change | 20 | 13.9 | 21 | 14.6 |
| More frequently | 11 | 7.6 | 14 | 9.7 |
| Much more frequently | 6 | 4.2 | 10 | 6.9 |
| Missing | 1 | 0.7 | 12 | 8.3 |
| Total | 144 | 100* | 144 | 100 |

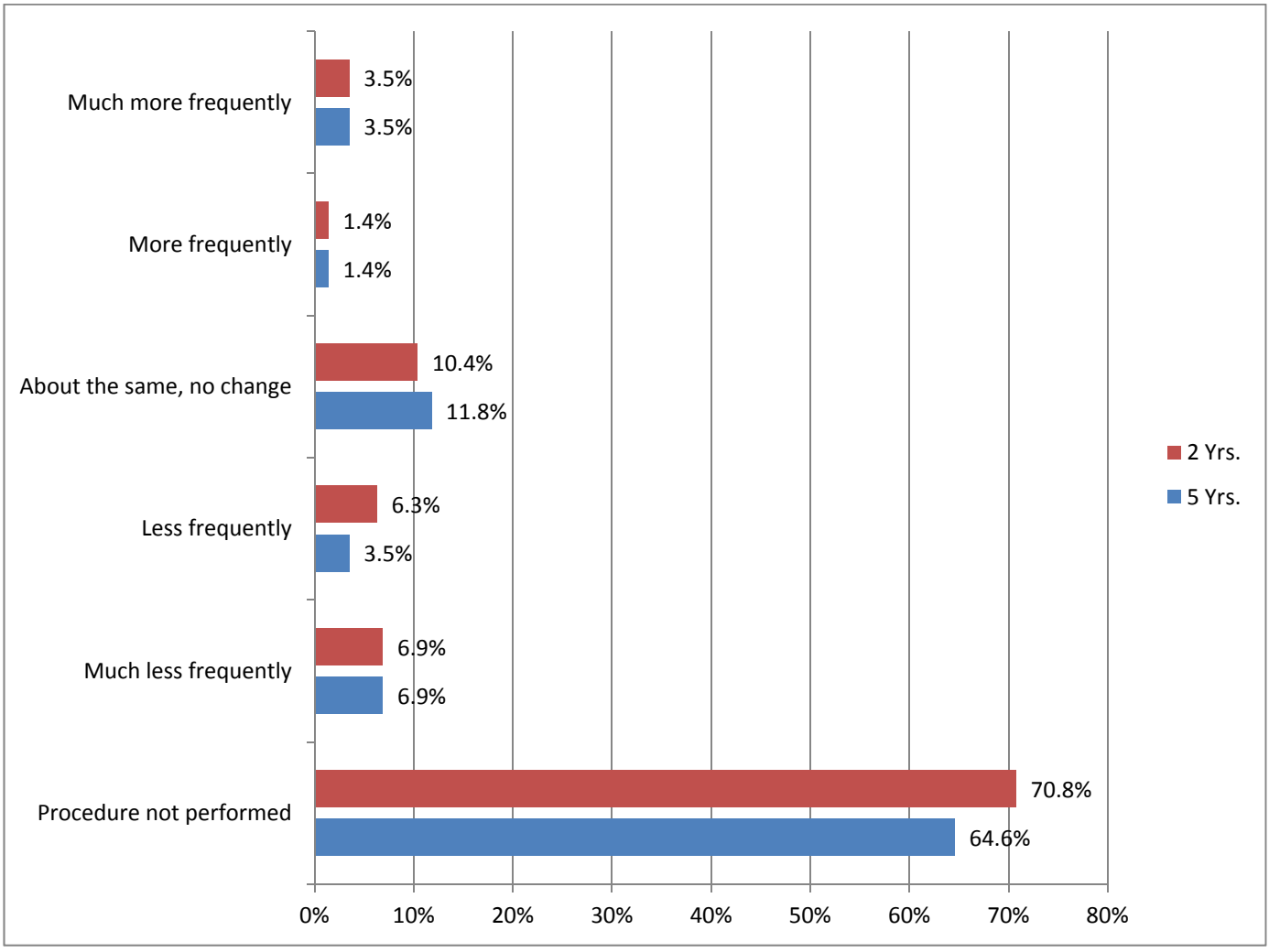
**NOTE: Percentages do not add to 100 due to rounding.*



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Periodontal dressing (catalyst-based)**

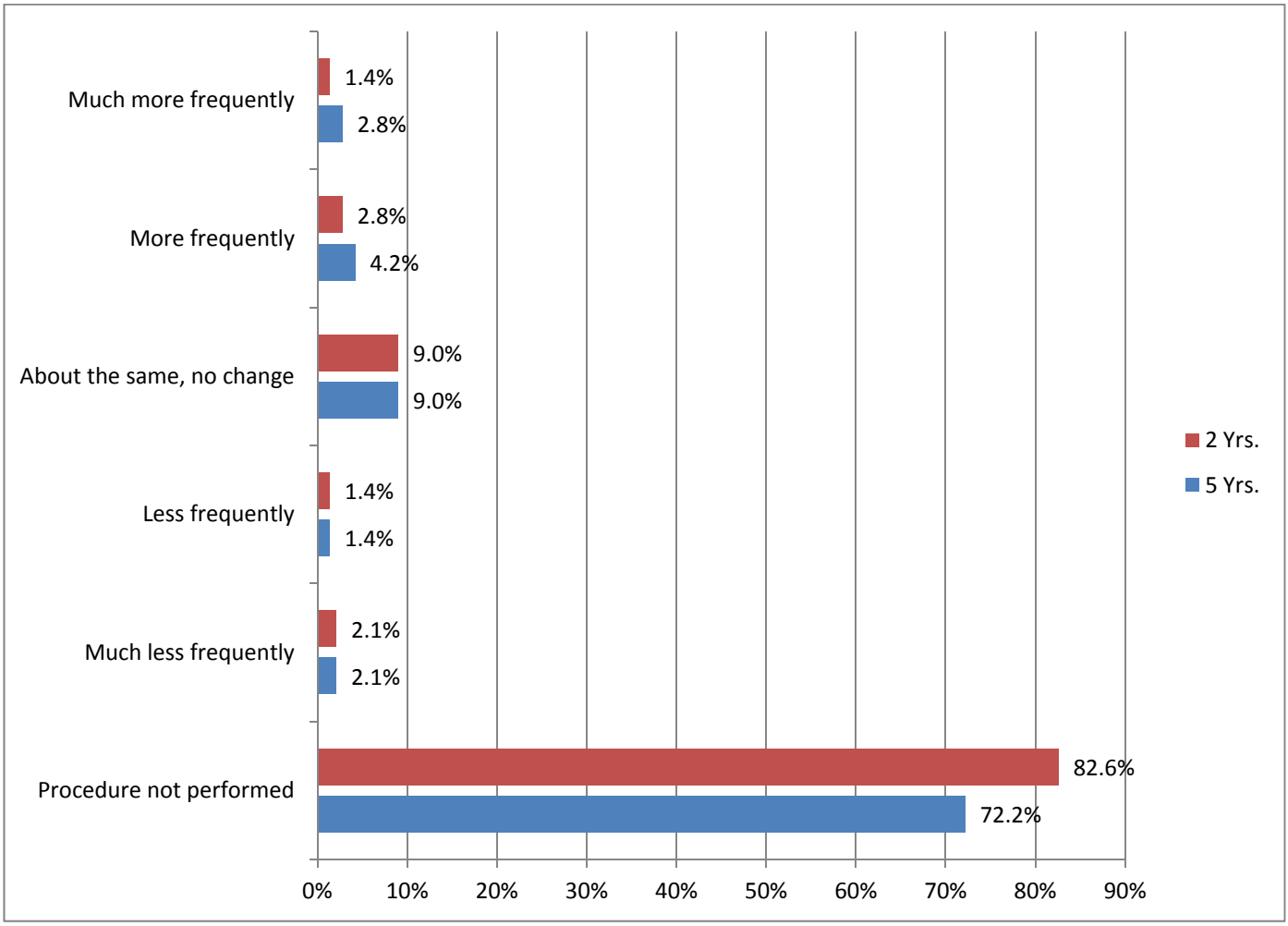
| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 102 | 70.8 | 93 | 64.6 |
| Much less frequently | 10 | 6.9 | 10 | 6.9 |
| Less frequently | 9 | 6.3 | 5 | 3.5 |
| About the same, no change | 15 | 10.4 | 17 | 11.8 |
| More frequently | 2 | 1.4 | 2 | 1.4 |
| Much more frequently | 5 | 3.5 | 5 | 3.5 |
| Missing | 1 | 0.7 | 12 | 8.3 |
| Total | 144 | 100 | 144 | 100 |



Indicate the extent to which the frequency of your performing this procedure has changed over the last 2 years AND, based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

**Periodontal dressing (auto-mix)**

| | Last 2 years | | Next 5 years | |
|---|---|---|---|---|
| | N | Percent | N | Percent |
| Procedure not performed | 119 | 82.6 | 104 | 72.2 |
| Much less frequently | 3 | 2.1 | 3 | 2.1 |
| Less frequently | 2 | 1.4 | 2 | 1.4 |
| About the same, no change | 13 | 9.0 | 13 | 9.0 |
| More frequently | 4 | 2.8 | 6 | 4.2 |
| Much more frequently | 2 | 1.4 | 4 | 2.8 |
| Missing | 1 | 0.7 | 12 | 8.3 |
| Total | 144 | 100 | 144 | 100 |

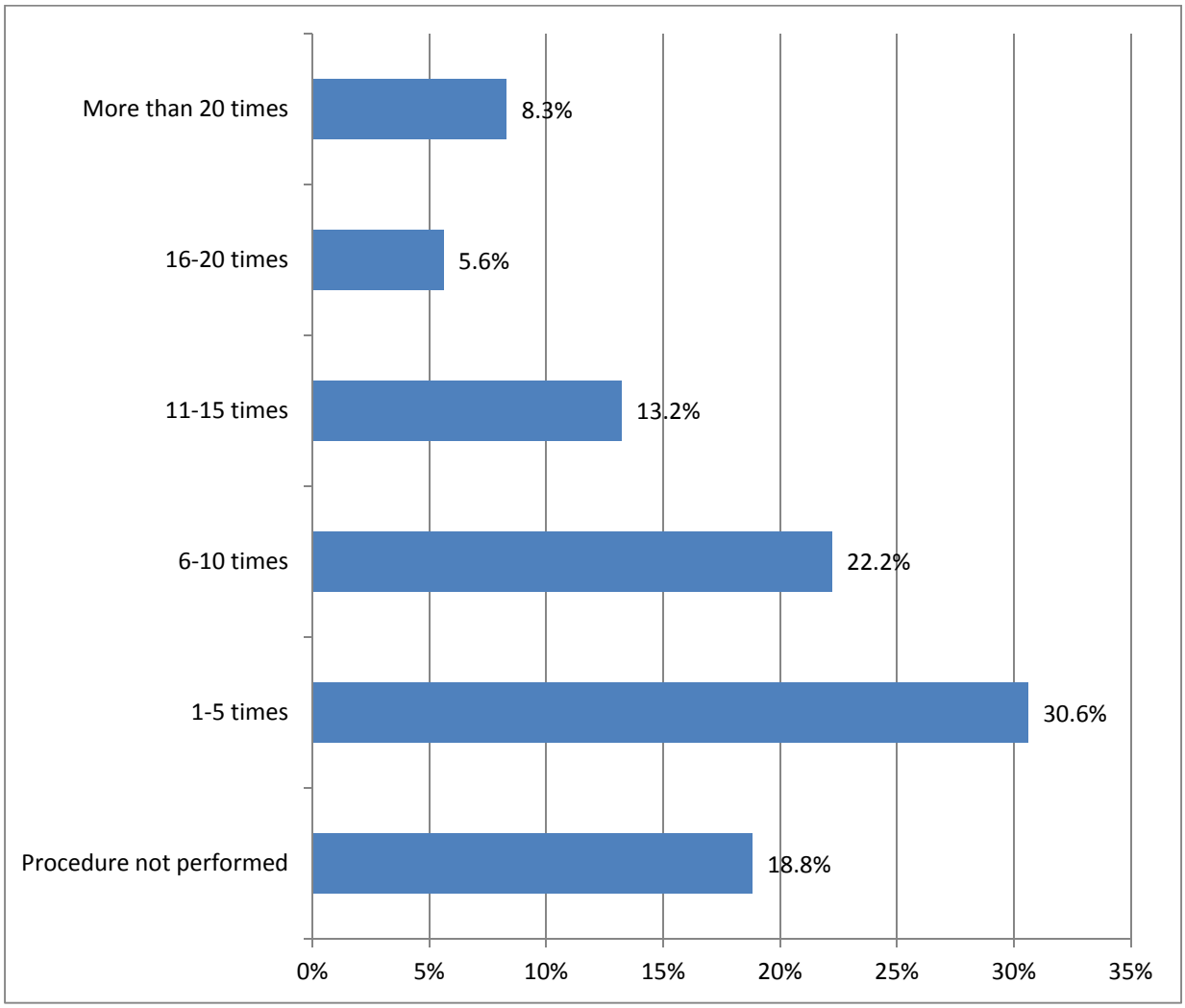


# APPENDIX F. FREQUENCY OF PERFORMING DENTAL PROCEDURES BY REGISTERED DENTAL ASSISTANTS IN EXTENDED FUNCTIONS

In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

| Mandibular posterior | N | Percent |
|---|---|---|
| Procedure not performed | 27 | 18.8 |
| 1-5 times | 44 | 30.6 |
| 6-10 times | 32 | 22.2 |
| 11-15 times | 19 | 13.2 |
| 16-20 times | 8 | 5.6 |
| More than 20 times | 12 | 8.3 |
| Missing | 2 | 1.4 |
| Total | 144 | 100* |

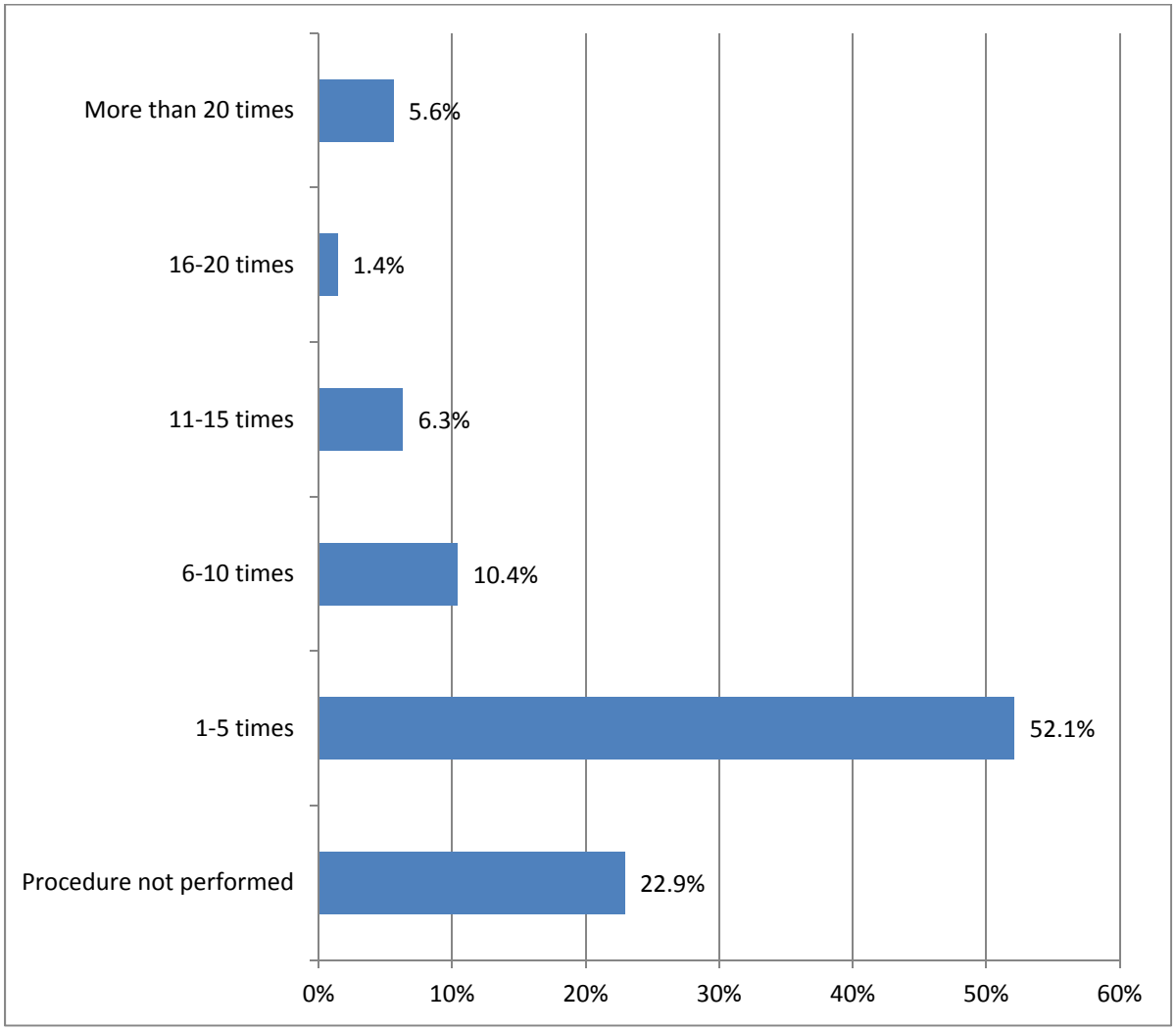
**NOTE: Percentages do not add to 100 due to rounding.*



In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

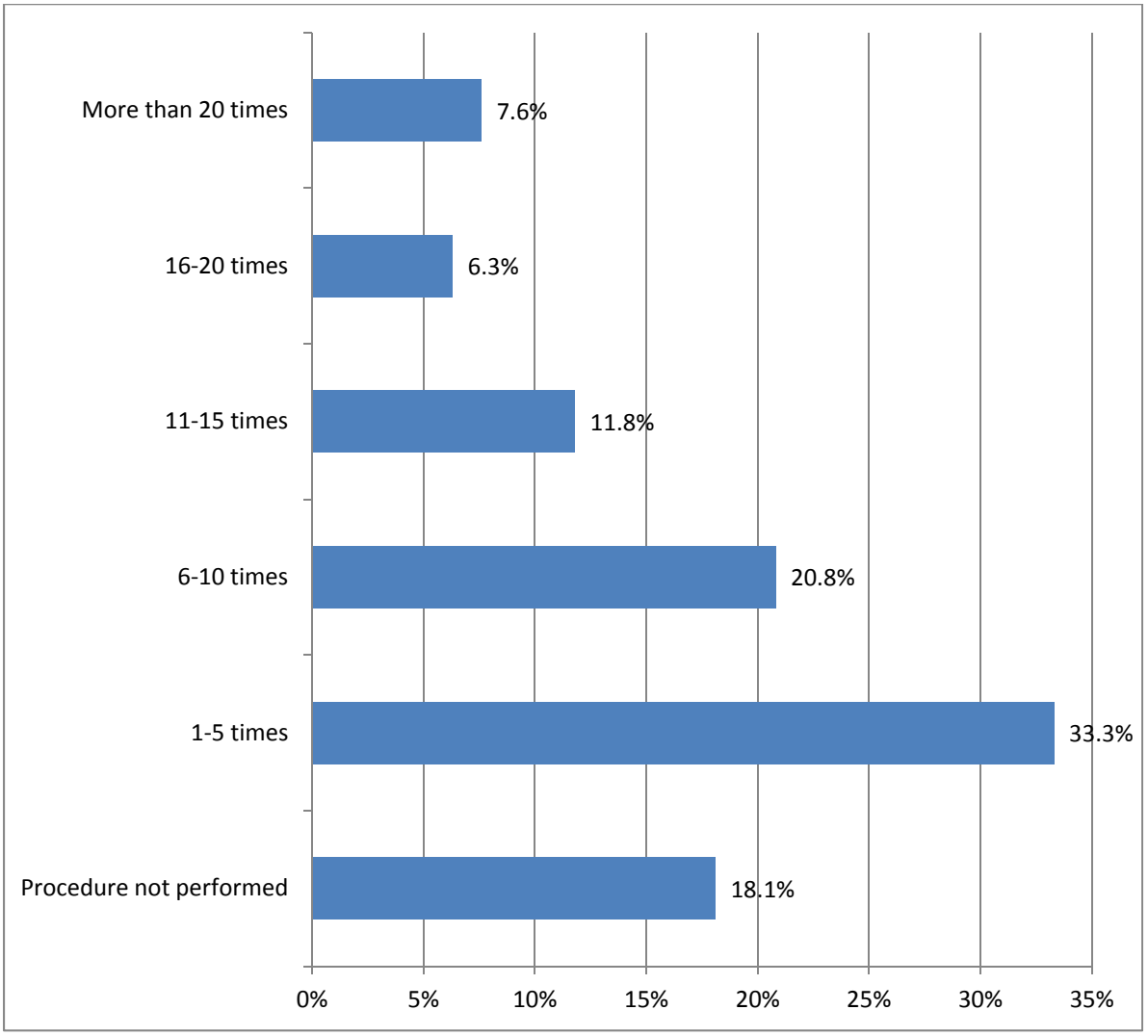
| Mandibular anterior | N | Percent |
|---|---|---|
| Procedure not performed | 33 | 22.9 |
| 1-5 times | 75 | 52.1 |
| 6-10 times | 15 | 10.4 |
| 11-15 times | 9 | 6.3 |
| 16-20 times | 2 | 1.4 |
| More than 20 times | 8 | 5.6 |
| Missing | 2 | 1.4 |
| Total | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*



In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

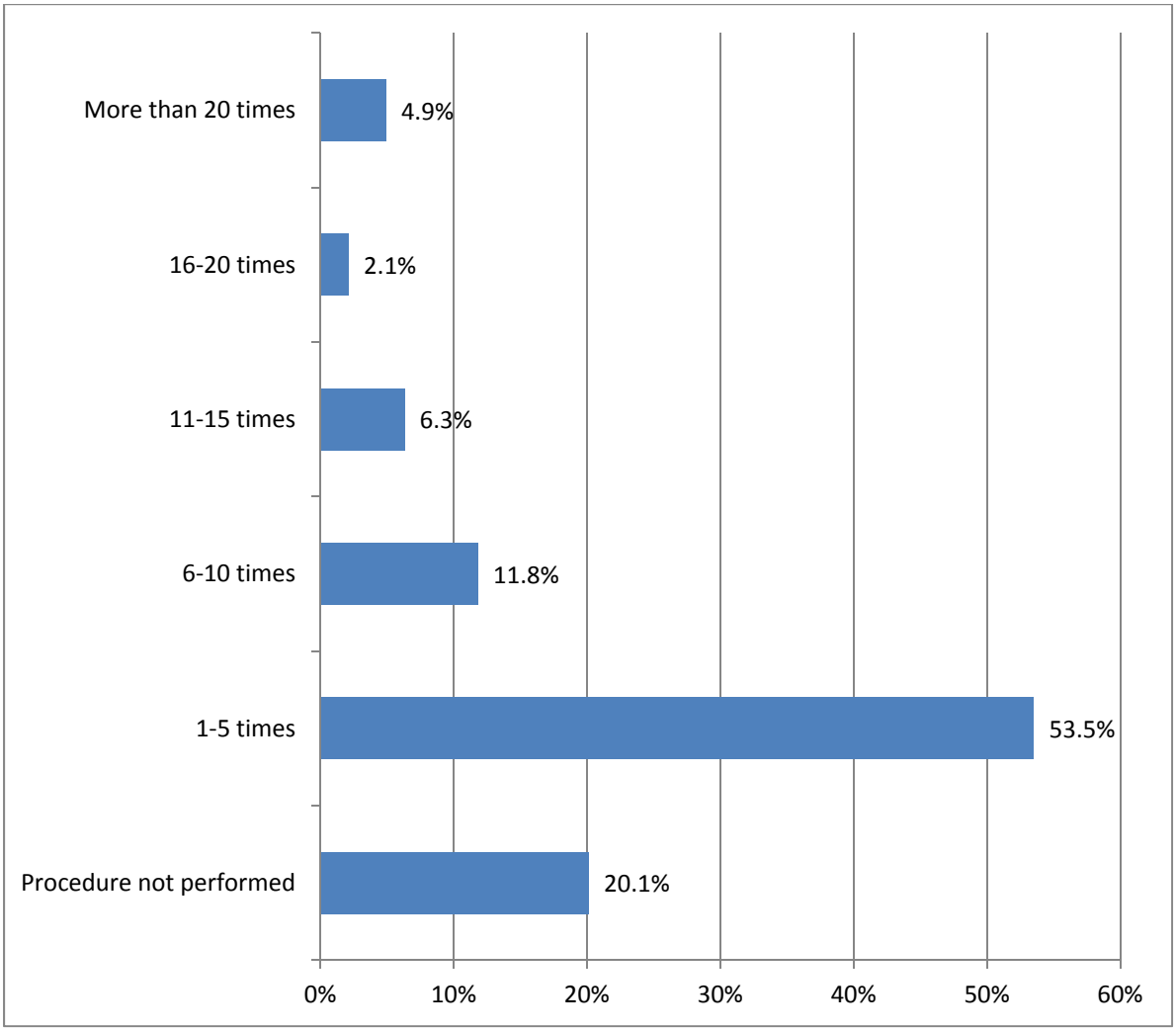
| Maxillary posterior | N | Percent |
|---|---|---|
| Procedure not performed | 26 | 18.1 |
| 1-5 times | 48 | 33.3 |
| 6-10 times | 30 | 20.8 |
| 11-15 times | 17 | 11.8 |
| 16-20 times | 9 | 6.3 |
| More than 20 times | 11 | 7.6 |
| Missing | 3 | 2.1 |
| Total | 144 | 100 |



In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

| Maxillary anterior | N | Percent |
|---|---|---|
| Procedure not performed | 29 | 20.1 |
| 1-5 times | 77 | 53.5 |
| 6-10 times | 17 | 11.8 |
| 11-15 times | 9 | 6.3 |
| 16-20 times | 3 | 2.1 |
| More than 20 times | 7 | 4.9 |
| Missing | 2 | 1.4 |
| Total | 144 | 100* |

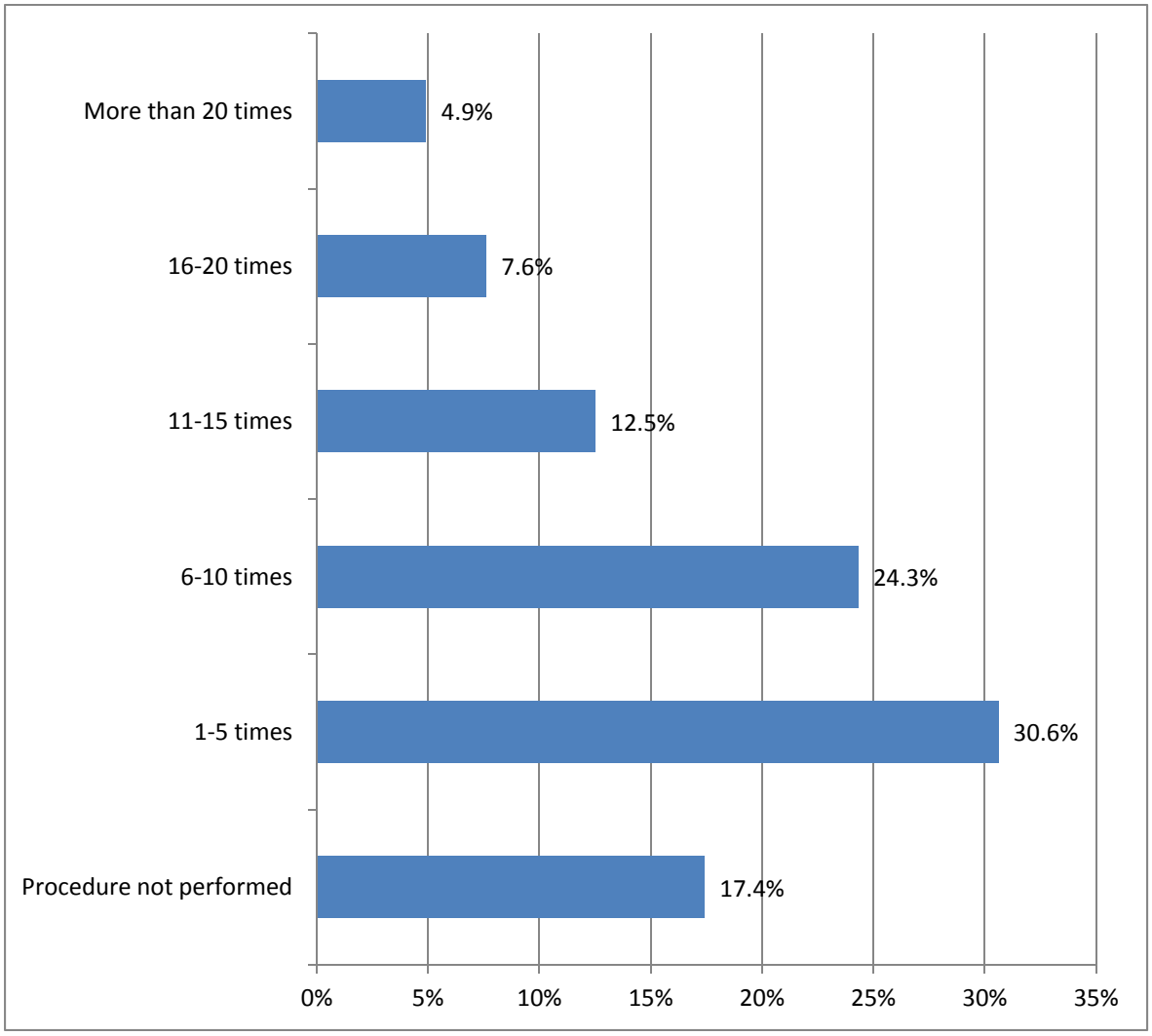
**NOTE: Percentages do not add to 100 due to rounding.*



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

| Mandibular posterior | N | Percent |
|---|---|---|
| Procedure not performed | 25 | 17.4 |
| 1-5 times | 44 | 30.6 |
| 6-10 times | 35 | 24.3 |
| 11-15 times | 18 | 12.5 |
| 16-20 times | 11 | 7.6 |
| More than 20 times | 7 | 4.9 |
| Missing | 4 | 2.8 |
| Total | 144 | 100* |

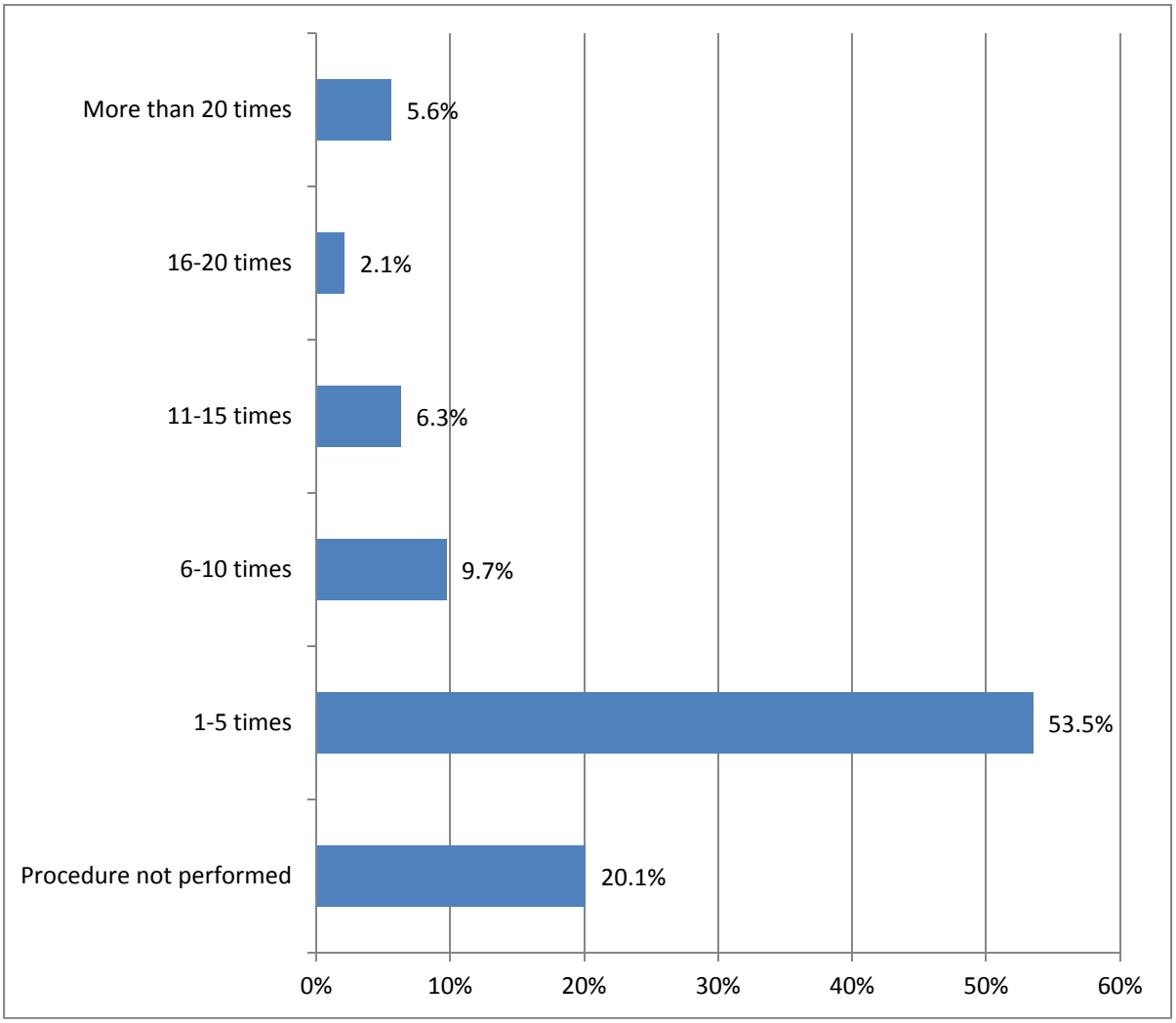
**NOTE: Percentages do not add to 100 due to rounding.*



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

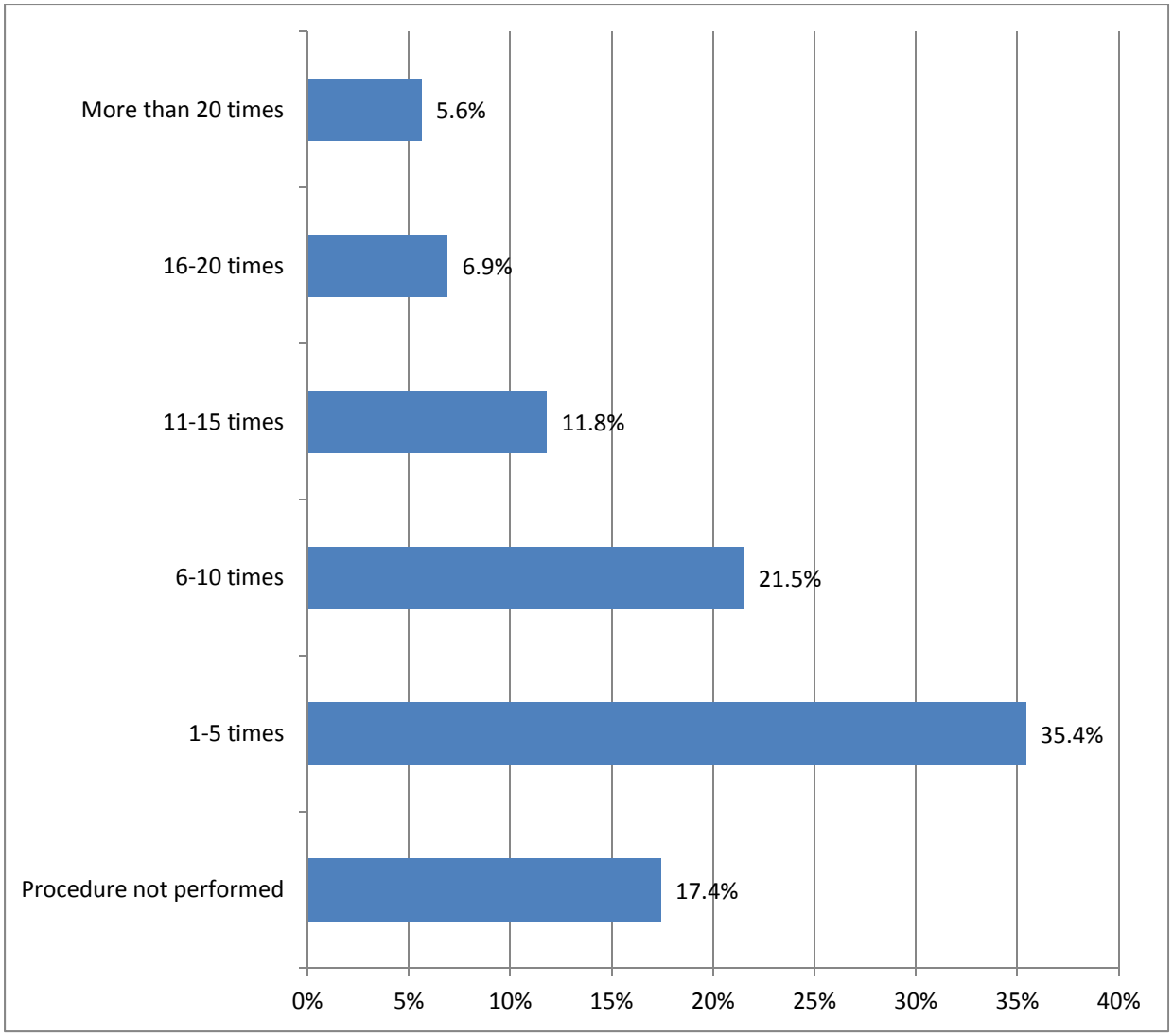
| Mandibular anterior | N | Percent |
|---|---|---|
| Procedure not performed | 29 | 20.1 |
| 1-5 times | 77 | 53.5 |
| 6-10 times | 14 | 9.7 |
| 11-15 times | 9 | 6.3 |
| 16-20 times | 3 | 2.1 |
| More than 20 times | 8 | 5.6 |
| Missing | 4 | 2.8 |
| Total | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

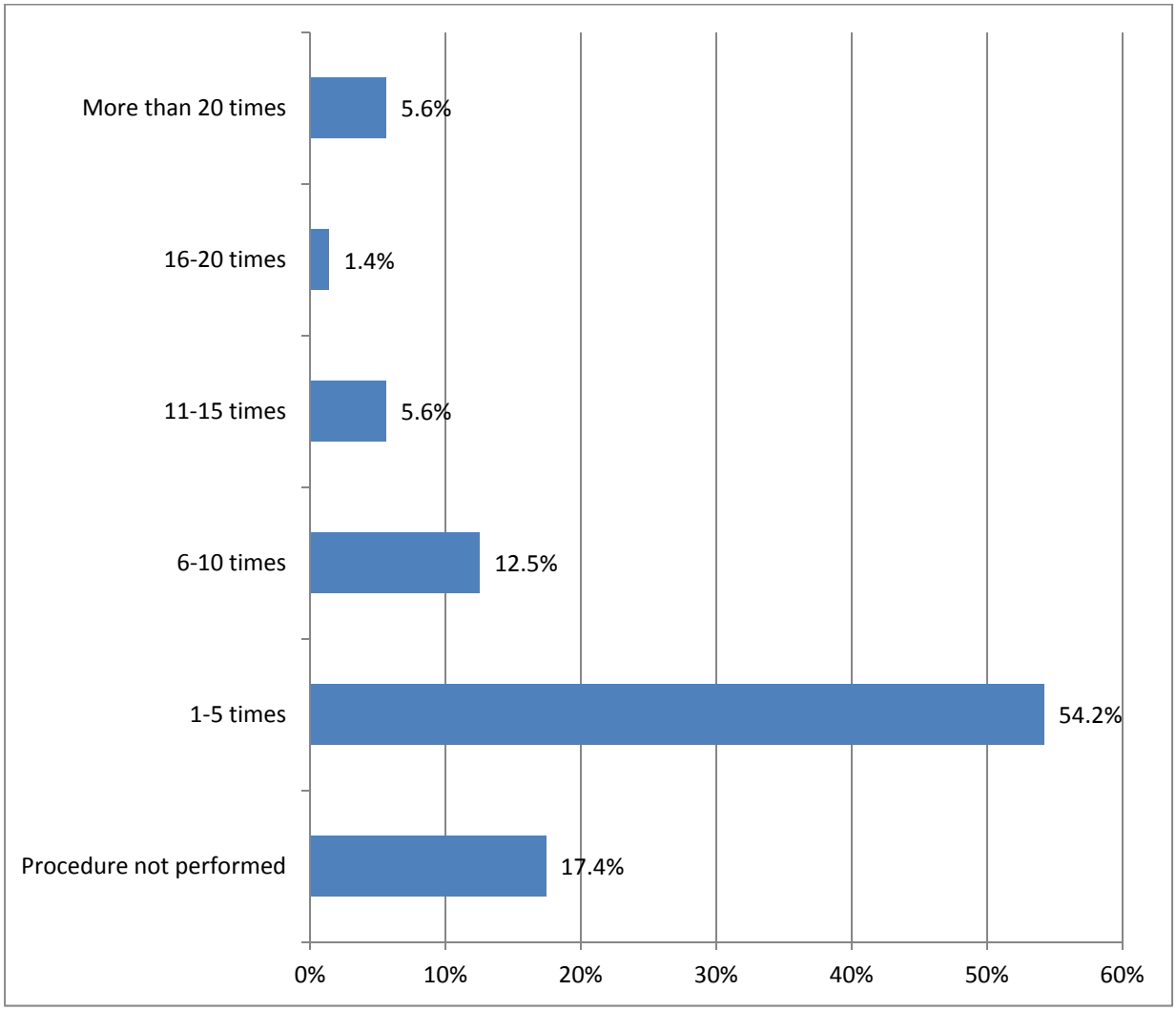
| Maxillary posterior | N | Percent |
|---|---|---|
| Procedure not performed | 25 | 17.4 |
| 1-5 times | 51 | 35.4 |
| 6-10 times | 31 | 21.5 |
| 11-15 times | 17 | 11.8 |
| 16-20 times | 10 | 6.9 |
| More than 20 times | 8 | 5.6 |
| Missing | 2 | 1.4 |
| Total | 144 | 100 |



In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

| Maxillary anterior | N | Percent |
|---|---|---|
| Procedure not performed | 25 | 17.4 |
| 1-5 times | 78 | 54.2 |
| 6-10 times | 18 | 12.5 |
| 11-15 times | 8 | 5.6 |
| 16-20 times | 2 | 1.4 |
| More than 20 times | 8 | 5.6 |
| Missing | 5 | 3.5 |
| Total | 144 | 100* |

**NOTE: Percentages do not add to 100 due to rounding.*



# APPENDIX G. LETTER TO PRACTITIONERS

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

October 7, 2015

FirstName LastName 5D_Code
Address1
City, State Zip

Dear Registered Dental Assistant in Extended Functions,

The Board is inviting you to participate in the 2015 Occupational Analysis (OA) of the Registered Dental Assistant in Extended Functions practice and we would like to award you three CE hours for helping us out on this very important project!

As you know, the Board is responsible for developing examinations to test applicant's skills for licensure in California. The development of an examination begins with an occupational analysis which is a method for identifying the tasks performed in a profession and the knowledge, skills, and abilities required to perform that job. The OA is only conducted every five to seven years and the results are very important to the development of the written and practical exams.

Several workshops with RDAEFs have been held in Sacramento, conducted by the Office of Professional Examination Services (OPES). As a result of their efforts, a survey questionnaire has been developed and we invite you to participate in evaluating the 2015 OA as it relates to your current practice as an RDAEF in California. Your responses will be combined with responses of other licensees to determine the tasks and knowledge needed for independent practice. Your individual responses will be kept confidential.

The survey will be available from **October 12 thru November 6, 2015,** 24 hours a day, 7 days a week. It will take approximately two - three hours to complete the online survey questionnaire. For your convenience, you may begin the survey questionnaire and exit to return at a later time, as long as it is from the same computer. Certificates for three CE hours will be mailed to those participants who have completed the entire survey.

If you are interested in helping us out with this important project, please:

Enter the following link to access the survey: **https://www.surveymonkey.com/s/H6JLD9H?c=#####**
In place of the **#####,** please type in the 5 digits located after your name (above).
The password for the survey is **dentin** (all lower case).

Again, we appreciate your dedication to your profession and to our mission of protecting the consumers of California by licensing qualified and competent providers.

Sincerely,

The Dental Board of California

# APPENDIX H. QUESTIONNAIRE

## RDAEF - REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS QUESTIONNAIRE

Welcome Registered Dental Assistants in Extended Functions

**Dear Licensee:**

**The Dental Board of California (Board) is conducting an occupational analysis of the Registered Dental Assistant in Extended Functions profession. The purpose of the occupational analysis is to identify the important tasks performed by Registered Dental Assistants in Extended Functions in current practice and the knowledge required to perform those tasks. Results of the occupational analysis will be used to update the CA Registered Dental Assistant in Extended Functions description of practice.**

**The Board requests your assistance in this process. Please take the time to complete the survey questionnaire as it relates to your current practice. Your participation ensures that all aspects of the profession are covered and is essential to the success of this project.**

**Licensees completing the survey in its entirety will earn 3 CE credits for their participation.**

**Your individual responses will be kept confidential. Your responses will be combined with responses of other RDAEFs and only group trends will be reported.**

**In order to progress through this survey, please use the following navigation buttons:**

- **Click the Next button to continue to the next page.**
- **Click the Prev button to return to the previous page.**
- **Click the Exit this survey button to exit the survey and return to it at a later time.**
- **Click the Done/Submit button to submit your survey as completed.**

**Any questions marked with an asterisk (*) require an answer in order to progress through the survey questionnaire.**

**Please Note: Once you have started the survey, you can exit at any time and return to it later without losing your responses as long as you are accessing the survey from the same computer. The survey automatically saves fully-completed pages, but will not save responses to questions on pages that were partially completed when the survey was exited.**

**Please make sure to exit only after completing all items on a page and clicking NEXT.**

**For your convenience, the weblink is available 24 hours a day 7 days a week.**

**Please complete the survey questionnaire by November 6, 2015.**

**If you have any questions about completing this survey, please contact Dental Board staff at rda_surveyhelp@dca.ca.gov. The Board welcomes your participation in this project and thanks you for your time.**

## RDAEF - REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS QUESTIONNAIRE

**The information you provide here is voluntary and confidential. It will be treated as personal information subject to the Information Practices Act (Civil Section 1798 et seq.) and will be used soley for analyzing the ratings from this questionnaire.**

* Are you currently licensed and practicing in California as a licensed Registered Dental Assistant in Extended Functions (RDAEF)?

- ◯ YES
- ◯ NO

## RDAEF - REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS QUESTIONNAIRE

### CE Confirmation

Please provide the board with an email address. An email will be sent to you to confirm that you initiated the survey and to confirm that you completed the survey as required to receive the continuing education credits. Note: Email is REQUIRED to receive CE credit.

Please enter the 5-digit NUMERIC code you received with your survey invitation.

## RDAEF - REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS QUESTIONNAIRE

### Part I - Personal Information

**INSTRUCTIONS FOR COMPLETING THE DEMOGRAPHIC ITEMS**

**This part of the questionnaire contains an assortment of demographic items, the responses to which will be used to describe Registered Dental Assistant practice as represented by the respondents to the questionnaire. Please note the instructions for each item before marking your response as several permit multiple responses.**

How many years have you been licensed and practicing in California as an RDAEF?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

When did you become licensed as an RDAEF?

- ◯ I received my RDAEF license prior to 2010 and I am currently an RDAEF
- ◯ I received my initial RDAEF license prior to 2010, but completed additional education and I am currently an RDAEF2
- ◯ I received my RDAEF license after 2010 and I am currently an RDAEF2

How many years did you work as a Registered Dental Assistant (RDA) before obtaining licensure as an RDAEF?

- ◯ 0 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 20 years
- ◯ More than 20 years

How many months or years did you work as an unlicensed Dental Assistant before obtaining RDA licensure in California?

- ◯ Not Applicable, I worked as an intern
- ◯ 0 to 11 months
- ◯ 12 to 15 months
- ◯ 16 months to 2 years
- ◯ 3 to 5 years
- ◯ 6 to 10 years
- ◯ More than 10 years

How would you describe your primary work setting?

- ◯ Solo dental practice
- ◯ Group dental practice (2 or more dentist)
- ◯ Specialty dental practice (oral and maxillofacial surgery, dentofacial orthopedics)
- ◯ Public health dentistry
- ◯ Hospital dental clinic
- ◯ Dental school clinic
- ◯ Military
- ◯ Government

Other (please specify)

How would you describe the dental practice in your primary work setting?

- ◯ General dentistry
- ◯ Orthodontic dentistry
- ◯ Endodontic dentistry
- ◯ Periodontic dentistry
- ◯ Pedodontic dentistry
- ◯ Prosthodontic dentistry
- ◯ Oral surgery

Other (please specify)

How would you describe the location of your primary work setting?

- Urban
- Rural

How many unlicensed Dental Assistants work in your primary work setting?

- None
- 1
- 2 to 3
- 4 to 5
- More than 5

How many licensed RDAs work in your primary work setting?

- None
- 1
- 2 to 3
- 4 to 5
- More than 5

How many licensed RDAEFs work in your primary work setting (do not include yourself)?

- None
- 1
- 2 to 3
- 4 to 5
- More than 5

## RDAEF - REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS QUESTIONNAIRE

### Part I - Personal Information

Where did you gain the majority of your training and experience to become an RDA? (Check no more than 3.)

- [ ] On the job from dentist
- [ ] On the job from experienced RDAEF's
- [ ] Community college program
- [ ] University-level program
- [ ] Private career school
- [ ] Private educational school
- [ ] Online school or program
- [ ] Community dental clinic
- [ ] Military

Which of the following permits/certificates do you possess in addition to your RDA license? (Mark all that apply.)

- [ ] Dental Sedation Assistant Permit
- [ ] Orthodontic Assistant Permit
- [ ] Ultrasonic Scaling Certificate
- [ ] Pit and Fissure Sealants Certificate
- [ ] Coronal Polishing Certificate

Other (please specify)

For each of the following procedures, use the Frequency Scale below to indicate:

- The extent to which the frequency of your performing this procedure has changed over the last 2 years.

  AND

- Based on your current practice, the extent to which the frequency of your performing this procedure is expected to change over the next 5 years.

| | How Frequently Performed Last 2 years | How Frequently Performed Next 5 years |
|---|---|---|
| Traditional braces (brackets/wire) | | |
| Clear tooth aligner systems (e.g., Invisalign, Minor Tooth Movement [MTM]) | | |
| Radiographs by X-ray film | | |
| Radiography by digital sensors/phosphor plates | | |
| Restorations using traditional impression material | | |
| Restorations using digital impressions (CAD/Cam) | | |
| Bonding agents (mix catalyst and base) | | |
| Bonding agents (all in one etch/prime and bond) | | |
| Cements (zinc phosphate, polycarboxylate) | | |
| Cements (glass ionomers and bonded cements) | | |
| Core build-up using amalgam | | |
| Core build-up using glass ionomers and composites | | |
| Posterior direct restorations (amalgam) | | |
| Posterior direct restorations (composites) | | |
| Caries detection – explorer & disclosing agents | | |
| Caries detection – laser fluorescence | | |
| Periodontal dressing (catalyst-based) | | |

| | How Frequently Performed Last 2 years | How Frequently Performed Next 5 years |
|---|---|---|
| Periodontal dressing (auto-mix) | | |

In an average week, what percentage of your time is spent performing each of the following tasks in the course of your work? (your numbers should add up to 100)

Assisting the dentist in the administration of treatment at the chair side

Working with endodontic master points and accessory points (select, size, fit, or seal).

Taking final impressions for permanent indirect restorations.

Taking final impressions for toothborne prosthetic appliances.

Placing a retraction cord for impression procedures.

Conducting preliminary myofunctional evaluation of the head and neck. (EF2)

Conducting direct restoration related work. (EF2)

Perform preliminary adjustment of permanent indirect restorations. (EF2)

Cement permanent indirect restorations. (EF2)

In an average week, how frequently do you cement and place provisional restorations for teeth in each of the following groups?

| | Procedure not performed | 1-5 times | 6-10 times | 11-15 times | 16-20 times | More than 20 times |
|---|---|---|---|---|---|---|
| Mandibular posterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Mandibular anterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Maxillary posterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Maxillary anterior | ○ | ○ | ○ | ○ | ○ | ○ |

In an average week, how frequently do you fabricate provisional restorations for teeth in each of the following groups?

| | Procedure not performed | 1-5 times | 6-10 times | 11-15 times | 16-20 times | More than 20 times |
|---|---|---|---|---|---|---|
| Mandibular posterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Mandibular anterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Maxillary posterior | ○ | ○ | ○ | ○ | ○ | ○ |
| Maxillary anterior | ○ | ○ | ○ | ○ | ○ | ○ |

## California Counties

**Location of Registered Dental Assistant in Extended Function Services**

In what California county do you perform the majority of your work as a Registered Dental Assistant in Extended Functions? (check no more than 3)

- ☐ 01 - Alameda
- ☐ 02 - Alpine
- ☐ 03 - Amador
- ☐ 04 - Butte
- ☐ 05 - Calaveras
- ☐ 06 - Colusa
- ☐ 07 - Contra Costa
- ☐ 08 - Del Norte
- ☐ 09 - El Dorado
- ☐ 10 - Fresno
- ☐ 11 - Glenn
- ☐ 12 - Humboldt
- ☐ 13 - Imperial
- ☐ 14 - Inyo
- ☐ 15 - Kern
- ☐ 16 - Kings
- ☐ 17 - Lake
- ☐ 18 - Lassen
- ☐ 19 - Los Angeles
- ☐ 20 - Madera
- ☐ 21 - Marin
- ☐ 22 - Mariposa
- ☐ 23 - Mendocino
- ☐ 24 - Merced
- ☐ 25 - Modoc
- ☐ 26 - Mono
- ☐ 27 - Monterey
- ☐ 28 - Napa
- ☐ 29 - Nevada
- ☐ 30 - Orange
- ☐ 31 - Placer
- ☐ 32 - Plumas
- ☐ 33 - Riverside
- ☐ 34 - Sacramento
- ☐ 35 - San Benito
- ☐ 36 - San Bernardino
- ☐ 37 - San Diego
- ☐ 38 - San Francisco
- ☐ 39 - San Joaquin
- ☐ 40 - San Luis Obispo
- ☐ 41 - San Mateo
- ☐ 42 - Santa Barbara
- ☐ 43 - Santa Clara
- ☐ 44 - Santa Cruz
- ☐ 45 - Shasta
- ☐ 46 - Sierra
- ☐ 47 - Siskiyou
- ☐ 48 - Solano
- ☐ 49 - Sonoma
- ☐ 50 - Stanislaus
- ☐ 51 - Sutter
- ☐ 52 - Tehama
- ☐ 53 - Trinity
- ☐ 54 - Tulare
- ☐ 55 - Tuolumne
- ☐ 56 - Ventura
- ☐ 57 - Yolo
- ☐ 58 - Yuba

## Part II - TASK RATINGS

**In this part of the questionnaire, please rate each task as it relates to your current practice as a Registered Dental Assistant in Extended Functions.**

**Your Frequency and Importance ratings should be separate and independent ratings. Therefore, the ratings that you assign from one rating scale should not influence the ratings that you assign from the other rating scale.**

**Please note that this questionnaire purposefully encompasses both RDA and RDAEF specific duties in its content. If, as an RDAEF1 or RDAEF2, you do NOT perform the activity listed, simply select "0" (zero) DOES NOT APPLY for the frequency and "0" (zero) DOES NOT APPLY for the Importance rating.**

**The boxes for rating the Frequency and Importance of each task have drop-down lists. Click on the "down" arrow for each list to see the ratings and then select the option based on your current job.**

**FREQUENCY RATING How often are these tasks performed in your current job? Use the following scale to make your rating.**

- **0 - DOES NOT APPLY TO MY PRACTICE. I do not perform this task in my job.**
  **1 - RARELY. This task is one of the tasks I perform least often in my practice relative to other tasks I perform.**
  **2 - SELDOM. This task is performed less often relative to other tasks I perform in my practice.**
  **3 - REGULARLY. This task is performed as often as other tasks I perform in my practice.**
  **4 - OFTEN. This task is performed more often than most other tasks I perform in my practice.**
  **5 - VERY OFTEN. This task is one of the tasks I perform most often in my practice.**

**IMPORTANCE RATING HOW IMPORTANT are these tasks in the performance of your current practice? Use the following scale to make your ratings.**

- **0 - NOT IMPORTANT; DOES NOT APPLY TO MY PRACTICE I do not perform this task in my practice.**
  **1 - OF MINOR IMPORTANCE. This task is of minor importance for effective performance relative to other tasks; it has the lowest priority of all the tasks I perform in my current practice.**
  **2 - FAIRLY IMPORTANT. This task is fairly important for effective performance relative to other tasks; it does not have the priority of most other tasks I perform in my current practice.**
  **3 - MODERATELY IMPORTANT. This task is moderately important for effective performance relative to other tasks; it has average priority of all the tasks I perform in my current job.**
  **4 - VERY IMPORTANT. This task is very important for performance in my practice; it has a higher degree of priority than most other tasks I perform in my current practice.**
  **5 - CRITICALLY IMPORTANT. This task is one of the most critical tasks I perform in practice; it**

**has the highest degree of priority of all the tasks I perform in my current practice.**

## RDAEF - REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS QUESTIONNAIRE

### Part II - TASK RATINGS (1 through 12)

Patient Examination

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 1. Review and report to dentist patient medical conditions, medications, and areas of medical/dental treatment history that may affect dental treatment. | | |
| 2. Take patient blood pressure and vital signs. | | |
| 3. Inspect patient oral condition with mouth mirror. | | |
| 4. Chart existing oral conditions and diagnostic findings at the direction of the licensed provider. | | |
| 5. Perform intra-oral diagnostic imaging of patient mouth and dentition (e.g., radiographs, photographs, CT scans). | | |
| 6. Respond to patient questions about existing conditions and treatment following dentist's diagnosis. | | |
| 7. Observe for signs and conditions that may indicate abuse or neglect. | | |
| 8. Perform dental procedures using professional chairside manner. | | |
| 9. Educate patient about behaviors that could affect oral health or dental treatment. | | |
| 10. Instruct patient about preoperative and postoperative care and maintenance for dental procedures and appliances. | | |
| 11. Conduct preliminary myofunctional evaluations of the head and neck. | | |
| 12. Perform and complete Oral Health Assessments under the direction of a dentist, RDH, or RDHAP. | | |

## Part II - TASK RATINGS (13 through 33)

### Direct and Indirect Restorations

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 13. Place bases and liners. | | |
| 14. Place matrices and wedges. | | |
| 15. Place temporary filling material. | | |
| 16. Apply etchant to tooth surface (tooth dentin or enamel) for direct and indirect provisional restorations. | | |
| 17. Place bonding agent. | | |
| 18. Fabricate and adjust direct and indirect provisional restorations. | | |
| 19. Perform cementation procedure for direct and indirect provisional restorations. | | |
| 20. Obtain intra-oral images using computer-generated imaging system (e.g., CADCAM). | | |
| 21. Take impressions for direct and indirect provisional restorations. | | |
| 22. Remove indirect provisional restorations. | | |
| 23. Perform in-office whitening (bleaching) procedures (e.g., Boost, Opalescence). | | |
| 24. Place and contour direct restorations. | | |
| 25. Adjust, finish, and polish direct restorations. | | |
| 26. Perform preliminary adjustment of permanent indirect restorations prior to cementation. | | |
| 27. Cement permanent indirect restorations. | | |
| 28. Perform final adjustment of permanent indirect restorations after cementation. | | |
| 29. Take final impressions for permanent indirect restorations and tooth-borne removable prostheses. | | |
| 30. Place retraction cord for impression procedures. | | |

Preventive Procedures

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 31. Perform coronal polishing. | | |
| 32. Utilize caries detection materials and devices to gather information for dentist. | | |
| 33. Prepare teeth and apply pit and fissure sealants. | | |

## Part II - TASK RATINGS (34 through 43)

### Infection Control & Safety

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 34. Wear personal protective equipment during patient-based and non-patient-based procedures as specific to the tasks. | | |
| 35. Purge dental unit lines with air or water prior to attachment of devices. | | |
| 36. Use germicides for surface disinfection (e.g., tables, chairs, counters). | | |
| 37. Use surface barriers for prevention of cross-contamination. | | |
| 38. Perform instrument sterilization in compliance with the office's infection control program. | | |
| 39. Disinfect and sterilize laboratory and operatory equipment in compliance with the office's infection control program. | | |
| 40. Use hand hygiene procedures. | | |
| 41. Conduct biological spore testing to ensure functioning of sterilization devices. | | |
| 42. Dispose of biological hazardous waste and other potentially infectious materials (OPIM). | | |
| 43. Dispose of pharmaceuticals and sharps in appropriate container. | | |

## Part II - TASK RATINGS (44 through 57)

### Radiation Safety

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 44. Implement measures to minimize radiation exposure to patient during radiographic procedures. | | |
| 45. Implement measures to prevent and monitor scatter radiation exposure (e.g., lead shields, radiation dosimeter) to self and others during radiographic procedures. | | |
| 46. Implement measures for the storage and maintenance of radiation protective barriers and portable X-Ray units. | | |
| 47. Implement measures for the storage and disposal of radiographic film. | | |

### Emergencies

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 48. Assist in the administration of nitrous oxide/oxygen when used for analgesia or sedation by dentist. | | |
| 49. Assist in the administration of oxygen to patients as instructed by dentist. | | |
| 50. Implement basic life support and/or use of AED as indicated during medical emergency. | | |
| 51. Assist in emergency care of patient. | | |
| 52. Implement first aid and BLS measures to support patient care. | | |
| 53. Implement emergency preparedness protocols in compliance with office procedures. | | |
| 54. Follow infection control procedures during the administration of first aid and basic life support. | | |

Occupational Safety

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 55. Implement procedures and protocols to protect operator from exposure during hazardous waste management. | | |
| 56. Package, prepare, and store hazardous waste for disposal. | | |
| 57. Store, label, and log chemicals used in a dental practice. | | |

## Part II - TASK RATINGS (58 through 72)

### Endodontic Procedures

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 58. Test pulp vitality. | | |
| 59. Dry canals with absorbent points. | | |
| 60. Select, size, and fit endodontic master and accessory points. | | |
| 61. Seal endodontic master and accessory points. | | |

### Periodontal Procedures

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 62. Place periodontal dressings at surgical site. | | |

### Implants, Oral Surgery, Extractions

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 69. Remove post-extraction and post-surgery sutures as directed by dentist. | | |
| 70. Place and remove dry socket dressing as directed by dentist. | | |

### Prosthetic Appliances

| | FREQUENCY | IMPORTANCE |
|---|---|---|
| 71. Adjust prosthetic appliances extra-orally. | | |
| 72. Take final impressions for tooth-borne prosthetic appliances. | | |

## RDAEF - REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS OCCUPATIONAL ANALYSIS QUESTIONNAIRE

### Part III - KNOWLEDGE RATINGS

**In this part of the questionnaire, rate each of the knowledge statements based on how IMPORTANT the knowledge is to successful performance in your practice.**

**Please note that this questionnaire purposefully encompasses both RDA and RDAEF specific duties in its content. If, as an RDAEF1 or RDAEF2, you do NOT perform the activity listed, simply select "0" (zero) NOT REQUIRED for the Importance rating.**

**PLEASE NOTE: Numbering of Knowledges occasionally skips a few numbers, this is purposeful.**

**The boxes for rating the Importance of each knowledge statement have a drop-down list. Click on the "down" arrow for the list to see the ratings. Then select the rating based on your current practice.**

**IMPORTANCE RATING**
**HOW IMPORTANT is this knowledge in the performance of your current practice?**

**Use the following scale to make your ratings.**
**0 - DOES NOT APPLY TO MY PRACTICE; NOT REQUIRED; this knowledge is not required to perform in my practice.**
**1 - OF MINOR IMPORTANCE; this knowledge is of minor importance for performance of my practice relative to all other knowledge.**
**2 - FAIRLY IMPORTANT; this knowledge is fairly important for performance of my practice relative to all other knowledge.**
**3 - MODERATELY IMPORTANT; this knowledge is moderately important for performance of my practice relative to all other knowledge.**
**4 - VERY IMPORTANT; this knowledge is very important for performance of my practice relative to all other knowledge.**
**5 - CRITICALLY IMPORTANT; this knowledge is essential for performance of my practice relative to all other knowledge.**

## Part III - KNOWLEDGE RATINGS (1 through 27)

### Patient Examination

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 1. Knowledge of effects of coexisting medical/dental conditions on dental treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 2. Knowledge of common medical conditions that may affect dental treatment (e.g., asthma, cardiac conditions, diabetes). | ○ | ○ | ○ | ○ | ○ | ○ |
| 3. Knowledge of allergic reactions and sensitivities associated with dental treatment and materials (e.g., latex, epinephrine). | ○ | ○ | ○ | ○ | ○ | ○ |
| 4. Knowledge of purposes and effects of commonly prescribed medications that may affect dental treatment (e.g., Coumadin, psychotropics). | ○ | ○ | ○ | ○ | ○ | ○ |
| 5. Knowledge of the legal and ethical requirements regarding patient records and patient confidentiality. | ○ | ○ | ○ | ○ | ○ | ○ |
| 6. Knowledge of medical conditions that may require premedication for dental treatment (e.g., joint replacement, infective endocarditis, artificial heart valves). | ○ | ○ | ○ | ○ | ○ | ○ |
| 7. Knowledge of acceptable levels of blood pressure for performing dental procedures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 8. Knowledge of methods and techniques for using medical equipment to take vital signs. | ○ | ○ | ○ | ○ | ○ | ○ |
| 9. Knowledge of techniques and procedures for using imaging equipment to perform intra-oral and extra-oral diagnostic imaging. | ○ | ○ | ○ | ○ | ○ | ○ |
| 10. Knowledge of types of plaque, calculus, and stain formations of the oral cavity and their etiology. | ○ | ○ | ○ | ○ | ○ | ○ |
| 11. Knowledge of conditions of the tooth surfaces (e.g., decalcification, caries, stains, fracture lines) and how to document them. | ○ | ○ | ○ | ○ | ○ | ○ |

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 12. Knowledge of effects of substance abuse on patient physical condition, including oral tissues. | ○ | ○ | ○ | ○ | ○ | ○ |
| 13. Knowledge of effects of nutrition and malnutrition on the oral cavity. | ○ | ○ | ○ | ○ | ○ | ○ |
| 14. Knowledge of effects of smoking and smokeless tobacco on oral tissue. | ○ | ○ | ○ | ○ | ○ | ○ |
| 15. Knowledge of the professional and ethical principles related to communicating with and fair treatment of patient. (ADA 4-A.1, C, C1, ADA 5-A, CDA 4, DANB-Justice, Truth) | ○ | ○ | ○ | ○ | ○ | ○ |
| 16. Knowledge of professional and ethical principles regarding patient care. (CDA-Compassion, 1C, 5, Integrity) | ○ | ○ | ○ | ○ | ○ | ○ |
| 17. Knowledge of legal requirements and ethical principles regarding patient confidentiality. (B&P code, CA client Confidentiality, HIPPA) | ○ | ○ | ○ | ○ | ○ | ○ |
| 18. Knowledge of types of dental conditions of hard and soft tissue and how to identify and document them. | ○ | ○ | ○ | ○ | ○ | ○ |
| 19. Knowledge of basic oral and dental anatomy (e.g., nomenclature, morphology, and tooth notation). | ○ | ○ | ○ | ○ | ○ | ○ |
| 20. Knowledge of legal requirements and ethical principles regarding mandated reporting (abuse and neglect). (Penal 11166, ADA 3.E, & DANB Definition) | ○ | ○ | ○ | ○ | ○ | ○ |
| 21. Knowledge of techniques to provide patient comfort during intra-oral procedures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 22. Knowledge of RDA/RDAEFs' legal and ethical responsibilities to report violations of the California Dental Practice Act and administrative rules and regulations to the proper authorities. | ○ | ○ | ○ | ○ | ○ | ○ |
| 23. Knowledge of methods and techniques patients can perform to improve oral health. | ○ | ○ | ○ | ○ | ○ | ○ |
| 24. Knowledge of preoperative and postoperative care and maintenance for dental procedures and appliances. | ○ | ○ | ○ | ○ | ○ | ○ |
| 25. Knowledge of requirements for the supervision of RDAs and RDAEFs related to different dental procedures. | ○ | ○ | ○ | ○ | ○ | ○ |

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 26. Knowledge of scope of practice for RDAs and RDAEFs related to initial patient assessment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 27. Knowledge of techniques and procedures for performing an extra-oral and intra-oral examination of the hard and soft tissues to identify pathology and abnormalities. | ○ | ○ | ○ | ○ | ○ | ○ |

## Part III - KNOWLEDGE RATINGS (28 through 59)

### Direct and Indirect Restorations

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 28. Knowledge of types of base and liner materials and the techniques and procedures for their application and placement. | ○ | ○ | ○ | ○ | ○ | ○ |
| 29. Knowledge of types of wedges and the techniques and procedures for their use. | ○ | ○ | ○ | ○ | ○ | ○ |
| 30. Knowledge of techniques and procedures for using matrix bands with or without band retainers. | ○ | ○ | ○ | ○ | ○ | ○ |
| 31. Knowledge of types of temporary filling materials and the techniques and procedures to mix, place, and contour them. | ○ | ○ | ○ | ○ | ○ | ○ |
| 32. Knowledge of types of bonding agents and the techniques and procedures for their application and placement. | ○ | ○ | ○ | ○ | ○ | ○ |
| 33. Knowledge of types of etchants and the techniques and procedures for their application and placement. | ○ | ○ | ○ | ○ | ○ | ○ |
| 34. Knowledge of irregularities in margins that affect direct and indirect provisional restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 35. Knowledge of techniques used to eliminate open margins when placing restorative materials. | ○ | ○ | ○ | ○ | ○ | ○ |
| 36. Knowledge of methods for identifying improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 37. Knowledge of techniques and procedures for mitigating the effects of improper occlusal contacts, proximal contacts, or embrasure contours of provisional restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 38. Knowledge of instrumentation and techniques related to the removal of indirect provisional restorations. | ○ | ○ | ○ | ○ | ○ | ○ |

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 39. Knowledge of scope of practice for RDAs and RDAEFs related to applying bases, liners, and bonding agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 40. Knowledge of equipment and procedures used to obtain intra-oral images for computer-aided milled restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 41. Knowledge of types of impression materials and techniques and procedures for their application and placement. | ○ | ○ | ○ | ○ | ○ | ○ |
| 42. Knowledge of techniques and procedures used to mix and place provisional materials. | ○ | ○ | ○ | ○ | ○ | ○ |
| 43. Knowledge of techniques and procedures for bonding provisional veneers. | ○ | ○ | ○ | ○ | ○ | ○ |
| 44. Knowledge of indications and contraindications for the use of whitening (bleaching) agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 45. Knowledge of indications and contraindications for the use of bonding agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 46. Knowledge of indications and contraindications for the use of etching agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 47. Knowledge of types of whitening (bleaching) agents and the techniques and procedures for their application. | ○ | ○ | ○ | ○ | ○ | ○ |
| 48. Knowledge of types of cements and the techniques and procedures for their application, placement, and removal. | ○ | ○ | ○ | ○ | ○ | ○ |
| 49. Knowledge of scope of practice for RDAs and RDAEFs related to applying and activating whitening (bleaching) agents. | ○ | ○ | ○ | ○ | ○ | ○ |
| 50. Knowledge of scope of practice for RDAs and RDAEFs related to direct restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 51. Knowledge of scope of practice for RDAs and RDAEFs related to indirect restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 52. Knowledge of scope of practice for RDAs and RDAEFs related to final impressions. | ○ | ○ | ○ | ○ | ○ | ○ |
| 53. Knowledge of types of direct restorative materials and the techniques and procedures for their application, placement, and contouring. | ○ | ○ | ○ | ○ | ○ | ○ |

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 54. Knowledge of techniques and procedures for adjusting, finishing, and polishing direct restorative materials. | ○ | ○ | ○ | ○ | ○ | ○ |
| 55. Knowledge of techniques and procedures for identifying and adjusting occlusal, marginal, and contact discrepancies. | ○ | ○ | ○ | ○ | ○ | ○ |
| 56. Knowledge of the types of luting agents and the techniques and procedures for applying them in the placement of permanent indirect restorations. | ○ | ○ | ○ | ○ | ○ | ○ |
| 57. Knowledge of techniques and procedures for making final adjustment of permanent indirect restorations after cementation. | ○ | ○ | ○ | ○ | ○ | ○ |
| 58. Knowledge of materials and techniques for taking final impressions. | ○ | ○ | ○ | ○ | ○ | ○ |
| 59. Knowledge of techniques for gingival cord retraction, tissue management, and cord removal. | ○ | ○ | ○ | ○ | ○ | ○ |

## Part III - KNOWLEDGE RATINGS (60 through 68)

### Preventative Procedures

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 60. Knowledge of scope of practice for RDAs related to coronal polishing and the application of pit and fissure sealants. | ○ | ○ | ○ | ○ | ○ | ○ |
| 61. Knowledge of indications and contraindications for performing coronal polishing. | ○ | ○ | ○ | ○ | ○ | ○ |
| 62. Knowledge of techniques and procedures for coronal polishing. | ○ | ○ | ○ | ○ | ○ | ○ |
| 63. K of types of disclosing agents used in conjunction with coronal polishing. | ○ | ○ | ○ | ○ | ○ | ○ |
| 64. Knowledge of types of automated caries detection devices and materials and the procedures for their use. | ○ | ○ | ○ | ○ | ○ | ○ |
| 65. Knowledge of procedures for preparing the tooth for application of pit and fissure sealants. | ○ | ○ | ○ | ○ | ○ | ○ |
| 66. Knowledge of indications and contraindications for use of pit and fissure sealants. | ○ | ○ | ○ | ○ | ○ | ○ |
| 67. Knowledge of types of pit and fissure sealants and the techniques and procedures for their application. | ○ | ○ | ○ | ○ | ○ | ○ |
| 68. Knowledge of scope of practice for RDAs related to use of caries detection devices and materials. | ○ | ○ | ○ | ○ | ○ | ○ |

## Part III - KNOWLEDGE RATINGS (69 through 84)

### Infection Control and Safety

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 69. Knowledge of laws and regulations pertaining to infection control procedures related to dental healthcare personnel (DHCP) environments. (CCR 1005 Infection control) | ○ | ○ | ○ | ○ | ○ | ○ |
| 70. Knowledge of procedures and protocols for management and disposal of pharmaceuticals and sharps. | ○ | ○ | ○ | ○ | ○ | ○ |
| 71. Knowledge of methods and procedures for the handling, use, cleaning, and disposal of personal protective equipment (e.g., gloves, masks, goggles, gown). | ○ | ○ | ○ | ○ | ○ | ○ |
| 72. Knowledge of sequence for donning and removing personal protective equipment. | ○ | ○ | ○ | ○ | ○ | ○ |
| 73. Knowledge of procedures and protocols for the use of surface barriers to prevent contamination. | ○ | ○ | ○ | ○ | ○ | ○ |
| 74. Knowledge of procedures and protocols for purging dental unit waterlines and hand pieces (DUWL). (Dental Board Minimum Standards for infection control – CCR 1005(b)(21)) | ○ | ○ | ○ | ○ | ○ | ○ |
| 75. Knowledge of procedures for managing self-contained water systems. | ○ | ○ | ○ | ○ | ○ | ○ |
| 76. Knowledge of procedures and protocols for the disinfection/decontamination of surfaces and work areas. | ○ | ○ | ○ | ○ | ○ | ○ |
| 77. Knowledge of the methods and procedures for the application and disposal of low-level, intermediate-level, and high-level disinfectants and germicides. | ○ | ○ | ○ | ○ | ○ | ○ |
| 78. Knowledge of what defines critical, semi-critical, and non-critical instruments and their respective disinfection/sterilization protocols. | ○ | ○ | ○ | ○ | ○ | ○ |

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 79. Knowledge of types of sterilization devices (e.g., steam and dry heat automated sterilization devices) and the indications and procedures for their use. | ○ | ○ | ○ | ○ | ○ | ○ |
| 80. Knowledge of procedures for the disinfection and sterilization of laboratory equipment, operatory equipment, and mechanical devices. | ○ | ○ | ○ | ○ | ○ | ○ |
| 81. Knowledge of procedures for handling, disinfecting, and sterilizing detachable intra-oral hand pieces, instruments, and devices. | ○ | ○ | ○ | ○ | ○ | ○ |
| 82. Knowledge of procedures and protocols for hand hygiene. | ○ | ○ | ○ | ○ | ○ | ○ |
| 83. Knowledge of protocols for using biological spore test and heat-indicating devices. | ○ | ○ | ○ | ○ | ○ | ○ |
| 84. Knowledge of procedures and protocols for the disposal of biological hazardous waste and other potentially infectious materials (OPIM). | ○ | ○ | ○ | ○ | ○ | ○ |

## Part III - KNOWLEDGE RATINGS (85 through 101)

### Radiation Safety

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 85. Knowledge of methods and procedures for use and care of protective barriers (e.g., lead apron, thyroid collar, shield) to protect patient from radiation exposure. | ○ | ○ | ○ | ○ | ○ | ○ |
| 86. Knowledge of types of film-holding devices and placement to minimize multiple exposures during radiography. | ○ | ○ | ○ | ○ | ○ | ○ |
| 87. Knowledge of factors of radiographic film speed, digital sensors, phosphor plates, and exposure time as related to radiographic safety. | ○ | ○ | ○ | ○ | ○ | ○ |
| 88. Knowledge of techniques and procedures for minimizing radiation exposure to self and others during radiographic procedures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 89. Knowledge of legal and ethical requirements for RDAs and RDAEFs related to radiation safety. (BPC 1645.1(a) (b) Compliance) | ○ | ○ | ○ | ○ | ○ | ○ |
| 90. Knowledge of methods for the storage and disposal of radiographic film. | ○ | ○ | ○ | ○ | ○ | ○ |

## Emergencies

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 91. Knowledge of the applications and contraindications for use of oxygen and nitrous oxide/oxygen in a dental practice setting. | ○ | ○ | ○ | ○ | ○ | ○ |
| 92. Knowledge of procedures for the use and care of equipment used to administer oxygen and nitrous oxide/oxygen. | ○ | ○ | ○ | ○ | ○ | ○ |
| 93. Knowledge of signs and symptoms indicating the need to implement first aid and basic life support measures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 94. Knowledge of procedures for implementing protocols for responding to office and environmental emergencies. | ○ | ○ | ○ | ○ | ○ | ○ |
| 95. Knowledge of signs and symptoms indicating possible allergic reactions and/or sensitivities to medications or materials used in dentistry. | ○ | ○ | ○ | ○ | ○ | ○ |
| 96. Knowledge of the equipment used for first aid and BLS and their uses and applications (e.g., eyewash station, AED). | ○ | ○ | ○ | ○ | ○ | ○ |
| 97. Knowledge of measures for preventing spread of infection during first aid and BLS. | ○ | ○ | ○ | ○ | ○ | ○ |

## Occupational Safety

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 98. Knowledge of location within Safety Data Sheets of safe handling and emergency protocols for hazardous substances. | ○ | ○ | ○ | ○ | ○ | ○ |
| 99. Knowledge of what constitutes hazardous waste and the procedures and protocols for its disposal. | ○ | ○ | ○ | ○ | ○ | ○ |
| 100. Knowledge of methods for maintaining a chemical inventory. | ○ | ○ | ○ | ○ | ○ | ○ |
| 101. Knowledge of requirements for placing hazardous substances in secondary containers (e.g., labeling, handling, applicable containers). | ○ | ○ | ○ | ○ | ○ | ○ |

## Part III - KNOWLEDGE RATINGS (102 through 119)

### Endodontic Procedures

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 102. Knowledge of techniques and procedures for testing pulp vitality. | ○ | ○ | ○ | ○ | ○ | ○ |
| 103. Knowledge of techniques and procedures for measuring canal length and size. | ○ | ○ | ○ | ○ | ○ | ○ |
| 104. Knowledge of scope of practice for RDAs and RDAEFs related to initial pulp vitality testing and other endodontic procedures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 105. Knowledge of techniques and procedures for fitting master and accessory points. | ○ | ○ | ○ | ○ | ○ | ○ |
| 106. Knowledge of techniques and procedures for sealing endodontic master and accessory points. | ○ | ○ | ○ | ○ | ○ | ○ |
| 107. Knowledge of scope of practice for RDAs and RDAEFs related to endodontic points. | ○ | ○ | ○ | ○ | ○ | ○ |

### Periodontal Procedures

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 108. Knowledge of scope of practice for RDAs and RDAEFs related to the placement of periodontal dressing materials. | ○ | ○ | ○ | ○ | ○ | ○ |
| 109. Knowledge of types of periodontal dressings and techniques for their application. | ○ | ○ | ○ | ○ | ○ | ○ |

## Implants, Oral Surgery, Extractions

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 114. Knowledge of techniques for removing post-extraction and post-surgery sutures. | ○ | ○ | ○ | ○ | ○ | ○ |
| 115. Knowledge of methods for treating dry socket. | ○ | ○ | ○ | ○ | ○ | ○ |

## Prosthetic Appliances

| | NOT REQUIRED | OF MINOR IMPORTANCE | FAIRLY IMPORTANT | MODERATELY IMPORTANT | VERY IMPORTANT | CRITICALLY IMPORTANT |
|---|---|---|---|---|---|---|
| 116. Knowledge of methods for identifying pressure points (sore spots) related to ill-fitting prosthetic appliances. | ○ | ○ | ○ | ○ | ○ | ○ |
| 117. Knowledge of materials, equipment, and techniques used for adjustment of prosthetic appliances. | ○ | ○ | ○ | ○ | ○ | ○ |
| 118. Knowledge of scope of practice for RDAs and RDAEFs related to the adjustment of extra-oral prosthetic appliances. | ○ | ○ | ○ | ○ | ○ | ○ |
| 119. Knowledge of materials and techniques for taking final impressions for tooth-borne prosthetic appliances. | ○ | ○ | ○ | ○ | ○ | ○ |

PARTICIPANT FEEDBACK

**Please provide your feedback about the RDAEF Occupational Analysis Questionnaire.**

**When done, please click NEXT to continue onto the next page.**

Were the instructions for rating the task and knowledge statements clearly stated?

- YES
- NO

Comments

Were the rating scales easy to understand and apply?

- YES
- NO

Comments

Were any important areas of practice left out?

- YES
- NO

Comments

Finished!

**Thank you for participating in the 2015 Registered Dental Assistant in Extended Functions Occupational Analysis.**

**Once the completeness of your survey has been verified you will receive a letter from the Board confirming the CE credits for your records.**

**Dental Board of California**


STATE OF CALIFORNIA

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