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CALIFORNIA CODE OF REGULATIONS

**TITLE 16. PROFESSIONS AND VOCATIONS
DIVISION 10. DENTAL BOARD OF CALIFORNIA**

**CHAPTER 1. GENERAL PROVISIONS APPLICABLE TO ALL LICENSEES
ARTICLE 3.1. RADIATION SAFETY COURSES**

****SHOULD ALL DENTAL ASSISTANTS BE CONSIDERED A DENTAL RADIOLOGIC TECHNICIANS AND BE REQUIRED TO FINGERPRINT WITH THE BOARD? WOULD BE REQUIRED FOR INFECTION CONTROL AND RADIATION SAFETY.**

****SHOULD STUDENTS BE REQUIRED TO TAKE THE DANB RADIATION SAFETY EXAMINATION PRIOR TO EXPOSURE OF RADIOGRAPHS?**

****5a. Pass the national DANB Radiation Health and Safety (RHS) exam within the five years prior to application, or**

****5b. Hold current national DANB Certified Dental Assistant (CDA) certification, AND**

§ 1014. Approval of Radiation Safety Courses.

(a) Definitions: As used in this Article, the following definitions shall apply:

(1) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

(2) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

(3) "Extramural dental facility" means any clinical facility utilized by a Board-approved radiation safety course used for instruction that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved radiation safety course and in which dental treatment is rendered.

(4) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins,

Comment [D1]: Update to reflect CADAT language requiring faculty to be present at all times.

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or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.

(a) A radiation safety course is one which has as its primary purpose providing theory and clinical application in radiographic techniques. A single standard of care shall be maintained and the Board shall approve only those courses which continuously maintain a high quality standard of instruction. The criteria in subdivisions (b) to (j), inclusive, shall be met by a radiation safety course to secure and maintain approval by the Board as provided by this Article.

(b) A radiation safety course provider applying for initial approval shall submit to the Board a completed "Application for Approval of Course in Radiation Safety (New INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$300 ~~an application and other required documents and information on forms prescribed by the board.~~ Consistent with Section 1070, The Board may approve or deny approval of any such course. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own.

Comment [D2]: Insert findings of fee audit. This will be available at the June 19th workshop

(1) Approval may be granted after evaluation of all components of the course has been performed and the report of such evaluation indicates that the course meets the Board's requirements. ~~The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.~~

Comment [D3]: Consistent with CADAT October 2012 proposal – page 3 lines 22-29.

(2) Courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations.

Comment [D4]: Should the DBC assess a fee for course re-evaluation? Consult fee audit document.

Results of re-evaluation shall be reported to the Board, or its designee, for final consideration and continuance of course approval or denial of approval.

Comment [D5]: Staff would present findings of a re-evaluation to the DAC/Board for final determination. What would be the appeal process for the program/course who disagrees with the staff's re-evaluation findings.

****WHAT WOULD BE THE PROCESS FOR A COURSE TO APPEAL ADVERSE FINDINGS FROM A RE-EVALUATION.**

****WHAT IS THE APPEAL PROCESS FOR DEFICIENCIES?**

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(A) An audit of a provider of Radiation Safety course may include an on-site visit. If an audit is conducted, the provider shall submit to the Board the following information and documentation:

- (i) All faculty and staff documentation;
- (ii) Course content outlines and examination records;
- (iii) Educational objectives or outcomes;
- (iv) Competency forms for each participant;
- (v) Evidence of registration documents and protocols used for participant registrations;
- (vi) Attendance records and rosters;
- (vii) Copies of all course completion certification cards issued to participants; and,
- (viii) Copies of safety and final exams.

(3) Course records shall be subject to inspection by the Board at any time.

(4) The course shall be established at the postsecondary educational level or deemed equivalent thereto by the Board.

(~~e~~) (5) The Board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording an reasonable opportunity for the course provider to respond within thirty (30) calendar days. Approval may be withdrawn for failure to comply with the ~~board's standards~~ requirements of this Article or any other requirements of the Act, or for fraud, misrepresentation or violation of any applicable federal or state laws relating to the operation of radiographic equipment.

(c) Course Director. The course director, who may also be an instructor, shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years, and possess the experience in the subject matter he or she is teaching. The program director shall actively participate in and be responsible for the administration

Comment [D6]: Consistent with CADAT October 2012 proposal – page 4 lines 36 to page 5 line 4.

Comment [D7]: Radiologic Health Branch Regulations

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of the course. Specifically, the course director shall be responsible for the following requirements:

(1) Providing daily guidance of didactic, laboratory and clinical assignments;

(2) Maintaining for a period of not less than seven (7) years, copies of:

(A) Curricula,

(B) Course content outlines and examination records,

(C) Educational objectives or outcomes,

(D) Grading criteria,

(E) Copies of faculty credentials, licenses, and certifications, and

(F) Individual student records, including those necessary to establish satisfactory completion of the course.

(3) Issuing certificates of completion to each student who has successfully completed the course and maintaining a record of each certificate of completion for at least five years from the date of its issuance;

(4) Transmitting to the Board on a form prescribed by the Board the name, last four digits of the social security number and, where applicable, license number of each student who has successfully completed the course;

(5) Informing the Board of any major change to the course content or outlines, physical facilities, or faculty, within ten (10) days of the change.

(6) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

(d) Course Faculty and Instructional Staff. Course faculty and instructional staff shall be authorized to provide instruction by the program or course director at the educational facility in which instruction is provided. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:

Comment [D8]: Consistent with re-evaluation timeline.

Comment [D9]: Why would this be necessary? Shouldn't the responsibility be on the certificate holder to maintain records? What would be the purpose of DBC staff tracking this information?

Comment [D10]: Do we want to add in annual reporting/survey requirements?

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(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the Board or the Dental Hygiene Committee;

(2) All faculty and instructional staff shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. All faculty and instructional staff responsible for clinical evaluation shall have completed a two hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation;

Comment [D11]: Do we need to develop methodology course requirements?

(3) Shall have either passed the radiation safety examination administered by the Board or equivalent licensing examination as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice or, on or after January 1, 1985, shall have successfully completed a Board-approved radiation safety course.

(e) Facilities. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the course is approved to instruct. The course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this Section shall preclude a dental office that contains the equipment required by this Section from serving as a location for laboratory instruction.

(2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

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(A) Each operatory shall contain functional equipment, including a **power-operated** chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, hand-piece connection, and adjacent hand-washing sink.

Comment [D12]: Should this be deleted?
Check recording from February 2013 meeting.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory performance of the procedures they will be expected to perform in their clinical experiences.

(3) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, recording, and evaluating radiographs. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all laboratory and clinical experiences.

(A) A radiographic operatory shall be deemed adequate if it is properly equipped with supplies and equipment for practical work and includes, for every six students, at least the following:

(i) One functioning radiography (X-ray) machine which is adequately filtered and collimated that is equipped with the appropriate position-indicating devices for each technique being taught, and is properly registered and permitted in compliance with the Department of Health Services and the California Radiation Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section 30100);

(ii) One (1) X-ray training mannequin head designed for instruction in radiographic techniques per X-ray unit;

(iii) One (1) film view box per operatory;

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(iv) One (1) lead impregnated adult-size X-ray apron with cervical (thyroid) collar, either attached or detached from the apron, per X-ray unit;

(B) The area shall be deemed adequate if it is of sufficient size to accommodate students' needs in learning and is properly equipped with supplies and equipment for practical work which may include processing and viewing equipment or any combination thereof. Such facility requirements may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility and where such equipment may be located in the operatory area where exposures will occur.

(C) X-ray exposure areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

Comment [D13]: Consistent with CADAT October 2012 proposal – reference page 14 lines 8-36.

(f) Course Content. A detailed course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.

(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.

(3) Standards of performance for laboratory and clinical functions, those steps that would cause the student to fail the task being evaluated, and a description of each of the grades that may be assigned during evaluation procedures.

(4) The curriculum content pertaining to radiation safety and radiography techniques offered by a school or program approved by the Board or Commission on Dental Accreditation for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be approved if the school or program has

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submitted evidence satisfactory to the Board that it meets all the requirements of this Article.

(5) Requirements of California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 (Section 30305 *et seq.*) relative to the special requirements for the use of x-ray in the healing arts.

(g) Infection Control Protocols. The course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing, and sterilizing all armamentarium.

(h) Emergency Situation Policy. A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The course director shall ensure and document compliance by faculty and instructional staff. Students shall complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

(i) Certificate of Completion. A certificate of completion shall be issued to each student who successfully completes the course. The certificate of completion shall specify the student's name, address, and date of birth, the course provider's name, the course provider's identification number, total number of course hours completed, the date(s) of the course, and certification signature verifying successful completion of the Board-approved radiation safety course. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations. Programs in dentistry and dental hygiene approved by the Commission shall be exempt from this requirement unless offering a stand-alone certification course.

OR CADAT PROPOSED LANGUAGE:

(i) For stand-alone courses in Radiation Safety, all certificates of course completion shall be issued to demonstrate compliance with educational requirements in the subject area and shall include the providers name, Board-approved course provider number,

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total hours of instruction completed, and certification signature indicating successful completion of a Board-approved course of instruction.

(A) In addition, Course Completion Certification Cards [insert form number] hereby incorporated by reference, shall be issued to each participant upon successful completion of the course. Each card shall transmit to the Board the name, address, and date of birth of each course completer, all provider information, date(s) of the course, course approval code issued by the Board, and certification by signature verifying completion requirements. Programs in dentistry and dental hygiene approved by the Commission shall be exempt from this requirement unless offering a stand-alone certification course.

(j) Programs in dental assisting and registered dental assisting approved by the board or Commission shall issue wall certificates of completion in Radiation Safety to students successfully completing and graduating from the program for use by the graduate to demonstrate to an employer their ability to legally perform X-ray exposures in the event the graduate does not obtain licensure.

(A) Certificates of program completion or diplomas from a dental assisting or registered dental assisting program approved by the board shall be deemed “ all inclusive” for the purposes of applying for the RDA licensure examination; however, Course Completion Cards may also be issued to program graduates in the event the graduate does not file for examination by the formal education pathway. Programs shall be identified on the card using their DA or RDA program provider number issued by the board.

(B) Completion of some or all of the curriculum in California Radiation Safety as part of a total program of instruction for dental assisting or registered dental assisting approved by the board where the student does not successfully complete and graduate from the program does not allow for certification in Radiation Safety unless the institution is approved as a stand-alone provider in the subject area. In such case, all documentation requirements of a stand-alone provider shall be adhered to.

(i) Notice of Compliance. To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed “Notice of Compliance with New Requirements for Radiation Safety Courses (New INSERT DATE)”, which is hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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(e)(k) The processing times for radiation safety course approval are set forth in Section 1061.

A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the Board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the Board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the Board that it meets all the requirements set forth below:

Comment [Jlc14]: Where did this come from? Where does it belong?

(b) Adequate provisions for the supervision and operation of the course in radiation safety shall be made in compliance with Section 1014.

(c) A course in radiation safety shall be of sufficient duration, but in no event less than 32 hours; including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction, for the student to obtain applicable theory in didactic instruction, laboratory instruction, and clinical instruction and experience to achieve minimum competence in the various protocols and procedures used in the application of dental radiographic techniques and radiation safety.

Comment [D15]: DAC Discussion: Should 8 hr IC and 2 hr DPA be a pre-requisite to take course?

OR CADAT SUGGESTED LANGUAGE:

(c) A course in radiation safety shall be of sufficient duration for the student to develop minimum competency in all aspects of the subject area, but in no event less than 36 hours; including at least 16 hours of didactic instruction, at least 12 hours of laboratory instruction performed specifically on X-ray training mannequins, and at least 8 hours of clinical instruction. Of the 16 hours of didactic instruction, no less than 2 hours shall be dedicated to a review of the Board's Minimum Standards for Infection Control (California Code of Regulations, Title 16, Section 1005) and no less than 2 hours shall be dedicated to a review of the Dental Practice Act specific to the allowable duties and functions of all applicable dental disciplines, the obtaining of a license or permit to practice, and all applicable patient safety requirements.

Prior to patient exposure, the student must provide proof of completion of Board approved coursework totaling 8 hours in infection control and 2 hours in Dental Practice Act whose curriculum shall be consistent with the educational requirements set forth in California Code of Regulations, Title 16, Section 1016. Course providers shall obtain and retain records of course completion from the student at the time of course enrollment. Students of dental assisting and registered dental assisting

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programs shall have completed instruction in each of the two required areas prior to beginning laboratory or clinical instruction in the subject area as part of an organized program of instruction.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) through (g). As part of an organized program of instruction, sufficient time shall be available for all students to obtain applicable theory in didactic instruction, laboratory, and clinical instruction and experience to achieve minimum competence in the various protocols and procedures used in the application of dental radiographic techniques and radiation safety.

(e) Didactic Instruction. Areas of didactic instruction shall include, at a minimum, the following as they relate to exposure, processing and evaluation of dental radiographs:

(1) Radiation physics and biology;

(2) Radiation protection and safety;

(3) Recognition of normal anatomical landmarks, structures, hard and soft tissues, normal and abnormal conditions of the oral cavity as they relate to dental radiographs;

(4) Radiograph exposure and processing techniques;

(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity;

(6) Intraoral techniques and dental radiograph armamentaria, including holding devices and image receptors;

(7) Intraoral and extraoral examination including principles of exposure, methods of retention and evaluation;

(8) Proper use of patient protection devices and personal protective equipment for operator use;

(9) Identification and correction of faulty radiographs;

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(10) Introduction to contemporary exposure techniques including the use of computerized digital radiography and extraoral imaging which may include panographs or cone-beam imaging;

(11) Infection control procedures in compliance with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005);

(12) Radiographic records management;

(13) Identification and recognition of common errors in techniques and processing for intra and extra oral exposures;

(13) Review of general provisions of the California Dental Practice Act;

Requirements of California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 (Section 30305 *et seq.*) relative to the special requirements for the use of x-ray in the healing arts.

(14) Identification of various extra oral techniques, machine types, and uses; and

(15) Introduction to techniques and exposure guidelines for special exposures to include, but not limited to pediatric, edentulous, partially edentulous, endodontic and patients with special needs;

(f) Laboratory Instruction. Sufficient hours of laboratory instruction and experiences shall ensure that a student successfully completes, on an x-ray training mannequin head only, at least the procedures set forth below:

(1) Four full mouth periapical series, consisting of at least 18 radiographs each, four of which must be bitewings;

(2) Two horizontal or vertical bitewing series, consisting of at least four radiographs each;

(3) Developing, digitizing or processing, and mounting or sequencing of exposed radiographs;

(4) Completion of student and instructor written evaluation of radiographs identifying errors, causes of errors, corrections and, if applicable, the number of

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re-exposures necessary for successful completion of a series to minimum competency.

(A) A laboratory procedure has been successfully completed only if each series of radiographs is evaluated and deemed to be of diagnostic quality.

(B) Students shall be provided with written competencies identifying specific objective evaluation criteria and performance of objectives for all laboratory experiences.

(B) There shall be no more than six (6) students per instructor during laboratory instruction and experiences.

(C) Successful completion of all laboratory competencies must occur prior to clinical instruction and experiences.

(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, four of which must be bitewings utilizing either traditional films or computerized digital radiographic equipment, if utilized by the program or course, or a combination of both. All exposures made on human subjects shall only be made using diagnostic criteria established during the clinical instructional period, and shall in no event exceed three re-exposures per subject per series.

(2) Successful developing or processing, and mounting or sequencing of exposed radiographs;

(3) Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, and correction and, if applicable, the number of re-exposures necessary for successful completion of a series to clinical competency.

(4) One full-mouth series shall serve a final examination.

Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all laboratory experiences.

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~~(g) Clinical Instruction and Evaluation. As part of an organized program of instruction clinical instruction shall include clinical performances on human subjects as set forth below~~

~~All patients used for clinical radiographic experiences shall complete a health history form with consent acknowledging the procedure is being performed by a student with permission by a licensed dentist or the patient's dentist of record. Such documentation shall be maintained in the student records.~~

(h) Written Examinations:

Successful completion of a written examination in radiation health and safety must occur prior to laboratory and clinical instruction and experiences. The written examination shall include questions specific to items addressed in California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 (Section 30305 *et seq.*) relative to the special requirements for the use of x-ray in the healing arts, and shall be constructed and administered in a manner consistent with all licensing examinations administered by the state or national testing boards.

(2) A comprehensive final exam shall be successfully completed by each student prior to the completion of the radiation safety course. ~~Such examination shall be constructed and administered in a manner consistent with all licensing examinations administered by the state or national testing boards.~~

(i) Extramural Dental Facilities. Extramural dental facilities may be utilized by a course for the purposes of radiographic laboratory and clinical competencies. Laboratory and clinical instruction shall be performed under the direct supervision of course faculty or instructional staff. Didactic and laboratory instruction shall be performed by course faculty or instructional staff and shall not be provided in an extramural dental facility.

(1) The course director, or a designated faculty member, shall be responsible for selecting a extramural dental facility and evaluating student competence before and after the clinical assignment.

(2) Prior to student assignment in an extramural dental facility, the course director, or a designated faculty or instructional staff member, shall orient all licensed dental healthcare workers who may provide instruction, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the course, the student's preparation for the clinical

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assignment, and a review of procedures and criteria to be used by the licensed dental healthcare workers in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the course.

(3) Programs and courses using extramural faculty for a Radiation Safety course shall provide to the Board, upon request or renewal of provider status, if applicable, copies of all contracts of affiliation and documentation demonstrating compliance with this Section.

(4) There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical facility will be used, cancellation terms and conditions, and shall provide that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed and that such equipment and armamentaria are in safe operating condition. Such clinical facilities shall be subject to the same requirements as those specified in subdivisions (f) and (g) of this Section and Section 1014(e).

****ADD CADAT PROPOSED LANGUAGE RELATIVE TO EXTRAMURAL DENTAL FACILITIES.**

Note: Authority cited: Sections 1614 and 1656, Business and Professions Code.
Reference: Section 1656 Business and Professions Code; and Section 106975, Health and Safety Code.

Comment [D16]: Review definition at beginning. Would be beneficial to clarify in the definition that staff has to be present at all times in the extramural facility.

~~§ 1014.1. Requirements for Radiation Safety Courses.~~

~~A radiation safety course shall comply with the requirements set forth below in order to secure and maintain approval by the board. The course of instruction in radiation safety and radiography techniques offered by a school or program approved by the board for instruction in dentistry, dental hygiene or dental assisting shall be deemed to be an approved radiation safety course if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below.~~

~~(a) Educational Level. The course shall be established at the postsecondary educational level or a level deemed equivalent thereto by the board.~~

~~(b) Program Director. The program director, who may also be an instructor, shall actively participate in and be responsible for at least all of the following:~~

~~(1) Providing daily guidance of didactic, laboratory and clinical assignments;~~

~~(2) Maintaining all necessary records, including but not limited to the following:~~

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~~(A) Copies of current curriculum, course outline and objectives;~~

~~(B) Faculty credentials;~~

~~(C) Individual student records, which shall include pre-clinical and clinical evaluations, examinations and copies of all successfully completed radiographic series used toward course completion. Records shall be maintained for at least five years from the date of course completion.~~

~~(3) Issuing certificates to each student who has successfully completed the course and maintaining a record of each certificate for at least five years from the date of its issuance;~~

~~(4) Transmitting to the board on a form prescribed by the board the name, last four digits of the social security number and, where applicable, license number of each student who has successfully completed the course;~~

~~(5) Informing the board of any significant revisions to the curriculum or course outlines.~~

~~(c) Faculty. The faculty shall be adequate in number, qualifications and composition and shall be suitably qualified through academic preparation, professional expertise, and/or appropriate training, as provided herein. Each faculty member shall possess the following qualifications:~~

~~(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice issued by the board;~~

~~(2) All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. All faculty responsible for clinical evaluation shall have completed a two-hour methodology course which shall include clinical evaluation criteria, course outline development, process evaluation, and product evaluation;~~

~~(3) Shall have either passed the radiation safety examination administered by the board or equivalent licensing examination as a dentist, registered dental hygienist, registered dental assistant, registered dental assistant in extended functions, registered dental hygienist in extended functions, or registered dental hygienists in alternative practice or, on or after January 1, 1985, shall have successfully completed a board approved radiation safety course.~~

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~~(d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms, radiography operatories, developing or processing facilities, and viewing spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be provided and all disinfection and sterilization procedures specified by board regulations shall be followed.~~

~~(1) A radiographic operatory shall be deemed adequate if it fully complies with the California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with section 30100), is properly equipped with supplies and equipment for practical work and includes for every seven students at least one functioning radiography machine which is adequately filtered and collimated in compliance with Department of Health Services regulations and which is equipped with the appropriate position-indicating devices for each technique being taught.~~

~~(2) The developing or processing facility shall be deemed adequate if it is of sufficient size, based upon the number of students, to accommodate students' needs in learning processing procedures and is properly equipped with supplies and equipment for practical work using either manual or automatic equipment.~~

~~(3) X-ray areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.~~

~~(e) Program Content. Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of dental radiographic techniques.~~

~~(1) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instructional hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(2) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding dental radiation exposure. The course shall assure that students who successfully complete the course can expose, process and evaluate dental radiographs with minimum competence.~~

~~(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written, practical and clinical examinations.~~

~~(4) Areas of instruction shall include at least the following as they relate to exposure, processing and evaluations of dental radiographs:~~

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- (A) Radiation physics and biology
- (B) Radiation protection and safety
- (C) Recognition of normal anatomical landmarks and abnormal conditions of the oral cavity as they relate to dental radiographs
- (D) Radiograph exposure and processing techniques using either manual or automatic methods
- (E) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity
- (F) Intraoral techniques and dental radiograph armamentaria, including holding devices
- (G) Interproximal examination including principles of exposure, methods of retention and evaluation
- (H) Intraoral examination including, principles of exposure, methods of retention and evaluation
- (I) Identification and correction of faulty radiographs
- (J) Supplemental techniques including the optional use of computerized digital radiography
- (K) Infection control in dental radiographic procedures
- (L) Radiographic record management.

Students may be given the opportunity to obtain credit by the use of challenge examinations and other methods of evaluation.

(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure that a student successfully completes on an x-ray manikin at least the procedures set forth below. A procedure has been successfully completed only if each radiograph is of diagnostic quality. There shall be no more than 6 students per instructor during laboratory instruction.

(1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings; no more than one series may be completed using computer digital radiographic equipment;

(2) Two bitewing series, consisting of at least 4 radiographs each;

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(3) Developing or processing, and mounting or sequencing of exposed radiographs;

(4) Student and instructor written evaluation of radiographs.

(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as part of an organized program of instruction, to obtain clinical competency in radiographic techniques. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with one of the four patients used for the clinical examination. Clinical experience shall include:

(1) Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, 4 of which must be bitewings. Traditional film packets must be double film. No more than three series may be completed using computer digital radiographic equipment. Such radiographs shall be of diagnostic quality. All exposures made on human subjects shall only be made for diagnostic purposes, and shall in no event exceed three (3) exposures per subject. All clinical procedures on human subjects shall be performed under the supervision of a licensed dentist in accordance with section 106975 of the Health and Safety Code.

(2) Developing or processing, and mounting or sequencing of exposed human subject radiographs;

(3) Student and instructor written evaluation of radiographs.

(h) Clinical Facilities. There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical training will be received and shall provide that the clinical facility has the necessary equipment and accessories appropriate for the procedures to be performed and that such equipment and accessories are in safe operating condition. Such clinical facilities shall be subject to the same requirements as those specified in subdivision (g).

(i) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the radiation safety techniques, but shall in no event be less than 32 clock hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory instruction, and at least 12 hours of clinical instruction.

(j) Certificates. A certificate shall be issued to each student who successfully completes the course. The certificate shall specify the number of course hours completed. A student shall be deemed to have successfully completed the course if the student has met all the course requirements and has obtained passing scores on both written and clinical examinations.

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Note: Authority cited: Sections 1614 and 1656, Business and Professions Code.
Reference: Section 1656, Business and Professions Code; and Section 106975, Health and Safety Code.

START WITH CHAPTER 3 ON PAGE 538 AND REWRITE ENTIRE CHAPTER TO MAKE APPLICABLE TO DENTAL ASSISTING

START WITH SECTION 1067 AND ADD ALL DEFINITIONS FOR THE ENTIRE CHAPTER – LICENSING/EXAMINATION/EDUCATION

CHAPTER 3. DENTAL AUXILIARIES ~~ASSISTING~~ ARTICLE 2. EDUCATIONAL PROGRAMS

CADAT PROPOSED ALL DENTAL ASSISTING DEFINITIONS BE ADDED TO THIS SECTION

§ 1067. Definitions

As used in this subchapter:

(a) "Dental auxiliary" means an ~~person~~ allied dental healthcare worker who may perform dental supportive procedures authorized by the provisions of applicable statute or these regulations under the specified supervision of a licensed dentist.

(b) "Dental assistant" means an unlicensed person who may perform basic supportive dental procedures specified by these regulations under the supervision of a licensed dentist.

(c) "Registered dental assistant" or "RDA" means a licensed person who may perform all procedures authorized by statute and the provisions of these regulations and in addition may perform all allowable functions which may be performed by a dental assistant under the designated supervision of a licensed dentist.

(d) "Registered dental hygienist" or "RDH" means a licensed person who may perform all procedures authorized by statute and the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and the allowable duties of a registered dental assistant, if licensure as a registered dental hygienist was obtained prior to January 1, 2006, and under the designated supervision of a licensed dentist.

(e) "Registered dental assistant in extended functions" or "RDAEF" means a person licensed as a registered dental assistant who has completed post-licensure clinical and didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental assistant in extended function applicants.

(f) "Registered dental hygienist in extended functions" or "RDHEF" means a person licensed as a registered dental hygienist who has completed post-licensure clinical and

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~~didactic training approved by the board and satisfactorily performed on an examination designated by the board for registered dental hygienist in extended functions applicants.~~

~~(g) "Oral prophylaxis" means the preventive dental procedures including complete removal of explorer detectable calculus, soft deposits, plaque, stains, and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.~~

Comment [jlc17]: Per CADAT proposed language. Pending DHCC Definition rulemaking package.

(h) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate ~~rotary~~ mechanical instrument or device with rubber cup or brush and may include a polishing agent.

(i) "Direct supervision" means supervision of dental procedures based on instructions given by a licensed dentist who must be physically present in the treatment facility during performance of those procedures.

(j) "General supervision" means supervision of dental procedures based on instructions given by a licensed dentist, but not requiring the physical presence of the supervising dentist during the performance of those procedures.

~~(k) "Satisfactory educational qualification" means theory, laboratory and/or clinical experience approved by the Board.~~

Comment [jlc18]: Per CADAT proposal.

(l) "Basic supportive dental procedures" means fundamental duties or functions which may be performed by an unlicensed dental assistant under the supervision of a licensed dentist because of their technically elementary characteristics, complete reversibility and inability to precipitate potentially hazardous conditions for the patient being treated.

~~(m) "Root planing" means the process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus and/or cementum.~~

~~(n) "Periodontal soft tissue curettage" means the closed removal of tissue lining the periodontal pocket, not involving the reflection of a flap.~~

~~(o) "Gingival" means pertaining to the gingivae, the mucous membrane with the supporting fibrous tissue.~~

Comment [jlc19]: Per CADAT proposal.

(p) "Instructional staff" refers to those employees of the program or course where instruction in dental assisting course or program content is provided by a qualified individual, consistent with the course or program regulations, and who may not be considered "faculty" by the program or institution.

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(q) “Educational methodology” refers to various courses of study that include, but are not limited to, the principles and methods used for instruction, assessment and evaluation.

(r) “Stand-alone course” means a course offered outside or independent of a total program of instruction for a dental school, hygiene program or assisting program that is approved by the Board and governed by educational regulations specific to the topic area.

(s) “Council” means the Dental Assisting Council of the board.

(t) “Commission” means the American Dental Association Commission on Dental Accreditation that accredits schools of dentistry, dental hygiene and dental assisting.

(u) “Extramural Dental Facility” means any additional clinical facility utilized by a Board-approved educational program or course for clinical instruction hours. If the current educational program is offered within a dental office, the Extramural Dental Facility must be a location that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program or course and in which clinical dental treatment is rendered.

(v) “DANB” or “Dental Assisting National Board” is recognized by the American Dental Association as the national certification board for dental assistants. Certification programs are accredited by the National Commission for Certifying Agencies.

Comment [Jlc20]: Subsection (p) through (v) pulled from CADAT proposed language pg. 2.

(w) “Clinical instruction” means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.

(x) “Didactic instruction” means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.

(y) “Extramural dental facility” means any clinical facility utilized by a Board-approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program and in which dental treatment is rendered.

(z) “Laboratory instruction” means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.

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(aa) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.

(bb) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.

§ 1070. General Provisions Governing All Dental Assistant Educational Programs and Courses.

CADAT's proposed language for §1070 is as follows:

(a) The criteria in subdivisions (bA) to (R), inclusive, herein shall be met by a dental assisting or registered dental assisting program or stand-alone certification course and all orthodontic assisting and dental sedation assisting permit ~~programs or courses~~ to secure and maintain approval by the Board as provided in this aArticle.

- A. For purposes of this Section, a new educational program for registered dental assistants and registered dental assistants in extended functions means a program provided by a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education and that has as its primary purpose providing college level courses; or an institution of secondary education recognized by the Board of Education; or an institution that is either affiliated with or conducted by a dental school approved by the dental board, or that is accredited to offer college level or college parallel programs by the American Dental Association Commission on Dental Accreditation or an equivalent body, as determined by Dental Assisting Council and the Board.
- B. For the purposes of this Article, all registered dental assisting programs approved by the Commission on Dental Accreditation prior to 1/1/2010 are considered approved by the Board and shall show evidence of ongoing compliance with all Dental Board regulations herein.
- C. Programs seeking approval by the Board on or after 1/1/2010, who obtain "Approval without Reporting Requirements" or "Initial Accreditation" status prior to application to the Dental Board for approval, shall submit the programs Commission reports and letter of findings with an application for program approval, herein incorporated by reference (insert here), and who shall demonstrate compliance with all Dental Board regulations herein.

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(b) Course or Program Applications for Board Approval and Renewal. Upon review and recommended action by the Dental Assisting Council, the Board may shall approve, provisionally approve, or deny approval of any program applicant and shall either approve or deny approval of any course applicant for which an application to the board for where initial approval and renewal of approval is required.

- (A) The Board shall approve only those educational courses and programs of instruction that continuously meet all course requirements as set forth in this Article.
- (B) Continuation of approval will be contingent upon demonstrated compliance with all requirements, renewal application with submission of associated fees and timely submission of documentation as required in this Article.
- (C) Should a recommendation for provisional approval of a dental assisting or registered dental assisting program be made, the Board shall state the reasons therefore in writing within 30 days of such finding.
 - (1) Provisional approval shall be limited to those programs that substantially comply with all existing requirements for full approval.
 - (2) In the event a registered dental assisting program has obtained provisional approval from the board and has been granted "Approval without Reporting Requirements" or "Initial Accreditation" status from the Commission, and the Board-issued provisional approval has extended beyond the length of the program without notification of a planned site visit to achieve "Full Approval", the program shall automatically be granted "Full Approval" status by the Board without further action, with notification of the granting of such standing being sent to the program or institution.
 - (3) In the event a registered dental assisting program has obtained provisional approval from the Board without additional accreditation from the Commission, and the provisional approval has extended beyond the length of the program by two years without receiving notification of a planned site visit to achieve "Full Approval", the program shall automatically be granted "Full Approval" status by the board without further action, with notification of the granting of such standing being sent to the program or institution.
 - (4) A registered dental assisting program granted provisional approval by the Board who have enrolled students or where instruction has begun, shall immediately notify each student of such provisional status.

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- (D) A course or program provider shall submit an application for approval, as specified in this Article, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students and shall be subject to biennial reporting requirements as defined herein.
- (1) In the event a course or program application is found to be deficient, such deficiency shall be sufficiently addressed and cleared within 60 days from the date of the deficiency notification or otherwise such application shall be withdrawn from consideration and a new application filing with fee shall be required.
- (2) In the event a second deficiency is issued, the applicant provider shall have 30 days to clear the deficiency or otherwise such application shall be withdrawn from consideration.
- (3) Should all application requirements not be met upon remove of a second deficiency, a denial of approval shall be issued, reported to the Council and the applicant shall be subject to all application and fee requirements as a new applicant.
- (E) All courses shall be taught at the postsecondary educational level.
- (F) Each approved course or program shall be subject to site evaluation and review by the Board at any time. Additionally, all programs and courses shall submit a biennial report, hereby incorporated in this Article by reference (insert here). Lack of reporting shall result in withdrawal of approved status for any program or course that does not submit, to the satisfaction of the Dental Assisting Council and the Board, the requirements set forth herein. Reporting criteria and status of all programs and courses shall be reported by staff to the Dental Assisting Council each meeting of the Council.
- (G) In order to be approved, a course or program shall provide the resources necessary to accomplish education as specified in this Article. Course and program providers shall be responsible for informing the Board, in writing, of any changes to the course or program content, physical facilities, student intake numbers, or change in Program Director personnel within 10 days of such changes.
- (H) All course providers shall require course participants to possess current certification in Basic Life Support for health care providers as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course.

(c) Faculty Qualifications and Continued Professional Development. All didactic, laboratory, pre-clinical and clinical faculty and instructional staff of dental assisting

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courses and programs shall meet and maintain, at minimum, the following qualifications:

- (1) Possess a valid, active California license to practice dentistry, dental hygiene or registered dental assisting for at least two (2) years immediately preceding any provision of course instruction;
- (2) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall demonstrate expertise in each subject area for which they are teaching;
- (3) Complete and show evidence of completion of educational methodology courses equaling six (6) hours immediately preceding any provision of course instruction;
- (4) ~~All faculty and staff involved in the direct oversight of patient care activities,~~ Shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years; The program or course director shall ensure and document compliance by faculty and instructional staff.
- (5) Be calibrated in instruction and grading by the course provider at least annually; and
- (6) Effective January 1, 2016 all faculty and staff providing didactic, laboratory, pre-clinical and clinical instruction, except those serving as a clinical supervising dentist, shall meet the educational and professional development requirements as set forth in this Section on an annual basis.
 - (A) On or after the effective date of these regulations (insert date), a program director of a dental assisting or registered dental assisting program approved by the board shall have been licensed as a registered dental assistant, registered dental hygienist or registered dental hygienists in extended functions for a minimum of four years, shall have teaching experience in a dental assisting program equaling two years, shall have completed coursework consistent with teacher credentialing of at least 30 hours in educational methodology or possess a current teaching credential issued by the State of California, shall possess an associate's degree, or a baccalaureate degree or higher, or be currently enrolled in a degree program, and shall possess at least three (3) years experience in the application of clinical chairside dental assisting involving four-handed dentistry.
 - (B) On or after the effective date of these regulations (insert date), a program director of a registered dental assisting program approved by the board, shall serve as the full time program administrator and must have the

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authority, responsibility and privileges necessary to fulfill program goals but shall not engage in more than seven (7) hours per week of direct student instruction in order to meet the full administrative responsibilities of the program director position. Programs whose institutions are governed by a collective bargaining agreement shall be exempt from this requirement.

- (7) As it relates to faculty, adjunct faculty and instructional staff of dental assisting and registered dental assisting programs shall show evidence of having met the following requirements:
- (A) Prior to instruction, all instructional staff of certification courses shall have completed a two-hour board-approved course in educational methodology consistent with the requirements of this Article.
- (B) Prior to instruction, or within six-months of initial hire, all faculty, adjunct faculty and instructional staff of a dental assisting or registered dental assisting program approved by the board shall complete 30 hours of educational methodology which shall be consistent with coursework required for teacher credentialing by the State of California.
- (C) Consistent with current ADA Commission on Dental Accreditation Standards, documentation must be submitted by each program demonstrating how opportunities have been provided by the institution or program for faculty and instructional staff of a dental assisting or registered dental assisting program to continue their professional development in order to stay current with advancing technologies and educational theory. Time and budget allocations shall be provided by the institution or program for professional association activities, continuing education, research, publishing and/or practical experiences related to dental assisting education. Methods of compliance may include, but are not limited to, provided release time and financial support to attend at least one national, regional, or state-wide conference or workshop related to dental assisting education each year, formal in-service programs for full- and part-time faculty held regularly for training and calibration, and program/institutional provisions for periodic in-service workshops for faculty and instructional staff designed to provide an orientation and on-going staff training specific to program policies, current educational regulations, program goals, objectives and student evaluation procedures.
- (D) Effective 1/1/2016, time and budget allocations shall be provided by the institution or program for the program director and all faculty, adjunct faculty and instructional staff of a dental assisting or registered dental assisting program, who shall have already met the requirements of **subdivision XXX of this Section**, to obtain on-going professional development equaling 20 hours every two (2) years. The program director

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shall be responsible for ensuring all faculty and instructional staff requirements have been and continue to be met and shall maintain copies of training records for inspection and reporting to the board.

- (I) Of the 20 hours of professional development, each instructor must obtain 10 hours of documented continuing education from a board-approved provider in subjects consistent with the topics taught in the dental assisting/registered dental assisting program including, at minimum, those addressing emerging technologies in the dental profession, contemporary materials and equipment, advancements in specialty dentistry, infection control and restorative procedures. A written description of the course content of each course used for compliance shall be maintained by the instructor.
- (II) Of the 20 hours of professional development, each instructor must obtain 10 hours of documented educational methodology. Coursework topics must include any or all of the following: curriculum development, educational psychology, student learning outcomes, diversity in education, test construction, emerging classroom technologies, competency measurement and evaluation. A written description of the course content of each course used for compliance shall be maintained by the instructor.
- (III) All documentation pertaining to completed professional development coursework shall be the responsibility of the instructor to maintain and provide to the program director of each institution or program for which he or she is employed. Records shall be maintained for a period of no less than four (4) years.

(d) Facilities and Equipment. The facilities and class scheduling of all programs and courses shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct. All laboratory, pre-clinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this Article. A physical facility shall have all of the following:

- A. A lecture classroom, a lab area, a clinical area, a sterilization facility and a radiology area for use by the students.
- B. Access for all students to equipment necessary to develop dental assisting skills in these duties.
- C. Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.

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(e) Didactic Instruction. All theoretical instruction (didactic) shall contain and meet the requirements of each Section within this Article pertinent to the subject area and may provide for some, but not all, theoretical instruction be delivered through hybrid or online instruction overseen by the faculty of the course or program.

- A. All course and program providers shall comply with local, state, and federal health and safety laws and regulations.
 1. All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, and medical waste.
 2. All students shall have access to the course's clinic and radiation hazardous communication plan.
 3. All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency exposure information.
 4. All instructional staff and faculty of programs and courses shall review emergency management protocols at least annually during staff calibration meetings to ensure consistency and compliance and such meetings shall be documented and maintained by the course or program director for a period for no less than four (4) years.

(f) Clinical Education. Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every ~~five~~ six students who are simultaneously engaged in clinical instruction.

- A. Each operatory shall contain functional equipment consistent with a contemporary dental office environment, including a power-operated chair for patient or simulation-based instruction in a supine position, ~~operator and assistant stools~~ dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization, air-water syringe, adjustable overhead patient light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.
- B. Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.
- C. Prior to clinical competencies, patient-based assignments, and externships, students must demonstrate minimum competence in laboratory or preclinical performance of each procedure they will be expected to perform in their

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clinical experiences.

- a. As of January 1, 2016, each program or course's clinical training given at a dental facility or dental practice shall have a contract of affiliation completed and submitted to the Board at the time of biennial reporting. A copy of the contract shall be filed and made available upon site evaluation by the board. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by qualified staff designated by the course provider and the supervising licensed dentist.
- b. A course provider or program shall possess and maintain the following for a period of not less than five (5) years:
 - i. A copy of each approved curriculum including a course syllabus;
 - ii. A copy of completed written examinations, clinic rubrics, and completed competency evaluations;
 - iii. Evidence of faculty calibration meetings, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction, ongoing education and professional development and participation in teacher-centric conferences or events;
 - iv. Individual student records, including those necessary to establish satisfactory completion of the course; and
 - v. A copy of student course evaluations and a summation thereof.
- c. The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.
- d. Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.

Comment [DK21]: DBC is going to add provision for records kept electronically
DBC to remove five years and make seven years

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(g) Curriculum Organization and Learning Resources. The organization of the curriculum for all courses and programs shall be flexible, creating opportunities for adjustments to and research of advancements and emerging technologies in the profession of dental assisting as provided in this Article.

- A. Curriculum shall provide students with an understanding of all procedures as provided in each Section of this Article and an ability to perform each procedure with competence and judgment.
- B. A program or course shall sequence curriculum in such a manner so as to ensure that student's complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation. Courses and programs shall establish protocols to ensure basic life support certification has been obtained prior to performance of clinical experiences.
- C. Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course or program.
- D. Students shall be provided a course syllabus that contains:
 - 1. A course title, course number or identifier, course description, all faculty names of those presenting the course, their contact hours and their contact information;
 - 2. Course content outline including topics to be presented;
 - 3. Specific instructional objectives for each topic presented;
 - 4. Learning experiences with associated assessment mechanisms
 - 5. Course schedule including time allocated for didactic, lab or preclinical, and clinical learning experiences;
 - 6. Specific evaluation procedures for course-grade calculating which includes competency evaluations and clinic rubrics, and
 - 7. A remediation policy and procedures.
- E. Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audiovisual materials and other relevant resources.

Comment [DK22]: DBC to add virtual or online access to resources

(h) Certificate of Completion. A course provider or program of instruction in dental assisting and registered dental assisting shall issue a certificate of completion only after a student has achieved minimal competency and has demonstrated successful

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completion of all educational requirements and final examinations in accordance with each subject Section of this Article.

- A. The Board shall issue Registered Course Provider numbers to all approved dental assisting and registered dental assisting programs for coursework completed by students of the program who, with or without graduation, successfully complete the educational requirements for certification subjects as part of the program curriculum. The Board shall recognize certificates of completion issued by the program as successful completion of the educational requirements having been achieved.
- B. A certificate, diploma, or other evidence of completion ~~shall be issued to each student who successfully completes the program or course and~~ shall include the following:
- a. the student's name;
 - b. ~~the name of the program or course,~~ the name of the program, institution or course provider;
 - c. the date(s) of completion;
 - d. the board-issued course or program approval code; and
 - e. the signature of the program or course director or his or her designee which may also be an institutional administrator or school district representative.

(i) Appealing Application for Approval. By recommended action of the Dental Assisting Council, the Board may deny or withdraw its approval of a course or program, which action shall not be delegated to the Executive Officer or the Board staff. If the Board denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.

A. Any course or program provider whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee, who shall be a licensed and qualified subject-matter expert, prior to the effective date of such action. The course provider shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

B. The course provider may contest the denial or withdrawal of approval by either:

1. Appearing at the informal conference. The Executive Officer shall notify the course or program provider of the final decision of the Board within ten

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days of the informal conference. Based on the outcome of the informal conference, the provider may then request a hearing to contest the Board's final decision. A provider shall request a hearing by written notice to the Board within 30 calendar days of the postmark date of the letter of the Board's final decision after informal conference. Hearings shall be held pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Or;

2. Notifying the Dental Assisting Council, in writing, the program or course provider's election to forego the informal conference and to proceed with a hearing pursuant to the provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. Such notification shall be made to the Committee before the date of the informal conference.

~~All Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Act. Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the board or its designee for final consideration approval and continuance of program or course approval, provisional approval and denial of approval.~~

~~(3) Program and course records shall be subject to inspection by the board, at any time.~~

~~(4) The board may withdraw approval at any time that it, determines that a program or course does not meet the requirements of this Article or any other requirement in the Act.~~

~~(5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the Board.~~

~~(6) The Board or its designee may approve, provisionally approve, or deny approval to any such program. Provisional approval shall not be granted for a period that exceeds beyond the length of the program.~~

~~(A) When Should a recommendation for Provisional Approval of a program be made, the Board, it shall state the reasons therefore in writing within 30 days of such finding.~~

~~(B) Provisional approval shall be limited to those programs which substantially comply with all existing requirements for full approval.~~

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~~(8) If the Board denies approval of a program the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.~~

(j) **Stand-Alone Course Directors.** The program or course director of a stand-alone course shall possess a valid, active, and current license issued by the board or the dental hygiene committee meet all faculty qualifications as defined herein and accomplish, at minimum the following daily tasks:

- A. ~~The A program or course director shall actively participate in and be responsible for the administration of the program or course, including the implementation and maintenance of all applicable statutory and regulatory requirements. Specifically, the program or course director shall be responsible for~~
- B. Maintaining for a period of not less than **five (5) years** copies of curricula, program outlines, course goals and objectives, ~~and~~ grading criteria, ~~and~~ copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the ~~program or course~~.
- C. Informing the Board of any major change to the ~~program or course~~ content, physical facilities including the use of extramural facilities, or faculty, within 10 days of the change. Effective (insert date), all course directors shall report current faculty and instructional staff, including course directors, to the board, on a form issued by the board and incorporated by reference herein, every two years or within 10 days of a staff or faculty change.
- D. Ensuring that all staff and faculty involved in ~~clinical~~ instruction meet the requirements set forth in this Article.

Comment [DK23]: DBC to change to seven years

~~(c) Course and program faculty and instructional staff shall be authorized to provide instruction by the program or course director and the educational facility in which instruction is provided.~~

~~(d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold permit in California to perform.~~

~~(A) Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years and possess experience in the subject(s) matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010 shall not~~

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~~be required to have held such permit for two years in order to instruct in the subject area.~~

~~(B) All faculty and staff involved in the direct oversight of patient care activities, shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff.~~

~~(e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the student's name, the name of the program or course, the date(s) of completion, and the signature of the program or course director or his or her designee.~~

~~(f) The facilities and class scheduling of all programs and courses shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.~~

~~(A) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this section shall preclude a dental office that contains the equipment required by this section from serving as a location for laboratory instruction.~~

~~(B) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.~~

~~(1) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.~~

~~(2) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.~~

~~(3) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of procedure they will be expected to perform in their clinical experiences.~~

~~(g) The program or course shall establish written clinical and laboratory protocols that~~

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~~comply with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing and sterilizing all armamentarium.~~

~~(h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff.~~

~~(1) A program or course shall sequence curriculum in such a manner so as to ensure that student's complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.~~

~~(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:~~

~~(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.~~

~~(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.~~

~~(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, a description of each of the grades that may be utilized during evaluation procedures, and a defined standard of performance.~~

~~(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.~~

~~(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural clinical sites and evaluating student competence before and after the clinical assignment.~~

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~~(3) Prior to student assignment in an extramural dental facility, the program or course director, or a designated faculty or instructional staff member, shall orient dentists and all licensed dental healthcare workers who may provide instruction, evaluation and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.~~

~~(4) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article —~~

Dental Board proposed language for §1070 is as follows:

(a) (1) The criteria in subdivisions (b) to (j), inclusive, shall be met by all registered dental assisting (RDA) programs, registered dental assistant in extended functions (RDAEF) programs, radiation safety courses, pit and fissure sealant courses, coronal polish courses, ultrasonic scaling courses, eight (8 hour infection control courses, orthodontic assistant permit courses, and dental sedation assistant permit courses ~~or course and all orthodontic assisting and dental sedation assisting permit programs or courses~~ to secure and maintain approval by the Board as provided in this Article.

(2) The Board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. ~~All Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs and dental assisting educational courses~~ shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). ~~Re-evaluation may shall include a site visit or written documentation and may include a site visit~~ that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval or denial of approval.

Question for the Council – Would the Council consider requiring programs and courses to complete an annual survey similar to what is required of CODA?

(3) Program and course records shall be subject to inspection by the Board at any time.

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(4) The Board may withdraw approval at any time that it determines that a program or course does not meet the requirements of this Article or any other requirement in the Act.

(5) All programs and courses shall be established at the postsecondary educational level or deemed equivalent thereto by the Board.

Comment [D24]: Would this prohibit ROP programs from applying for approval?

(6) The Board or its designee may approve, provisionally approve, or deny approval to any such program or course. ~~Provisional approval shall not be granted for a period which exceeds the length of the program.~~ When the Board provisionally approves a program, it shall state the reasons therefore. Provisional approval shall be limited to those programs which substantially comply with all existing standards for full approval. A program given provisional approval shall immediately notify each student of such status. If the Board denies approval of a program, the specific reasons therefore shall be provided to the program by the Board in writing within 90 days after such action.

****PROVISIONAL APPROVAL ONLY APPLIES TO RDA AND RDAEF PROGRAMS AND ONLY IF THEY DO NOT HAVE ENROLLMENT. HOW WOULD WITHDRAWAL OF PROGRAM APPROVAL IMPACT EXISTING STUDENTS.**

USE ACCREDITATION MODEL TO REWRITE SECTION.

****Question for the Council - Should provisions be added for the Board's withdrawal of approval of previously approved programs and courses if it becomes evident that a program or course is not in compliance with the Board's laws and regulations?**

****Question for the Council – Should provisions be added to address how a program or course may re-apply for Board approval? What would be required for re-approval (e.g. application incorporated by reference, applicable fees, proof of re-accreditation, etc.)?**

****Question for the Council – Should provisions be added to requirements for a program or course's voluntary withdrawal of Board approval upon closure or discontinuance of the program or course? Additionally, if a program or course voluntarily withdraws its Board approval, should provisions be added to address how the program or course apply for re-approval in the event the program or course re-opens or is re-established? What sort of notification requirements need to be included (e.g. notification to the Board, notification to students)?**

(b) The program or course director shall possess a valid, active, and current license issued by the Board or the dental hygiene committee. The program or course director

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shall actively participate in and be responsible for the administration of the program or course. Specifically, the program or course director shall be responsible for the following requirements:

(1) Maintaining for a period of not less than five years copies of curricula, program outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program or course.

(2) Informing the Board of any major change to the program or course content, physical facilities, or faculty, within 10 days of the change.

(3) Ensuring that all staff and faculty involved in clinical instruction meet the requirements set forth in this Article.

(c) Course faculty and instructional staff shall be authorized to provide instruction by the program or course director at the educational facility in which instruction is provided.

(d) No faculty or instructional staff member shall instruct in any procedure that he or she does not hold a license or permit in California to perform. Each faculty or instructional staff member shall possess a valid, active, and current license issued by the Board or the Dental Hygiene Committee of California, shall have been licensed or permitted for a minimum of two years, and possess experience in the subject matter he or she is teaching. An instructor who has held a license as a registered dental assistant or registered dental assistant in extended functions for at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after January 1, 2010, shall not be required to have held such a permit for two years in order to instruct in the subject area.

(e) A certificate, diploma, or other evidence of completion shall be issued to each student who successfully completes the program or course and shall include the following: the student's name, the name of the program or course, the date of completion, and the signature of the program or course director or his or her designee.

(f) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct.

(1) The location and number of general use equipment and armamentaria shall ensure that each student has the access necessary to develop minimum competency in all of the duties for which the program or course is approved to instruct. The program or course provider may either provide the specified equipment and supplies or require that the student provide them. Nothing in this Section shall preclude a dental office that contains the equipment required by this Section from serving as a location for laboratory instruction.

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(2) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students who are simultaneously engaged in clinical instruction.

(A) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, operator and assistant stools, air-water syringe, adjustable light, oral evacuation equipment, work surface, handpiece connection, and adjacent hand-washing sink.

(B) Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.

(C) Prior to clinical assignments, students must demonstrate minimum competence in laboratory or preclinical performance of the procedures they will be expected to perform in their clinical experiences.

(g) The program or course shall establish written clinical and laboratory protocols that comply with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. The program or course shall provide these protocols to all students, faculty, and instructional staff to ensure compliance. Adequate space shall be provided for handling, processing, and sterilizing all armamentarium.

(h) A written policy on managing emergency situations shall be made available to all students, faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient care activities shall be certified in basic life support procedures, including cardiopulmonary resuscitation. Recertification intervals may not exceed two years. The program or course director shall ensure and document compliance by faculty and instructional staff. A program or course shall sequence curriculum in such a manner so as to ensure that students complete instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.

(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject matter, hours of didactic, laboratory, and clinical instruction, general program or course objectives, instructional objectives, theoretical content of each subject, and, where applicable, the use of practical application. Objective evaluation criteria shall be used for measuring student progress toward attainment of specific program or course objectives. Students shall be provided with all of the following:

(1) Specific performance objectives and the evaluation criteria used for measuring levels of competence for each component of a given procedure including those used for examinations.

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(2) Standards of performance that state the minimum number of satisfactory performances that are required for each performance-evaluated procedure.

(3) Standards of performance for laboratory, preclinical, and clinical functions, those steps that would cause the student to fail the task being evaluated, and a description of each of the grades that may be assigned during evaluation procedures.

(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural organized program of instruction, be provided with planned, supervised clinical instruction. Laboratory and preclinical instruction shall be performed under the direct supervision of program or course faculty or instructional staff and shall not be provided in an extramural dental facility.

(2) The program or course director, or a designated faculty member, shall be responsible for selecting extramural dental facility and evaluating student competence before and after the clinical assignment.

(3) Prior to student assignment in an extramural dental facility, the program or course all licensed dental healthcare workers who may provide instruction, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the program or course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the dentist or the licensed personnel in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the program or course.

(4) There shall be a written contract of affiliation between the program and each extramural dental facility that includes written affirmation of compliance with the regulations of this Article.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.

~~§ 1070.1. Educational Program and Course Definitions and Instructor Ratios.~~

~~As used in this Article, the following definitions shall apply:~~

Comment [Jlc25]: Repeal section and include all definitions and ratios in 1067.

~~(a) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures shall only be allowed upon successful demonstration and evaluation of laboratory and preclinical skills. There shall be at least one instructor for every six students who are simultaneously engaged in clinical instruction.~~

~~(b) "Didactic instruction" means lectures, demonstrations, and other instruction involving theory that may or may not involve active participation by students. The faculty or~~

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~~instructional staff of an educational institution or approved provider may provide didactic instruction via electronic media, home study materials, or live lecture modality.~~

~~(c) "Extramural dental facility" means any clinical facility utilized by a Board-approved dental assisting educational program for instruction in dental assisting that exists outside or beyond the walls, boundaries or precincts of the primary location of the Board-approved program and in which dental treatment is rendered.~~

~~(d) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, mannequins, or other simulation methods. There shall be at least one instructor for every 14 students who are simultaneously engaged in instruction.~~

~~(e) "Preclinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on simulation devices or patients which are limited to students, faculty, or instructional staff members. There shall be at least one instructor for every six students who are simultaneously engaged in instruction.~~

~~(f) "Simulated clinical instruction" means instruction in which students receive supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operator. Clinical simulation spaces shall be sufficient to permit one simulation space for each 2 students at any one time.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.~~

CADAT's proposed language for §1070.2 is as follows:

Approval of Registered Dental Assistant Educational Programs; Approval; Continued Approved Status; Curriculum Requirements; Issuance of Certification

(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive, at minimum, provisional Board approval prior to operation and in compliance with CCR Sections 1070 and 1070.1.

(b) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and the American Dental Association Commission on Dental Accreditation (Commission) and adopt those findings as its own. All programs accredited by the American Dental Association Commission on Dental Accreditation (Commission) shall submit to the Board after each site visit a copy of the final report of the Commission's findings within 30 days of the

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final report issuance.

(c) New programs approved by the Commission shall apply to the Board and shall submit proof of "Provisional Approval" status by the Commission, a copy of the institutional self-study and applications for Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other an application for program approval entitled "Application for RDA Program Approval by a Commission Accredited Program" herein incorporated by reference (insert here), demonstrating compliance with all current regulations where courses required of an RDA educational program exist beyond the scope of the Commission accreditation standards. Acceptance of the Commission's or any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site-evaluate a program.

~~(c) If the program is granted the status of "Approved with Reporting Requirements" from the Commission, the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of "Approval without Reporting Requirements" is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.~~

(d) In order for a registered dental assistant program to secure and maintain approval by the Board, it shall, at all times, meet the requirements of sections 1070 and 1070.1 and the requirements contained in this Section for the supervision and operation of a dental assisting program as set forth by the Commission, shall comply with all federal and state regulations as set forth by the Department of Education, and the following:

(1) A program shall notify the Board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the Board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.

(2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

~~(3) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of sections 1070 and 1070.1, the following requirements shall be met:~~

~~(A) By January 1, 2012, each faculty member shall have completed a course or certification program in educational methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a~~

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~~Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.~~

~~(B3) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1. In addition, the program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the administration of the program including the following areas:~~

~~(A) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.~~

~~(B) Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.~~

~~(C) Maintaining copies of minutes of all advisory committee and staff meetings for not less than five years.~~

~~The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1.~~

(4) The program shall have sufficient financial resources available to support the program and to comply with this Section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of Board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than ~~800~~ 900 hours, consistent with Federal Regulations for funding requirements, and shall include at least 275 375 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and, ~~the remaining~~ 320 hours utilized in supervised clinical instruction in either extramural dental facilities or conducted in the program's facilities or a combination thereof. No more than

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~~20~~ 40 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties and instruction shall be conducted within the program's facilities. Programs whose demonstrated total hours exceed ~~800~~ 900 and who meet all the instructional requirements in this Section, may utilize the additional instructional hours as deemed appropriate for program success but shall not exceed 325 total hours in extramural dental facilities for supervised clinical instruction and competencies. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (insert date)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(6) Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. In addition to the requirements of Section 1070 and 1070.1 with regard to extramural instruction and facility use:

- A. If utilized, no more than ~~25~~ percent 40 total hours of extramural clinical instruction shall take place in a specialty dental practice. Specialty dentistry clinical experiences are optional and are not required of a registered dental assisting program.
- B. Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.
- C. The major portion of the students' time in clinical assignments must be spent assisting with, or participating in, patient care.
- D. The dental assisting faculty must plan, approve, supervise, and evaluate the student's clinical experience, and the following conditions must be met:
 1. A formal agreement exists between the educational institution and the facility providing the experience.
 2. The program administrator retains authority and responsibility for the student.
 3. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program.
 4. The facility accommodates the scheduling needs of the program.
 5. Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students.

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6. Expectations and orientation are provided to all parties prior to student assignment
7. Students must maintain a record of their activities in each clinical assignment. .
8. During the clinical phase of the program, program faculty must conduct seminars
9. The student must be present and working clinically at the time of the site visit and a report by the visiting faculty member shall be completed and entered into the student record. At no time shall a telephone communication with the extramural facility be deemed equivalent to or determined to be an acceptable alternative to a physical site visit by the program faculty or staff.

~~(B) Program faculty shall visit each extramural dental facility at least once every ten clinical days;~~

(7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(A) Upon initial application, re-application and site evaluation for continued approved status, the program must demonstrate, in a manner consistent with current Commission evaluation standards and the requirements herein, the manner in which the program provides all necessary equipment specific to the current duties and functions of dental assisting and registered dental assistant duties, with the exception of duties pertaining to patient monitoring, following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions instruction as appropriate to each type of session.:- amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operator, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one sets of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of a CAD machine or patient monitoring equipment specific to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary equipment and

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have it readily available upon inspection. ~~Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable.~~ In the event instruction in basic life support, patient monitoring procedures and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own ~~patient monitoring equipment or CAD machine~~ the necessary equipment. The program must demonstrate how the equipment and armamentaria ratios established successfully meet the total number of enrolled students of each class as indicated on the initial application for program approval and re-approval each seven (7) years by the board.

(B) Instruments must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

(C) Provision shall be made for reasonable access to current and diverse dental, ~~and medical-dental assisting and multidisciplinary literature~~ including reference texts, current journals, audiovisual materials, and other ~~necessary~~ resources necessary to support teaching, student learning needs, services and research. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. ~~Medical emergency materials commonly used in a dental practice for treating patients with life-threatening conditions shall be available for demonstration and instruction and accessible to the operatories for those programs with clinical patient treatment facilities.~~ Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for demonstration and instructional purposes only.

Comment [DK26]: DBC to amend this section

(8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

(A) Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content, shall consist of no least than 100 hours of direct didactic instruction, and shall occur prior to performances or activities involving patients including student partners.

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(B) All programs shall provide students with additional instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and shall successfully pass the Dental Assisting National Board Infection Control and OSHA certification examination, prior to the student's performance of procedures on patients.

(9) ~~In addition to the requirements of Sections 1070 and 1070.1 programs shall include in the following content areas:~~

~~(A) Instruction in radiation safety that meets all of the requirements of Cal. Code Regs., Title 16, Sections 1014 and 1014.1.~~

~~(B) Instruction in coronal polishing that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.4.~~

~~(C) Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.3.~~

~~(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, including those course providers approved by the Dental Assisting National Board, or any other course approved recognized by the Board as equivalent. The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.~~

~~(E) Instruction in infection control that meets all of the requirements of the Cal. Code Regs., Title 16, Section 1070.6.~~

~~(F) Instruction in the Dental Practice Act that includes the content specified in the Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing education courses.~~

(10) ~~A program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:~~

~~(A) A course in the removal of excess cement with an ultrasonic scaler, that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.~~

~~(B A) An orthodontic assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument and shall be no less than 51 hours,~~

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including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction

~~(C-B)~~ A dental sedation assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.8.

(9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b) (11) and (b) (12) of this Section, registered dental assisting programs shall include provide general didactic, laboratory and clinical instruction to the level of minimal competency in the following content areas and, where certification regulations are provided by the Board, such content areas shall be, unless otherwise indicated herein, consistent with such regulations. The content categories include, but are not limited to Biomedical and Dental Sciences, Dental Materials, Ethics and Professional Responsibilities, Dental Office Instruments and Equipment, Chairside Assisting, Dental Business Office, Health and Safety, Emergencies, Dental Office Communication, and New and Emerging Technologies.

Comment [DK27]: LG content added for RDA programs

A. Didactic, preclinical, clinical and laboratory performance evaluation are integral parts of the programs curriculum. Instruction in the use of safety procedures, infection control protocols, and equipment maintenance shall be adhered to at all times. Students must meet a minimum level of satisfactory competency as defined by the program. Programs shall demonstrate to the satisfaction of the Board the manner in which sufficient time and competency evaluation is achieved.

B. The major portion of the students' time during clinical rotation must be spent assisting with or participating in patient care. Prior to clinical rotations, students demonstrate minimum competence in performing the procedures that they will be expected to perform in their clinical rotation.

C. Upon completion of this program, the program will provide a certificate to the student verifying that educational requirements have been met in the areas of Infection Control, Dental Practice Act and Radiation Safety and shall include the programs Registered Provider Number issued by the Board for each subject area as defined in CCR Section _____ of this Article.

D. In the area of Biomedical Sciences, the program must integrate throughout the didactic, preclinical, laboratory, and clinical performance components of the curriculum, the following content:

a) Bloodborne pathogens and related diseases

b) Community resources available

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- c) At-risk behaviors
- d) Environmental Protection Agency (both State and Federal) regulations
- e) Hazardous chemicals and biomedical waste
- f) Dental and surgical asepsis and isolation
- g) Microbiology and disease prevention
- h) Emerging diseases and their disorders
- i) Waste management and regulatory compliance
- j) All sections of the DPA minimum standards for infection Control
- k) Environmental management systems
 - 1. OSHA and CDC regulations
 - 2. Hazard communication safety signs, symbols and labels consistent with current requirements for State and Federal guidelines incorporating the Globally Harmonized System (GHS)
 - 3. Fire safety, disaster and evacuation procedures

E. In the area of Dental Sciences, the program must provide instruction in and didactic evaluation of the following areas:

- a) Medical and dental terminology
- b) General anatomy and physiology
- c) Head and neck anatomy
- d) Oral anatomy, histology and embryology
- e) Occlusion
- f) Cavity classification and design

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g) Oral diseases

h) Pathologies of dental and general head and neck anatomy

i) Pharmacology related to dental assisting procedures

j) Pharmacology related to dentistry and the patient to include:

1. Drug requirements, agencies and regulations

2. Common drugs and prescriptions use in dentistry

3. Indications and contraindication of drug actions and side effects

4. Anesthetics and topical agents used in dentistry

5. Use of alcohol and tobacco products, legal and illegal drug effects on the oral cavity

6. Precautions and administration of nitrous oxide-oxygen conscious sedation

7. Drugs and agents used for treating dental related infection

8. Record keeping

F. In the area of Dental Materials, the program must provide instruction in and laboratory and performance evaluation in the properties, use and manipulation of:

a) Gypsum

b) Restorative materials

a) Light cure and chemical bond

b) Temporary

c) Permanent

d) Bases, liners and bonding agents

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e) Matrix retainers, bands and wedges

f) Acid etch

c) Periodontal dressing

d) Dental cements

e) Impression materials

f) Acrylics and or thermoplastics

g) Waxes

h) Abrasive agents

i) Dental Laboratory procedures

1. Study casts

2. Fabrication of custom trays

3. Temporary crowns and bridges

j) Preventive materials: polishing agents, fluorides, sealants, varnish

G. In the areas of Ethics, Dental Assisting Jurisprudence and Professional Responsibilities, the program must provide instruction in and didactic performance evaluation of the following:

a) Dental Assisting jurisprudence

b) California Dental Practice Act specific to:

1. The laws and regulations pertaining to the profession of dental assisting

2. The duties and supervision levels of all licensed and unlicensed dental assistants

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3. The legal responsibilities of all dental assisting licensee and permit holders as defined in statute

4. The illegal practice of dentistry for all disciplines within the profession

5. The illegal delegation and instruction of duties and functions outside the laws of dental assisting and registered dental assisting scope

c) Malpractice, liability, negligence, abandonment, and fraud

d) Personal and professional ethics

e) Reporting illegal and/or unethical practices of dental health care workers

f) Accurate documentation and record keeping

g) Health Insurance Portability and Accountability Act (HIPAA)

h) Express, implied and informed consent

i) Legal and ethical issues in dentistry

j) Report abuse and domestic violence and neglect; mandatory reporter requirements for all dental healthcare workers

k) Risk management

l) Code of ethics consistent with the dental assisting profession

m) Laws governing harassment, labor and employment

n) Licensing, certification and permit requirements to obtain and maintain such certificates

H. In the areas of Dental Operator, Instruments and Equipment, the program must provide instruction in and didactic, preclinical, clinical and laboratory performance evaluation of the following:

a) Identification, types, functions and operations of dental operator and laboratory equipment

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b) Identification, types, functions and tray set up of dental instruments used in:

1. Operative
2. Restorative
3. Surgical
4. Prosthodontic
5. Orthodontic
6. Endodontic
7. Periodontics
8. Dental hygiene services

c) Operatory set-up and equipment maintenance

d) Anesthetic syringe set-up and handling

e) Clean removable appliances

I. In the area of Chairside Assisting, the program shall provide instruction in and didactic, preclinical, clinical performance evaluation of the following:

- a) Assist in fourhanded dentistry procedures
- b) Patient education to include pre and post-operative instructions
- c) Oral Hygiene Instructions
- d) Nutrition counseling
- e) Isolation techniques
- f) Basic supportive procedures
- g) All DA and RDA duties outlined by DPA

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- h) Record patient information and treatment documentation
- i) Aseptic techniques
- j) Chairside assistant Ergonomics

J. In the area of Dental Business Office Procedures, the program shall provide instruction in and didactic and laboratory performance evaluation of the following:

- a) Appointment control
- b) Financial records and fees
- c) Dental office inventory control and purchasing
- d) Computer and dental software
- e) Recall/Recare systems
- f) Management of patient records including paperless and technology-based records management systems
- g) Oral and written communications
- h) Employment skills, resume writing, interview techniques
- i) Privacy and confidentiality pertaining to patient records
- j) Practice management systems
- k) Insurance systems, claims processing and procedure coding
- l) Ethical and legal responsibilities including financial misconduct, patient billing, misrepresentation of services performed, and treatment plan presentation

K. In the areas of Dental Office Communication and Patient Management, instruction and didactic performance evaluation of the following:

- a) Psychology considerations influencing communication and behaviors

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- b) Adapt skills to varied levels of understanding and cultural orientation
- c) Verbal and non-verbal communication
- d) Interpersonal skills
- e) Communicating with dental office employees
- f) Conflict resolution

L. In the areas of Emergencies, Health and Safety, the program shall provide instruction in and didactic and laboratory performance evaluation of the following:

- a) Respond to medical emergencies:
 - 1. Take and record vital signs
 - 2. CPR
 - 3. Administer Oxygen
- b) Basic emergency kit
- c) Basic first aid kit
- d) Common medical emergencies in a dental office
- e) Common dental emergencies
- f) Safe transport and transfer of patients
- g) Emergency procedures in response to workplace accidents:
 - 1. Roles and responsibilities of the dental office employer and employee
 - 2. The role of the injury and illness prevention program of the dental office
 - 3. The reporting process for workplace injuries including exposure incidents

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h) Maintain safe and healthy work environments

M. As it relates to New and Emerging Technologies in Dentistry, the program must integrate throughout the didactic and laboratory performance components of the curriculum, the following content:

a) Advancements in dental instruments and equipment

b) Advanced and emerging dental materials and products

c) Procedures and techniques that incorporate emerging technology used in the workplace

N. A course or coursework in basic life support that, when successfully completed, shall result in certification, and shall be provided by an instructor approved by the American Red Cross or the American Heart Association, including those course providers approved by the Dental Assisting National Board, or any other provider recognized by the Board. as equivalent. The program may require that the student complete certification as a prerequisite to program enrollment, or that the student provide evidence of having completed certification prior to patient-based competencies and clinical assignment.

~~(A) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy.~~

~~(B) Principles of conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry.~~

~~(C) Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016, as well as principles of the Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, risk management, and professional codes of ethical behavior.~~

~~(D) Principles of infection control, waste management, and hazardous communication requirements in compliance with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control.~~

~~(E) Principles related to pharmacology and biomedical sciences including nutrition and microbiology.~~

~~(F) Principles of medical-dental emergencies and first aid management.~~

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(G) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.

(H) Principles of record classifications including management, storage, and retention protocol for all dental records including the legal and ethical issues involving patient records.

(I) Principles and protocols of special needs patient management, the psychology and management of dental patients, and overall interpersonal relationships.

(J) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.

(K) Principles, protocols, manipulation, use, and armamentaria for contemporary dental materials used in general and specialty dentistry.

(L) Principles and protocols for oral hygiene preventative methods including plaque identification, tooth brushing and flossing techniques, and nutrition.

(M) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.

(N) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.

(O) All content for instruction in radiation safety certification as set forth in Cal. Code Regs., Title 16, Section 1014.1.

(P) All content for instruction in coronal polishing as set forth in Cal. Code Regs., Title 16, Section 1070.4.

(Q) All content for instruction in the application of Pit and Fissure Sealants as set forth in Cal. Code Regs., Title 16, Section 1070.3.

(12) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistants and registered dental assistants is authorized to perform.

(10) Prior to graduation from a registered dental assistant program, each student shall pass successfully complete certification examinations issued by the Dental Assisting National Board in infection control and radiation health and safety, as well as a faculty-administered comprehensive mock written examinations that reflects the curriculum content in California Dental Assisting Law and Ethics and California Registered Dental Assisting, which may be administered at intervals throughout the course as determined by the course director program.

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(40-11) A registered dental assisting program that desires to provide instruction in the following regulated areas shall apply separately for approval to incorporate curriculum on a specific application form issued by the board, herein incorporated by reference, (insert here): provide the following courses:

~~(A)~~ A course in the removal of excess cement with an ultrasonic scaler, that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.

~~(B)~~ A An orthodontic assistant permit course that shall meet the curriculum requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the orthodontic duties allowed for an unlicensed dental assistant which are already required areas of instruction, specifically the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument. The incorporated curriculum and shall be no less than 51 hours, including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction of combined didactic, laboratory and pre-clinical instruction consistent with the requirements of Section 1070.7 plus additional hours of instruction in ultrasonic scaling for cement removal consistent with the requirements of Section 1070.5. Additionally, RDA programs shall not be required, but may elect to, assign clinical externship hours or incorporate clinical competencies for the purposes of instruction in orthodontic assistant permit duties. All experiences shall be performed and evaluated up to the pre-clinical level and within the institutional facilities under the supervision of the program faculty. Upon successful graduation of the program, students shall not be required to complete 12 months of work experience as a dental assistant and shall be considered immediately eligible to apply for board examination and obtain a permit as an orthodontic assistant.

~~(C)~~ B A dental sedation assistant permit course that shall meet the curriculum requirements of Cal. Code Regs., Title 16, Section 1070.8.

~~(D)~~ C A registered dental assisting educational program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a certificate or certificates of completion to the program graduate specific to the subject area and in addition to the RDA program certificate of completion. Certificates shall be used for demonstration of compliance with education requirements for the permit subject as part of a total program for registered dental assisting and shall include the institutional name, board-approved provider number for the program, total hours of instruction completed in the subject area consistent with the requirements of this Section, a disclosure statement to both the graduate and any employer indicating that the recipient of the certificate is not allowed to perform the duties of a permit holder until such time as a board-issued permit has been obtained, and certification signature indicating successful completion of approved curriculum. The certificate holder shall utilize the certificate as proof of candidate eligibility at the time of application submission

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and shall be deemed an eligible candidate for examination and permit issuance as having met all educational requirements for the permit examination.

Dental Board proposed language for §1070.2 is as follows:

§ 1070.2. Approval of Registered Dental Assistant Educational Programs.

(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive Board approval prior to operation.

(b) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own. All programs accredited by the American Dental Association Commission on Dental Accreditation (Commission) shall submit to the Board after each site visit a copy of the final report of the Commission's findings within 30 days of the final report issuance. New programs approved by the Commission shall apply to the Board and shall submit proof of Provisional Approval status by the Commission, a copy of the institutional self study, and applications for Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site-evaluate a program.

(c) If the program is granted the status of "Approved with Reporting Requirements" from the Commission, the program shall submit to the Board copies of any and all correspondence received from or submitted to the Commission until such time as the status of "Approval without Reporting Requirements" is granted. Additionally, if the program withdraws from accredited status by the Commission, the program shall notify the Board, in writing, of such status within 30 days.

(d) In order for a registered dental assistant program to secure and maintain approval by the Board, it shall meet the requirements of Sections 1070 and 1070.1 and the requirements contained in this Section.

(1) A program shall notify the Board in writing if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the Board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove the program for the increased enrollment prior to accepting additional students.

(2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to

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monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

(3) Adequate provision for the supervision and operation of the program shall be made. In addition to the requirements of Sections 1070 and 1070.1, the following requirements shall be met:

(A) By January 1, 2012, each faculty member shall have completed a course or certification program in educational methodology of at least 30 hours, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(B) The program director shall have teaching responsibilities that are less than those of a full-time faculty member. He or she shall actively participate in and be responsible for the administration of the program including the following:

(i) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.

(ii) Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.

(iii) Maintaining copies of minutes of all advisory committee and staff meetings for not less than five years.

(C) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1.

(4) The program shall have sufficient financial resources available to support the program and to comply with this Section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior

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to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of Board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing dental assistant and registered dental assistant duties, but in no event less than 800 hours, including at least 275 hours of didactic instruction, at least 260 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and the remaining hours utilized in clinical instruction in extramural dental facilities. No more than 20 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties. Programs whose demonstrated total hours exceed 800 and who meet all the instructional requirements in this Section, may utilize the additional instructional hours as deemed appropriate for program success. To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(6) In addition to the requirements of Section 1070 with regard to extramural instruction:

(A) No more than 25 percent of extramural clinical instruction shall take place in a specialty dental practice.

(B) Program faculty shall visit each extramural dental facility at least once every ten clinical days.

(7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that registered dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(A) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operator, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one

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set of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of a CAD machine and patient monitoring equipment specific to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment or CAD machine.

(B) Instruments must be provided to accommodate students needs in learning to identify, exchange, and prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

(C) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. Medical materials for treating patients with life-threatening conditions shall be available for instruction and accessible to the operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.

(8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

(A) Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control, and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content and prior to performances or activities involving patients.

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(B) All programs shall provide students with additional instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) prior to the student's performance of procedures on patients.

(9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b)(11) and (b)(12) of this Section, programs shall include the following content:

(A) Instruction in radiation safety that meets all of the requirements of Cal. Code Regs., Title 16, Sections 1014 and 1014.1.

(B) Instruction in coronal polishing that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.4.

(C) Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.3.

(D) A course in basic life support provided by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the Board as equivalent. The program may require that the student complete this course as a prerequisite to program enrollment, or that the student provide evidence of having completed the course from another provider.

(E) Instruction in infection control that meets all of the requirements of Cal. Code Regs., Title 16, Section 1070.6.

(F) Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing education courses.

(10) A program that desires to provide instruction in the following areas shall apply separately for approval to provide the following courses:

(A) A course in the removal of excess cement with an ultrasonic scaler, that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.

(B) An orthodontic assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand

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instrument, and shall be no less than 51 hours, including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction.

(C) A dental sedation assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.8.

(D) A Registered Dental Assisting educational program that includes instructional content for either the orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a certificate or certificates of completion to the graduate. The certificate holder shall be deemed an eligible candidate for the permit examination process as having met all educational requirements for the permit examination.

(11) General didactic instruction shall include, at a minimum, the following:

(A) Principles of general anatomy, physiology, oral embryology, tooth histology, and head-neck anatomy. **(General Dentistry STD 2-18a)**

(B) Principles of conditions related to and including oral pathology, orthodontics, periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and esthetic dentistry. **(Dental Specialties STD 2-18b)**

(C) Instruction in the Dental Practice Act that includes the content specified in Cal. Code Regs., Title 16, Section 1016, as well as principles of the Health Insurance Portability and Accountability Act (HIPAA) privacy and security standards, risk management, and professional codes of ethical behavior.

(D) Principles of infection control, waste management, and hazardous communication requirements in compliance with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and other federal, state, and local requirements governing infection control. Instruction in infection control shall meet the education requirements set forth in Section 1070.6(e).

(E) Principles related to pharmacology and biomedical sciences including nutrition and microbiology.

(F) Principles of medical-dental emergencies and first aid management.

(G) Principles of the treatment planning process including medical health history data collection, patient and staff confidentiality, and charting.

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(H) Principles of record classifications including management, storage, and retention protocol for all dental records including legal and ethical issues involving patient records.

(I) Principles and protocols of special needs patient management, the psychology and management of dental patients, and overall interpersonal relationships.

(J) Principles, protocols, and armamentaria associated with all dental assisting chairside procedures.

(K) Principles, protocols, manipulation, use, and armamentaria for contemporary dental materials used in general and specialty dentistry.

(L) Principles and protocols for oral hygiene preventative methods including, plaque identification, toothbrushing and flossing techniques, and nutrition.

(M) Principles, protocols, armamentaria, and procedures associated with operative and specialty dentistry.

(N) Principles, protocols, armamentaria, and procedures for each duty that dental assistants and registered dental assistants are allowed to perform.

(O) All content for instruction in radiation safety as set forth in Cal. Code Regs., Title 16, Section 1014.1.

(P) All content for instruction in coronal polishing as set forth in Cal. Code Regs., Title 16, Section 1070.4.

(Q) All content for instruction in the application of Pit and Fissure Sealants as set forth in Cal. Code Regs., Title 16, Section 1070.3.

(12) Laboratory and clinical instruction shall be of sufficient duration and content for each student to achieve minimum competence in the performance of each procedure that dental assistant and registered dental assistant is authorized to perform.

(13) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1752.1, 1752.4 and 1752.6, Business and Professions Code.

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CADAT's proposed language for §1070.3 is as follows:

Approval of Pit and Fissure Sealant Certification – Approval; Continued Approved Status for Stand-Alone Courses in Pit and Fissure Sealant Application; Prerequisites; Curriculum Requirements; Issuance of Certification

The following minimum criteria shall be met for a course in the application of pit and fissure sealants to secure and maintain approval by the Board.

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

(a) A course in the application of pit and fissure sealants is one in which has, as its primary purpose, providing theory and clinical application in preventative sealant techniques. A single standard of care shall be maintained and the board shall approve and continue to approve only courses which continuously maintain a high quality standard of instruction.

~~(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must have already completed a Board-approved course in coronal polishing.~~

(b) A pit and fissure sealant course provider applying for initial and continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board with all related fees. Consistent with CCR Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective January 1, 2016, all stand-alone course providers of pit and fissure sealant courses shall seek renewal as a registered course provider every two (2) years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference [\(insert here\)](#) and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and

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all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

- (A) All faculty and staff documentation;
- (B) Course content outlines and examination records;
- (C) Educational objectives or outcomes;
- (D) Competency forms for each participant;
- (E) Evidence of registration documents and protocols used for participant registration;
- (F) Attendance records and rosters; and
- (G) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

~~(c) Administration/Facility. Adequate provision for the supervision and operation of the course shall be made.~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed Board-approved courses in coronal polishing and the application of pit and fissure sealants. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate the application of pit and fissure sealants. All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.~~

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of pit and fissure sealants, or for violation or non-compliance of this Section and all applicable regulations.

(d) The following criteria shall be met by a course in pit and fissure sealants to secure and maintain approval by the Board. Courses approved prior to the effective date of these regulations, shall submit to the Board a completed "Notice of Compliance with New Requirements for Pit and Fissure Sealant Courses" (*insert date*), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1 and the following:

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1. Providers shall demonstrate how evidence that all course pre-requisites has been met prior to acceptance of the participant in the course. Course pre-requisites are:
 - (i) Current and valid licensure as a Registered Dental Assistant, and
 - (ii) Current and valid certification in basic life support.
2. All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in Pit and Fissure Sealants, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate pit and fissure sealants. Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course that shall include curriculum addressing clinical evaluation criteria, course outline development, test construction, and developing student-learning outcomes.
3. Stand-alone courses in pit and fissure sealants shall not be required to employ a dentist for the purposes of oversight during pre-clinical or clinical instruction but must seek permission or prescription by a licensed dentist who shall diagnose and prescribe sealant placement for each patient utilized during clinical instruction. Each clinical patient approved for sealant placement must possess a minimum of two (2) virgin, non-restored, natural teeth, sufficiently erupted allowing for proper caries identification procedures to be performed by the student, and so that a dry field can be maintained for application of the etching, or etchant/bond combination, and sealant materials by the student.
4. Additionally, all patient's or their guardian must complete a health history form with consent acknowledging the procedure is being performed by a student with permission by a licensed dentist or the patient's dentist of record. Such documentation shall be maintained in the student records.
5. A course in pit and fissure sealants shall be of sufficient duration for the student to develop minimum competency in all aspects of the subject area, but shall in no event be less than ~~46~~ 24 clock hours, including at least ~~4~~ 8 hours of didactic training, at least ~~4~~ 8 hours of ~~laboratory~~ pre-clinical training, and at least 8 hours of clinical training.
6. Each student must ~~possess the necessary requirements for application for RDA licensure or must~~ currently possess an active, valid and current RDA license as a registered dental assistant. ~~Each student must~~
7. A detailed course outline shall be established and maintained consistent with CCR 1070 and 1070.1 and shall be provided to students prior to the start of instruction.
8. Providers of pit and fissure sealant courses shall issue Course Completion Certification Cards to each participant upon successful completion of the

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course. Each card shall transmit to the board the name, date of birth and RDA license number of each course completer, all provider information, date(s) of the course, course approval code issued by the board, and certification by signature verifying completion requirements. Such proof of completion shall be issued by the participant to the Board for proof of certification.

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

~~(A) Providing daily guidance of didactic, laboratory and clinical assignments.~~

~~(B) Maintaining for a period of not less than 5 years:~~

~~1. Copies of curricula, course outlines, objectives, and grading criteria.~~

~~2. Copies of faculty credentials, licenses, and certifications.~~

~~3. Individual student records, including those necessary to establish satisfactory completion of the course.~~

~~(C) Informing the Board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in applying pit and fissure sealants.~~

~~(1) Lecture classrooms; classroom size and equipment shall accommodate the number of students enrolled.~~

~~2) Operatories; operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time. [In addition];~~

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~~(A) Each operatory shall replicate a modern dental office containing functional equipment including a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.~~

~~(B) Each operatory must be of sufficient size to accommodate a practitioner, a student, an instructor, and a patient at one time.~~

~~(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in the application of pit and fissure sealants. Protective eyewear is required for each student.~~

~~(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.~~

~~(5) Emergency Materials/Basic Life Support.~~

~~(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.~~

~~(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.~~

~~(g) Program Content.~~

~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants.~~

~~(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as~~

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~~practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.~~

(g) (51) Didactic Instruction: Areas of instruction shall include at least the following as they relate to pit and fissure sealants:

(A) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal and Abnormal Anatomical and Physiological Tooth Descriptions

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics:

1. Legal requirements
2. Description and goals of sealants
3. Indications and contraindications
4. Role in preventive programs
5. Use of caries identification devices and materials

(E) Sealant Materials and Caries Identification Devices:

1. Etchant and/or etchant/bond combination material composition, process, storage and handling
2. Sealant material composition, polymerization type, process, storage and handling
3. Armamentaria for etching and sealant application

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4. Problem solving for etchant and sealant material placement/manipulation
5. Armamentaria for caries identification

(F) Sealant Criteria:

1. Areas of application
2. Patient selection factors
3. Caries identification ~~Other indication factors~~ protocols

(G) Preparation Factors:

1. Moisture control protocol
2. Tooth/teeth preparation procedures prior to etching or etchant/bond
3. Recording of caries identification devices or materials

(H) Acid Etching or Etchant/Bond Combination:

1. Material preparation
2. Application areas
3. Application time factors
4. Armamentaria
5. Procedure
6. Etchant or etchant/bond evaluation criteria

(I) Sealant Application:

1. Application areas
2. Application time factors
3. Armamentaria
4. Procedure for chemical cure and light cure techniques

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- 5. Sealant evaluation criteria
- 6. Sealant adjustment techniques

(J) Infection control protocols

(K) Clinical re-call re-evaluation protocols

(L) OSHA Bloodborne Pathogens Standard review

(a) Successful completion of a written examination to include all areas of didactic instruction must occur prior to pre-clinical instruction and experiences and shall be constructed and administered in a manner consistent with all state-administered examinations.

~~(62) Pre-Clinical Instruction: There shall be no more than 14 students per instructor during laboratory instruction. Laboratory~~ Pre-clinical instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain ~~laboratory~~ pre-clinical experience to achieve minimum competence in caries identification and pit and fissure sealant application prior to the performance of procedures on patients.

(a) A procedure has been successfully completed only if each sealant placed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all pre-clinical experiences.

(b) In accordance with Section 1070.1, there shall be no more than six students per instructor during pre-clinical instruction and experiences.

(c) Successful completion of all pre-clinical/laboratory competencies must occur prior to clinical instruction and experiences.

~~(73) Clinical Experiences: shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction and competency~~ evaluations shall include clinical experience on four patients with two of the four patients used for the clinical examination. Patient selection shall follow all stated criteria.

(a) Each clinical patient must have a minimum of ~~four (4)~~ two (2) virgin, non-restored, natural teeth, sufficiently erupted for the student to perform caries identification procedures and so that a dry field can be maintained, for application of the etching, or etchant/bond combination,

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and sealant materials. ~~Such clinical instruction shall include teeth in all four quadrants for each patient.~~

(b) Each clinical patient shall undergo caries identification procedures by the student as part of the procedural experience and to ensure student demonstrates to minimum competency the protocols for proper sealant tooth selection.

(c) A procedure has been successfully completed only if each sealant placed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all clinical experiences.

(d) In accordance with Section 1070.1, there shall be no more than six students per instructor during clinical instruction and experiences.

(4) Upon completion of the course, each student must be able to:

(a) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.

(b) Explain the procedure to patients.

(c) Recognize decalcification, caries and fracture lines.

(d) Identify the indications and contraindications for sealants.

(e) Identify the characteristics of a caries identification device, light curing devices, isolation devices, and self-curing and light-cured sealant materials.

(f) Define the appropriate patient selection factors and indication factors for sealant application.

(g) Utilize proper armamentaria in an organized sequence.

(h) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.

(i) Demonstrate the proper technique for teeth preparation prior to etching.

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- (j) Select and dispense the proper amount of etchant and sealant material when using materials requiring etchant; and the proper use of etchless sealant materials including bondable materials.
- (k) Demonstrate the proper techniques for application of the etchant and sealant material.
- (l) Implement problem solving techniques associated with pit and fissure sealants.
- (m) Evaluate the etchant and sealant placement techniques according to appropriate criteria.
- (n) Check the occlusion and proximal contact for appropriate placement techniques.
- (o) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.
- (p) Maintain aseptic techniques including disposal of contaminated material.

~~(h) Externship Instruction. (1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

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~~(i) Evaluation and Examination.~~

~~(1) Upon completion of the course, each student must be able to:~~

~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.~~

~~(B) Explain the procedure to patients.~~

~~(C) Recognize decalcification, caries and fracture lines.~~

~~(D) Identify the indications and contraindications for sealants.~~

~~(E) Identify the characteristics of self-curing and light-cured sealant material.~~

~~(F) Define the appropriate patient selection factors and indication factors for sealant application.~~

~~(G) Utilize proper armamentaria in an organized sequence.~~

~~(H) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.~~

~~(I) Demonstrate the proper technique for tooth preparation prior to etching.~~

~~(J) Select and dispense the proper amount of etchant and sealant material.~~

~~(K) Demonstrate the proper techniques for application of the etchant and sealant material.~~

~~(L) Implement problem-solving techniques associated with pit and fissure sealants.~~

~~(M) Evaluate the etchant and sealant placement techniques according to appropriate criteria.~~

~~(N) Check the occlusion and proximal contact for appropriate placement techniques.~~

~~(O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.~~

~~(P) Maintain aseptic techniques including disposal of contaminated material.~~

~~(h) Extramural dental facilities may be utilized by a course for the purposes of sealant clinical competencies. There shall be a written contract of affiliation with each clinical~~

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facility and the extramural supervising licensed dentist utilized by a course consistent with the requirements in CCR Section 1070.

~~(2) Each student shall pass a written examination which reflects the entire curriculum content.~~

~~(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.~~

Dental Board proposed language for §1070.3 is as follows:

§ 1070.3. Approval of Pit and Fissure Sealant Courses.

The following minimum criteria shall be met for a course in the application of pit and fissure sealants to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must have already completed a Board-approved course in coronal polishing.

(c) Administration/Facility. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed Board-approved courses in coronal polishing and the application of pit and fissure sealants. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate the application of pit and fissure sealants. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing daily guidance of didactic, laboratory and clinical assignments.

(B) Maintaining for a period of not less than 5 years:

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1. Copies of curricula, course outlines, objectives, and grading criteria.
2. Copies of faculty credentials, licenses, and certifications.
3. Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the Board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in the application of pit and fissure sealants, but shall in no event be less than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 8 hours of clinical training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in applying pit and fissure sealants. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every five students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; curing light, and all other armamentarium required to instruct in the application of pit and fissure sealants.

(B) Each operatory must be of sufficient size to accommodate a practitioner, a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in the application of pit and fissure sealants. Protective eyewear is required for each student.

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(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the application of pit and fissure sealants.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the application of pit and fissure sealants. The course shall assure that students who successfully complete the course can apply pit and fissure sealants with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to pit and fissure sealants:

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(A) Dental Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal/Abnormal Anatomical and Physiological Tooth Descriptions

(B) Morphology and Microbiology

(C) Dental Materials and Pharmacology

(D) Sealant Basics

1. Legal requirements
2. Description and goals of sealants
3. Indications and contraindications
4. Role in preventive programs

(E) Sealant Materials

1. Etchant and/or etchant/bond combination material composition, process, storage and handling
2. Sealant material composition, polymerization type, process, storage and handling
3. Armamentaria for etching and sealant application
4. Problem solving for etchant and sealant material placement/manipulation

(F) Sealant Criteria

1. Areas of application
2. Patient selection factors
3. Other indication factors

(G) Preparation Factors

1. Moisture control protocol
2. Tooth/teeth preparation procedures prior to etching or etchant/bond

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(H) Acid Etching or Etchant/Bond Combination

1. Material preparation
2. Application areas
3. Application time factors
4. Armamentaria
5. Procedure
6. Etchant or etchant/bond evaluation criteria

(I) Sealant Application

1. Application areas
2. Application time factors
3. Armamentaria
4. Procedure for chemical cure and light cure techniques
5. Sealant evaluation criteria
6. Sealant adjustment techniques

(J) Infection control protocol

(K) Clinical re-call re-evaluation protocols

(6) There shall be no more than 14 students per instructor during laboratory instruction. Laboratory instruction may be conducted on a typodont, a simulated model, and/or mounted extracted teeth. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in pit and fissure sealant application prior to the performance of procedures on patients.

(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on four patients with two of the four patients used for the clinical examination. Each clinical patient must have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently erupted so that a dry field can be maintained, for application of the etching, or etchant/bond combination, and sealant

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materials. Such clinical instruction shall include teeth in all four quadrants for each patient.

(h) Externship Instruction.

- (1) If an extramural clinical facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of pit and fissure sealants.
- (2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.
- (3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.
- (4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.
- (5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

- (1) Upon completion of the course, each student must be able to:
 - (A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to pit and fissure application.
 - (B) Explain the procedure to patients.
 - (C) Recognize decalcification, caries and fracture lines.
 - (D) Identify the indications and contraindications for sealants.

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(E) Identify the characteristics of self curing and light cured sealant material.

(F) Define the appropriate patient selection factors and indication factors for sealant application.

(G) Utilize proper armamentaria in an organized sequence.

(H) Maintain appropriate moisture control protocol before and during application of etchant and sealant material.

(I) Demonstrate the proper technique for teeth preparation prior to etching.

(J) Select and dispense the proper amount of etchant and sealant material.

(K) Demonstrate the proper techniques for application of the etchant and sealant material.

(L) Implement problem solving techniques associated with pit and fissure sealants.

(M) Evaluate the etchant and sealant placement techniques according to appropriate criteria.

(N) Check the occlusion and proximal contact for appropriate placement techniques.

(O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.

(P) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes the application of pit and fissure sealants on two of the four clinical patients required for clinical instruction. The examination shall include teeth in all four quadrants.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1754 and 1777, Business and Professions Code.

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CADAT's proposed language for §1070.4 is as follows:

CCR §1070.4:

Coronal Polishing Certification - Approval; Continued Approved Status for Courses and Programs Providing Instruction in Coronal Polishing; Course Pre-Requisites; Curriculum Requirements; Issuance of Certification

The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

(a) A course in the performance of coronal polishing procedures is one that has as its primary purpose providing theory and clinical application in plaque and stain removal techniques from supragingival tooth surfaces. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) A coronal polishing course provider applying for initial or continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all related fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective 1/1/2016, all stand-alone course providers of coronal polishing courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board and incorporated herein by reference, (insert here) which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

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(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(A) All faculty and staff documentation;

(B) Course content outlines and examination records;

(C) Educational objectives or outcomes;

(D) Competency forms for each participant;

(E) Evidence of registration documents and protocols used for participant registration;

(F) Attendance records and rosters; and

(G) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of coronal polishing, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of CCR Sections 1070 and 1070.1, the following criteria shall be met by a course in coronal polishing to secure and maintain approval by the board. Curriculum content pertaining to coronal polishing offered by a school or program approved by the board for instruction in registered dental assisting shall be deemed to be approved if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below and shall not be subject to biennial renewal unless offering a stand-alone course aside from a registered dental assisting program. To maintain approval, course providers and programs in registered dental assisting approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Coronal Polishing Courses Certification (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

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- (1) Unless otherwise incorporated in a board-approved registered dental assisting program, providers shall demonstrate how evidence that all course pre-requisites have been met prior to acceptance of the participant in the certification course. Course pre-requisites are:
 - a. Current and valid licensure as a Registered Dental Assistant, and
 - b. Current and valid certification in basic life support.
- (2) When instruction is incorporated in a registered dental assisting program, students must have completed instruction in infection control, basic chairside skills, anatomy, tooth morphology and dental materials and must have obtained certification in basic life support, as defined herein, prior to the start of instruction.
- (3) All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in coronal polishing, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate coronal polishing. Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course specific to curriculum addressing clinical evaluation criteria, course outline development, test construction, and developing student-learning outcomes.
- (4) Dental assisting programs and stand-alone courses in coronal polish shall not be required to employ a dentist for the purposes of oversight during pre-clinical or clinical instruction. Each clinical patient approved for coronal polishing must be deemed calculus free prior to clinical performance by the student and may be deemed so by faculty of the course or program.
- (1) Additionally, all patient's or their guardian must complete a health history form with consent acknowledging the procedure is being performed by a student of the course or program. Such documentation shall be maintained in the student records.
- (2) A course in coronal polishing shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than ~~12~~ 16 clock hours, including at least ~~4~~ 8 hours of didactic training, at least 4 hours of ~~laboratory~~ pre-clinical training, and at least 4 hours of clinical training.
- (3) Unless a current enrolled student of a registered dental assisting program, each student of a course in coronal polishing must possess the necessary requirements for application for RDA licensure or ~~must~~ currently possess an active, valid and current RDA license as a registered dental assistant. ~~Each student must~~
- (4) A detailed course outline shall be provided to students prior to the start of instruction.

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(5) Providers of coronal polishing certification courses shall issue a Course Completion Certification Card to each participant upon successful completion of the course. Each card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, course approval code issued by the board, and certification by signature verifying completion requirements. Such proof of completion shall be issued by the participant to the Board for proof of certification.

(6) Programs in registered dental assisting who offer coronal polishing as a portion of a total program of study shall be exempt from this requirement unless offering a stand-alone course but shall issue wall certificates only to those having successfully graduated from the program, denoting compliance with educational requirements and shall include the program/school name, board-approved program provider number, total hours of instruction completed, a disclosure statement to both the student and any employer indicating that the recipient of the certificate of completion is not allowed to perform the function of coronal polishing until such time as licensure as a registered dental assistant has been obtained, and certification signature indicating successful graduation from the program.

~~(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.~~

~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made. [Specifically],~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in coronal polishing. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.~~

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

~~A. Providing guidance of didactic, laboratory and clinical assignments.~~

~~B. Maintaining for a period of not less than 5 years:~~

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- ~~i. Copies of curricula, course outlines, objectives, and grading criteria.~~
- ~~ii. Copies of faculty credentials, licenses, and certifications.~~
- ~~iii. Individual student records, including those necessary to establish satisfactory completion of the course.~~

~~C. Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in the performance of coronal polishing.~~

~~(1) Such facilities shall include safe, adequate and educationally conducive: Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing, and;~~

~~A. Each operatory must be of sufficient size to accommodate a student, an instructor, and a patient at one time.~~

~~(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in coronal polishing. Protective eyewear is required for each student.~~

~~(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.~~

~~(5) Emergency Materials/Basic Life Support.~~

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~~(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.~~

~~(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.~~

~~(g) Program Content.~~

~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the performance of coronal polishing.~~

~~(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.~~

~~(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.~~

~~(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.~~

~~(5) Areas of instruction shall include at least the following as they relate to coronal polishing:~~

~~(g) Didactic Instruction: Areas of instruction shall include the following as they relate to coronal polishing:~~

~~(A) Coronal Polishing Basics:~~

~~(1) Legal requirements~~

~~(2) Description and goals of coronal polishing~~

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(3) Indications and contraindications of coronal polishing

(4) Criteria for an acceptable coronal polish

(B) Principles of plaque and stain formation:

(1) Clinical description of plaque, intrinsic and extrinsic stains, and calculus

(2) Etiology of plaque and stain

(3) Clinical description of teeth that have been properly polished and are free of stain

(4) Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials:

(1) Polishing agent(s) composition, storage and handling

(2) Abrasive material(s) composition, storage, and handling, and factors which affect rate of abrasion

(3) Disclosing agent composition, storage and handling

(4) Armamentaria for disclosing and polishing techniques

(5) Contraindications for disclosing and polishing techniques

(D) Principals of tooth polishing:

(1) Clinical application of disclosing before and after a coronal polish

(2) Instrument grasps and fulcrum techniques

(3) Purpose and techniques of the mouth mirror for indirect vision and retraction

(4) Characteristics, manipulation and care of dental handpieces, mechanical devices and rotary devices used when performing a coronal polish procedure

(5) ~~Pre-medication requirements for the compromised patient~~ Introduction of advanced technologies in coronal polishing including the use of air polishing devices and selective polishing procedures

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(6) Use of adjunct materials for stain removal and traditional and contemporary polishing techniques, including selective polishing

(7) Techniques for coronal polishing of adults and children

(8) Procedures for cleaning fixed and removable prosthesis and orthodontic appliances

(9) Disclosing and polishing evaluation criteria

(E) Infection control protocols

(F) OSHA Bloodborne Pathogens Standards

(a) Successful completion of a comprehensive written examination to include all areas of didactic instruction must occur prior to pre-clinical instruction and experiences and shall be constructed and administered in a manner consistent with all state-administered examinations.

(h) Pre-Clinical Instruction: There shall be no more than 14 students per instructor during laboratory instruction. Laboratory Pre-clinical instruction may be conducted on a fully articulated typodont, simulated model, or mannequin device and shall include flexible facial covering that simulates cheeks and shall include a flexible tongue. Sufficient time shall be available for all students to obtain laboratory at least two pre-clinical experiences to achieve minimum competence in coronal polishing prior to the performance of procedures on patients.

(a) A procedure has been successfully completed only if each polish performed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all pre-clinical experiences.

(b) In accordance with Section 1070.1, there shall be no more than six students per instructor during pre-clinical instruction and experiences.

(c) Successful completion of all pre-clinical competencies must occur prior to clinical instruction and experiences.

(7i) Clinical Experiences: shall be of sufficient duration to allow the procedures to be performed to clinical proficiency. There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction and competency evaluations shall include clinical experience on three patients with two of the three patients used for the clinical examination. The clinical examination must include one performance utilizing selective polishing technique and one performance utilizing full mouth polishing technique. Patient selection and evaluation shall follow all stated criteria.

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- (a) Each clinical patient must have, at minimum, a mixed dentition or at least 2/3 of their natural teeth in place. Careful consideration shall be given to utilizing selective polishing techniques on clinical patients possessing implants, orthodontic bands and brackets, or removable appliances.
- (b) Each clinical performance shall utilize all polishing techniques and procedures to ensure the student demonstrates to minimum competency the protocols for proper device and technique selection.
- (c) A procedure has been successfully completed only if each polish performed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all clinical experiences.
- (d) In accordance with Section 1070.1, there shall be no more than six students per instructor during clinical instruction and experiences.

(j) Upon completion of the course, each student must be able to:

- (a) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.
- (b) Explain the procedure to patients.
- (c) Recognize decalcification and mottled enamel.
- (d) Identify plaque, calculus and stain formation within the oral cavity.
- (e) Identify the indications and contraindications for disclosing and coronal polishing.
- (f) ~~Identify the pre-medications for the compromised patient.~~ Recognize advanced technologies in coronal polishing including the use of air polishing devices and selective polishing procedures
- (g) Utilize proper armamentaria in an organized sequence for disclosing and polishing.
- (h) Perform plaque disclosure.
- (i) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

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- (j) Select and dispense the proper amount of polishing agent. Utilize both full mouth and selective polishing techniques
- (k) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use traditional and contemporary mechanical devices
- (l) Demonstrate the use of floss, tape, and abrasive strips when appropriate.
- (m) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.
- (n) Maintain aseptic techniques including disposal of contaminated material.

~~(6) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.~~

~~(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.~~

~~(h) Externship Instruction.~~

~~(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.~~

~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical~~

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training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.

(B) Explain the procedure to patients.

(C) Recognize decalcification and mottled enamel.

(D) Identify plaque, calculus and stain formation within the oral cavity.

(E) Identify the indications and contraindications for disclosing and coronal polishing.

(F) Identify the pre-mediations for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for disclosing and polishing.

(H) Perform plaque disclosure.

(I) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(J) Select and dispense the proper amount of polishing agent.

(K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.

(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.

(M) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.

(N) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.

Dental Board proposed language for §1070.4 is as follows:

§ 1070.4. Approval of Coronal Polishing Courses.

The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

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(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license. Each student must satisfactorily demonstrate to the instructor clinical competency in infection control requirements prior to clinical instruction in coronal polishing.

(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in coronal polishing. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty responsible for clinical evaluation shall have completed a two hour methodology course in clinical evaluation.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing guidance of didactic, laboratory and clinical assignments.

(B) Maintaining for a period of not less than 5 years:

i. Copies of curricula, course outlines, objectives, and grading criteria.

ii. Copies of faculty credentials, licenses, and certifications.

iii. Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in coronal polishing, but shall in no event be less than 12 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least 4 hours of clinical training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

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(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in coronal polishing. Such facilities shall include safe, adequate and educationally conducive:

(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface; hand-washing sink; slow-speed handpiece, and all other armamentarium required to instruct in the performance of coronal polishing.

(B) Each operatory must be of sufficient size to accommodate a student, an instructor, and a patient at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in coronal polishing. Protective eyewear is required for each student.

(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space shall be provided for preparing and sterilizing all armamentarium.

(5) Emergency Materials/Basic Life Support.

(A) A written policy on managing emergency situations must be made available to all students, faculty, and staff.

(B) All students, faculty, and staff involved in the direct provision of patient care must be certified in basic life support procedures, including cardiopulmonary resuscitation. Re-certification intervals may not exceed two years. The program must document, monitor, and ensure compliance by such students, faculty, and staff.

(g) Program Content.

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- (1) Sufficient time shall be available for all students to obtain laboratory and clinical experience to achieve minimum competence in the various protocols used in the performance of coronal polishing.
- (2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic, laboratory, and clinical instruction.
- (3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of coronal polishing. The course shall assure that students who successfully complete the course can perform coronal polishing with minimum competence.
- (4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.
- (5) Areas of instruction shall include at least the following as they relate to coronal polishing:
 - (A) Coronal Polishing Basics
 - i. Legal requirements
 - ii. Description and goals of coronal polishing
 - iii. Indications and contraindications of coronal polishing
 - iv. Criteria for an acceptable coronal polish
 - (B) Principles of plaque and stain formation
 - i. Clinical description of plaque, intrinsic and extrinsic stains, and calculus
 - ii. Etiology of plaque and stain
 - iii. Clinical description of teeth that have been properly polished and are free of stain.

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iv. Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain

(C) Polishing materials

- i. Polishing agent composition, storage and handling
- ii. Abrasive material composition, storage, and handling, and factors which affect rate of abrasion
- iii. Disclosing agent composition, storage and handling.
- iv. Armamentaria for disclosing and polishing techniques.
- v. Contraindications for disclosing and polishing techniques.

(D) Principals of tooth polishing

- i. Clinical application of disclosing before and after a coronal polish.
- ii. Instrument grasps and fulcrum techniques
- iii. Purpose and techniques of the mouth mirror for indirect vision and retraction.
- iv. Characteristics, manipulation and care of dental handpieces when performing a coronal polish.
- v. Pre-medication requirements for the compromised patient.
- vi. Use of adjunct materials for stain removal and polishing techniques
- vii. Techniques for coronal polishing of adults and children.
- viii. Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.
- ix. Disclosing and polishing evaluation criteria.

(E) Infection control protocols

(6) There shall be no more than 6 students per instructor during laboratory instruction. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of coronal polishing prior to the performance of procedures on patients.

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(7) Clinical instruction shall be of sufficient duration to allow the procedures to be performed to clinical proficiency, which may include externship instruction as provided in subdivision (h). There shall be no more than 6 students per instructor during clinical instruction. Clinical instruction shall include clinical experience on at least three patients, with two of the three patients used for the clinical examination.

(h) Externship Instruction.

(1) If an extramural clinical facility is utilized for clinical instruction as provided in subdivision (g)(7), students shall, as part of an organized program of instruction, be provided with planned, supervised clinical instruction in the application of coronal polishing.

(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extern clinical sites and evaluating student competence in performing procedures both before and after the clinical assignment.

(3) Objective evaluation criteria shall be used by the program faculty and clinic personnel.

(4) Dentists who intend to provide extramural clinical practices shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.

(5) There shall be a written contract of affiliation with each extramural clinical facility utilized by the program. Such contract shall describe the settings in which the clinical training will be received, affirm that the clinical facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing.

(B) Explain the procedure to patients.

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- (C) Recognize decalcification and mottled enamel.
- (D) Identify plaque, calculus and stain formation within the oral cavity.
- (E) Identify the indications and contraindications for disclosing and coronal polishing.
- (F) Identify the pre-medications for the compromised patient.
- (G) Utilize proper armamentaria in an organized sequence for disclosing and polishing.
- (H) Perform plaque disclosure.
- (I) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.
- (J) Select and dispense the proper amount of polishing agent.
- (K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.
- (L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.
- (M) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.
- (N) Maintain aseptic techniques including disposal of contaminated material.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a clinical examination in which the student successfully completes coronal polishing on two of the three clinical patients required for clinical instruction.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1645.1 and 1753.5, Business and Professions Code.

CADAT's proposed language for §1070.4 is as follows:

CCR §1070.5:

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Ultrasonic Scaling for Orthodontic Cement Removal Certification for the RDA – Approval; Continued Approved Status for Stand-Alone Courses in Ultrasonic Scaling for Cement Removal for the RDA; Curriculum Requirements; Issuance of Certification

The following minimum criteria shall be met for a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler, hereinafter referred to as “ultrasonic scaling”, to secure and maintain approval by the Board.

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

~~(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license.~~

(a) A course in the performance of ultrasonic scaling for is one that has as its primary purpose providing theory and clinical application in the mechanical removal of orthodontic cement from around bands and brackets utilized in orthodontic treatment. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) An ultrasonic scaling course provider applying for initial and continuing approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all applicable fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective 1/1/2016, all stand-alone course providers of ultrasonic scaling courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current

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course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(A) All faculty and staff documentation;

(B) Course content outlines and examination records;

(C) Educational objectives or outcomes;

(D) Competency forms for each participant;

(E) Evidence of registration documents and protocols used for participant registration;

(F) Attendance records and rosters; and

(G) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of ultrasonic scaling, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in ultrasonic scaling to secure and maintain approval by the board. To maintain approval, courses approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Ultrasonic Scaling Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

(1) All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in Ultrasonic Scaling for Cement Removal, and shall have the education, background, and occupational experience and/or

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teaching expertise necessary to perform, teach, and evaluate ultrasonic scaling for cement removal procedures. Prior to instruction, all faculty and instructional staff shall complete a board-approved two-hour educational methodology certification course specific to ultrasonic scaling which shall include curriculum addressing laboratory evaluation criteria, course outline development, test construction, and developing student learning outcomes.

- (2) A course in ultrasonic scaling shall be of sufficient duration for the student to develop minimum competence, but shall in no event be less than 4.6 clock hours, including at least 3 hours of didactic training and at least 3 hours of laboratory training.
- (3) Each student in a stand-alone course must possess an active, valid and current RDA license as a registered dental assistant. Courses must establish and demonstrate to the board the protocols necessary to ensure students have met licensure as a prerequisite prior to the start of instruction. Students enrolled in a board-approved Orthodontic Assistant Permit Course are exempt from this prerequisite.
- (4) Registered dental assisting programs incorporating ultrasonic scaling as a component of a total program of instruction shall ensure all students have completed instruction in infection control and basic chairside skills prior to instruction in orthodontic procedures involving ultrasonic scaling for cement removal.
- (5) A detailed course outline shall be provided to the board established and maintained consistent with CCR 1070(i) and shall be provided to students prior to the start of instruction.
- (6) Providers of ultrasonic scaling for cement removal certification courses shall issue a Course Completion Certification Card to each participant upon successful completion of the course. Each card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, course approval code issued by the board, and certification by signature verifying completion requirements. Such proof of completion shall be issued by the participant to the Board for proof of certification.

~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.~~

~~(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach and evaluate ultrasonic scaling. All faculty~~

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responsible for clinical evaluation shall have completed a two-hour methodology course.

~~(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:~~

~~(A) Providing guidance of didactic and laboratory assignments.~~

~~(B) Maintaining for a period of not less than 5 years:~~

~~a) Copies of curricula, course outlines, objectives, and grading criteria.~~

~~b) Copies of faculty credentials, licenses, and certifications.~~

~~c) Individual student records, including those necessary to establish satisfactory completion of the course.~~

~~(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.~~

~~(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours, including at least 2 hours of laboratory training.~~

~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.~~

~~(f) Facilities and Resources. facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in the performance of ultrasonic scaling.~~

~~(1) Such facilities shall include safe, adequate and educationally conducive: (f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:~~

~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.~~

~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.~~

~~(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water~~

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syringe; adjustable light; oral evacuation equipment; work surface, hand-washing sink; and all other armamentarium required to instruct in the performance of ultrasonic scaling.

(B) Each operatory must be of sufficient size to accommodate a student and an instructor at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in ultrasonic scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont for every four students. This procedure shall be performed by an operator wearing gloves, mask, and safety glasses.

(4) Infection Control. The program shall establish written laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space and equipment shall be provided for preparing and sterilizing all armamentarium.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the various protocols used in the performance of ultrasonic scaling.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic and laboratory instruction and practical examination evaluation criteria.

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of ultrasonic scaling. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.

(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

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~~(5) Areas of instruction shall include at least the following as they relate to ultrasonic scaling:~~

(g) Didactic Instruction: Areas of instruction shall include the following as they relate to ultrasonic scaling for cement removal:

(A) Ultrasonic Scaling Basics:

(1) Legal requirements;

(2) Description and goals of ultrasonic scaling;

(3) Indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal;

(4) Criteria for acceptable cement removal from orthodontically banded teeth

(B) Tooth morphology and anatomy of the oral cavity as they relate to the use of an ultrasonic scaler in cement removal of orthodontically banded teeth.

(C) Armamentarium and equipment use and care.

(D) Principles of cement removal from orthodontically banded teeth:

(1) Characteristics of ultrasonic scaler units and tips for cement removal;

(2) Instrument grasps and fulcrum techniques;

(3) Purpose and techniques of the mouth mirror for indirect vision and retraction;

(4) Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;

(5) Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;

(6) Patient and operator safety including systemic medical complications and managing patients with pacemakers;

(7) Use of adjunct material for removal of excess cement from orthodontically banded teeth;

(8) Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;

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(9) Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(a) Successful completion of a written examination to include all areas of didactic instruction must occur prior to laboratory instruction and experiences and shall be constructed and administered in a manner consistent with all state-administered examinations.

(h) Laboratory Instruction: There shall be no more than six students per instructor during laboratory instruction and experiences. Laboratory instruction shall be conducted on a fully articulated typodont, simulated model, or mannequin device containing orthodontic bands or brackets or a combination thereof and shall include flexible facial covering that simulates cheeks. Sufficient time shall be available for all students to ~~obtain~~ complete at least three laboratory experiences to achieve minimum competence in the performance of ultrasonic scaling prior to examination.

(a) A procedure has been successfully completed only if each student completes a cement removal procedure involving at least two teeth on an orthodontically prepared typodont, mannequin or model using cementation product(s) easily visible to the operator.

(b) A total of three performances shall be completed and evaluated, with one of the three performances used as a final examination for competence.

(c) Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all laboratory experiences.

(i) Upon completion of the course, each student must be able to:

(a) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.

(b) Describe the necessary aspects of pre-operative instructions to patients.

(c) Recognize loose appliances.

(d) Recognize decalcification and mottled enamel.

(e) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.

(f) Identify pre-medications for the compromised patient.

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- (g) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.
- (h) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.
- (i) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.
- (j) J) Maintain aseptic techniques including disposal of contaminated materials.

~~(6) There shall be no more than six (6) students per instructor during laboratory instruction. Laboratory experience will consist of practice on orthodontically banded typodonts. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of ultrasonic scaling prior to examination on two orthodontically banded typodonts for evaluation of clinical competence.~~

~~(h) Extramural Instruction.~~

~~(1) If an extramural facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised instruction in the removal of excess cement from orthodontically banded teeth.~~

~~(2) The program director/coordinator or a dental faculty member shall be responsible for selecting extramural sites and evaluating student competence in performing procedures both before and after the extramural assignment.~~

~~(3) Objective evaluation criteria shall be used by the program faculty and extramural personnel.~~

~~(4) Dentists who intend to provide extramural facilities shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.~~

~~(5) There shall be a written contract of affiliation with each extramural facility utilized by the program. Such contract shall describe the settings in which the instruction will be received, affirm that the extramural facility has the necessary equipment and armamentarium appropriate for the procedures to be performed, and affirm that such equipment and armamentarium are in safe operating condition.~~

~~(i) Evaluation and Examination.~~

~~(1) Upon completion of the course, each student must be able to:~~

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~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.~~

~~(B) Describe the necessary aspects of pre-operative instructions to patients.~~

~~(C) Recognize loose appliances.~~

~~(D) Recognize decalcification and mottled enamel.~~

~~(E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.~~

~~(F) Identify pre-medications for the compromised patient.~~

~~(G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.~~

~~(H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.~~

~~(I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.~~

~~(J) Maintain aseptic techniques including disposal of contaminated materials.~~

~~(2) Each student shall pass a written examination which reflects the entire curriculum content.~~

~~(3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.~~

Dental Board proposed language for §1070.5 is as follows:

§ 1070.5. Approval of Ultrasonic Scaling Courses.

The following minimum criteria shall be met for a course in the removal of excess cement from coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler, hereinafter referred to as "ultrasonic scaling", to secure and maintain approval by the Board.

(a) Educational Setting. The course shall be established at the post-secondary educational level.

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(b) Prerequisites. Each student must possess the necessary requirements for application for RDA licensure or currently possess an RDA license.

(c) Administration/Faculty. Adequate provision for the supervision and operation of the course shall be made.

(1) The course director and each faculty member shall possess a valid, active, and current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA license issued by the Board if the person has completed a board-approved course in ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All faculty shall have the education, background, and occupational experience and/or teaching expertise necessary to teach and evaluate ultrasonic scaling.

(2) The course director must have the education, background, and occupational experience necessary to understand and fulfill the course goals. He/she shall actively participate in and be responsible for the day-to-day administration of the course including the following:

(A) Providing guidance of didactic and laboratory assignments.

(B) Maintaining for a period of not less than 5 years:

(i) Copies of curricula, course outlines, objectives, and grading criteria.

(ii) Copies of faculty credentials, licenses, and certifications.

(iii) Individual student records, including those necessary to establish satisfactory completion of the course.

(C) Informing the board of any changes to the course content, physical facilities, and/or faculty, within 10 days of such changes.

(d) Length of Course. The program shall be of sufficient duration for the student to develop minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours, including at least 2 hours of laboratory training.

(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.

(f) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:

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(1) Lecture classrooms. Classroom size and equipment shall accommodate the number of students enrolled.

(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students at any one time.

(A) Each operatory shall replicate a modern dental office containing functional equipment including: a power-operated chair for treating patients in a supine position; operator and assistant stools; air-water syringe; adjustable light; oral evacuation equipment; work surface, hand-washing sink; and all other armamentarium required to instruct in the performance of ultrasonic scaling.

(B) Each operatory must be of sufficient size to accommodate a student and an instructor at one time.

(3) Laboratories. The location and number of general use equipment shall assure that each student has the access necessary to develop minimum competency in ultrasonic scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont for every four students. This procedure shall be performed by an operator wearing gloves, mask, and safety glasses.

(4) Infection Control. The program shall establish written laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students, faculty, and appropriate staff to assure compliance with such protocols. Adequate space and equipment shall be provided for preparing and sterilizing all armamentarium.

(g) Program Content.

(1) Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the various protocols used in the performance of ultrasonic scaling.

(2) A detailed course outline shall be provided to the board which clearly states curriculum subject matter and specific instruction hours in the individual areas of didactic and laboratory instruction and practical examination evaluation criteria.

(3) General program objectives and specific instructional unit objectives shall be stated in writing, and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the program shall provide the content necessary for students to make judgments regarding the performance of ultrasonic scaling. The course shall assure that students who successfully complete the course can perform ultrasonic scaling with minimum competence.

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(4) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific unit objectives and the evaluation criteria that will be used for all aspects of the curriculum including written and practical examinations. The program shall establish a standard of performance that states the minimum number of satisfactory performances that are required for each procedure.

(5) Areas of instruction shall include at least the following as they relate to ultrasonic scaling:

(A) Ultrasonic Scaling Basics

- i. Legal requirements;
- ii. Description and goals of ultrasonic scaling;
- iii. Indications and contraindication of using an ultrasonic scaler as it relates to other methods of cement removal;
- iv. Criteria for acceptable cement removal from orthodontically banded teeth.

(B) Tooth morphology and anatomy of the oral cavity as they relate to the use of an ultrasonic scaler in cement removal of orthodontically banded teeth.

(C) Armamentarium and equipment use and care.

(D) Principles of cement removal from orthodontically banded teeth

- i. Characteristics of ultrasonic scaler units and tips for cement removal;
- ii. Instrument grasps and fulcrum techniques;
- iii. Purpose and techniques of the mouth mirror for indirect vision and retraction;
- iv. Characteristics, manipulation and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;
- v. Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;

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- vi. Patient and operator safety including systemic medical complications and managing patients with pacemakers;
- vii. Use of adjunct material for removal of excess cement from orthodontically banded teeth;
- viii. Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont;
- ix. Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

(E) Infection control protocols

(6) There shall be no more than six (6) students per instructor during laboratory instruction. Laboratory experience will consist of practice on orthodontically banded typodonts. Sufficient time shall be available for all students to obtain laboratory experience to achieve minimum competence in the performance of ultrasonic scaling prior to examination on two orthodontically banded typodonts for evaluation of clinical competence.

(h) Extramural Instruction.

- (1) If an extramural facility is utilized, students shall, as part of an organized program of instruction, be provided with planned, supervised instruction in the removal of excess cement from orthodontically banded teeth.
- (2) The program director/coordinator or a dental faculty member shall be responsible for selecting extramural sites and evaluating student competence in performing procedures both before and after the extramural assignment.
- (3) Objective evaluation criteria shall be used by the program faculty and extramural personnel.
- (4) Dentists who intend to provide extramural facilities shall be oriented by the program director/coordinator or a dental faculty member prior to the student assignment. Orientation shall include the objectives of the course, the preparation the student has had for the clinical assignment, and a review of procedures and criteria to be used by the dentist in evaluating the student during the assignment.
- (5) There shall be a written contract of affiliation with each extramural facility utilized by the program. Such contract shall describe the settings in which the instruction will be received, affirm that the extramural facility has the necessary equipment and armamentarium appropriate for the procedures to be performed,

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and affirm that such equipment and armamentarium are in safe operating condition.

(i) Evaluation and Examination.

(1) Upon completion of the course, each student must be able to:

(A) Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands.

(B) Describe the necessary aspects of pre-operative instructions to patients.

(C) Recognize loose appliances.

(D) Recognize decalcification and mottled enamel.

(E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.

(F) Identify pre-medications for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.

(H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.

(J) Maintain aseptic techniques including disposal of contaminated materials.

(2) Each student shall pass a written examination which reflects the entire curriculum content.

(3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.

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Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1754, Business and Professions Code.

CADAT's proposed language for §1070.6 is as follows:

CCR §1070.6:

Infection Control Courses for Unlicensed Dental Assistants – Approval; Continued Approved Status for Stand-Alone Courses in Infection Control; Curriculum Requirements; Issuance of Certification

In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1 of the Business and Professions Code, to secure and maintain approval by the Board:

~~(a) Adequate provisions for the supervision and operation of a course in infection control shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not be required to be licensed by the Board, but faculty shall have experience in the instruction of the California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005). In addition, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.~~

~~(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005), but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.~~

(a) A course in infection control is one that has as its primary purpose providing theory and clinical application in infection control practices and principles where the protection of the public is its primary focus. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) An infection control course provider applying for initial and continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all applicable fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board.

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(1) Effective 1/1/2016, all stand-alone course providers of infection control courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

- I. All faculty and staff documentation;
- II. Course content outlines and examination records;
- III. Educational objectives or outcomes;
- IV. Competency forms for each participant;
- V. Evidence of registration documents and protocols used for participant registration;
- VI. Attendance records and rosters; and
- VII. Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than four (4) years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable

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federal or state laws relating to the performance of infection control procedures, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a course offering certification in infection control to secure and maintain approval by the board. To maintain approval, course providers approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Infection Control Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

- (1) All faculty and instructional staff of a dental assisting or registered dental assisting program approved by the board, whose curriculum meeting the requirements of these regulations is required, shall have been licensed for a minimum of four years, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate infection control protocols and procedures.
- (2) shall not be required to be licensed by the board, but shall have experience in the instruction of the California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005).
- (2) Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course specific to curriculum addressing evaluation criteria, course outline development, test construction, and developing student-learning outcomes.
- (3) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005), but in no event less than eight hours, including at least ~~four~~ six hours of didactic instruction, and at least two hours of laboratory or preclinical instruction, ~~and at least two hours of clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.~~
- (4) A detailed course outline shall be provided to students prior to the start of instruction.

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(5) Providers of infection control certification courses shall issue Course Completion Certification Cards to each participant upon successful completion of the course content and the Dental Assisting National Board's (DANB) Infection Control certification examination. Each completion card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, examination completion date with certification number issued by DANB, course approval code issued by the board, and certification by signature verifying completion requirements.

~~(f) facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in the performance of ultrasonic scaling.~~

~~(3) Such facilities shall include safe, adequate and educationally conducive:~~

~~(4) The minimum requirements for equipment and armamentaria shall include personal protective equipment, sterilizer approved by the United States Food and Drug Administration (FDA), ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85), local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.~~

(g) Didactic Instruction: Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):

(A) Basic dental science and microbiology as they relate to infection control in dentistry

(B) Legal and ethical aspects of infection control procedures

(C) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding the minimum standards for infection control

(D) Principles of modes of disease transmission and prevention

(E) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control

(F) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area

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(G) Principles and protocols associated with sharps management

(H) Principles and protocols of infection control for laboratory areas

(I) Principles and protocols of waterline maintenance

(J) Principles and protocols of regulated and nonregulated waste management

(K) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.

Comment [DK28]: All highlighted areas to be incorporated into RDA curriculum and DA curriculum

(h) Pre-clinical or Laboratory Instruction: Sufficient time shall be available for all students to complete at least three pre-clinical experiences to achieve minimum competence in infection control with one used as a final examination.

(a) A procedure has been successfully completed only if each skill performed meets all stated performance criteria. Students shall be provided with written competencies identifying specific objective evaluation criteria and performance objectives for all pre-clinical/laboratory experiences.

(b) In accordance with Section 1070.1, there shall be no more than six students per instructor during pre-clinical instruction and experiences.

(c) Skills required to be evaluated for competency shall include:

(1) Demonstrate the application of Apply hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) ~~Apply the appropriate~~ Demonstrate the proper techniques and protocols for ~~the preparation, sterilization, and storage of preparing~~ instruments for sterilization using a sterilization device including, ~~at a minimum, the application of personal protective equipment, the use of utility gloves for precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, placement of internal or external process indicators, and labeling, sterilization, drying, storage, and delivery to work area.~~

(4) Demonstrate the proper technique to pre-clean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

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~~(5) Maintain~~ Demonstrate proper utilization of a sterilizer including, at a minimum, proper ~~instrument~~ loading and unloading ~~of instrument packages~~, operation cycle, the proper use and placement of a biological spore tester, and ~~handling and disposal~~ management of sterilization and disinfection chemicals.

~~(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).~~

~~(e) Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):~~

~~(1) Basic dental science and microbiology as they relate to infection control in dentistry.~~

~~(2) Legal and ethical aspects of infection control procedures.~~

~~(3) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding the minimum standards for infection control.~~

~~(4) Principles of modes of disease transmission and prevention.~~

~~(5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.~~

~~(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.~~

~~(7) Principles and protocols associated with sharps management.~~

~~(8) Principles and protocols of infection control for laboratory areas.~~

~~(9) Principles and protocols of waterline maintenance.~~

~~(10) Principles and protocols of regulated and nonregulated waste management.~~

~~(11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure requirements, and monitoring systems for radiation safety and sterilization systems.~~

~~(f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination:~~

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(1) Apply hand-cleansing products and perform hand-cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines.

(g) Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:

(1) Apply hand-cleansing products and perform hand-cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

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~~(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.~~

~~(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.~~

~~(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.~~

~~(8) Perform waterline maintenance, including use of water tests and purging of waterlines.~~

~~(h) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.~~

~~(i) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Infection Control Courses (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.~~

Dental Board proposed language for §1070.6 is as follows:

§ 1070.6. Approval of Infection Control Courses.

In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2, 1750.4, and 1752.1 of the Business and Professions Code, to secure and maintain approval by the Board:

(a) Adequate provisions for the supervision and operation of the course in infection control shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not be required to be licensed by the Board, but faculty shall have experience in the instruction of California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005). In addition, all faculty responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation.

(b) A course in infection control shall be of sufficient duration for the student to develop minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005), but in no event less than eight hours, including at least four hours of didactic instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of clinical instruction. Preclinical instruction shall

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utilize instruments, surfaces, and situations where contamination is simulated, without actual contamination, from bloodborne and other pathogens being present.

(c) The minimum requirements for equipment and armamentaria shall include personal protective equipment, sterilizer approved by the United States Food and Drug Administration (FDA), ultrasonic unit or instrument processing device, sharps container, selection of instruments, equipment, and armamentaria that are necessary to instruct or demonstrate proper hazardous waste disposal, consistent with Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85), local, state, and federal mandates, and all other armamentaria required to instruct or properly demonstrate the subjects described in the course content.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) and (f).

(e) Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):

- (1) Basic dental science and microbiology as they relate to infection control in dentistry.
- (2) Legal and ethical aspects of infection control procedures.
- (3) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding the minimum standards for infection control.
- (4) Principles of modes of disease transmission and prevention.
- (5) Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control.
- (6) Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area.
- (7) Principles and protocols associated with sharps management.
- (8) Principles and protocols of infection control for laboratory areas.
- (9) Principles and protocols of waterline maintenance.
- (10) Principles and protocols of regulated and nonregulated waste management.
- (11) Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, postexposure

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requirements, and monitoring systems for radiation safety and sterilization systems.

(f) Preclinical instruction shall include three experiences in the following areas, with one used for a practical examination:

(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines.

(g) Clinical instruction shall include two experiences in the following areas, with one used for a clinical examination:

(1) Apply hand cleansing products and perform hand cleansing techniques and protocols.

(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves, protective eyewear, masks, and clinical attire.

(3) Apply the appropriate techniques and protocols for the preparation, sterilization, and storage of instruments including, at a minimum, application of personal protective equipment, precleaning, ultrasonic cleaning, rinsing,

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sterilization wrapping, internal or external process indicators, labeling, sterilization, drying, storage, and delivery to work area.

(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly use, place, and remove surface barriers.

(5) Maintain sterilizer including, at a minimum, proper instrument loading and unloading, operation cycle, spore testing, and handling and disposal of sterilization chemicals.

(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.

(7) Apply infection control protocol for the following laboratory devices: impressions, bite registrations, and prosthetic appliances.

(8) Perform waterline maintenance, including use of water tests and purging of waterlines.

(h) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(i) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Infection Control Courses (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750, 1750.2, 1750.4 and 1752.1, Business and Professions Code.

CADAT's proposed language for §1070.7 is as follows:

CCR §1070.7:

Approval of Orthodontic Assistant Permit Courses - Approval; Curriculum Requirements; Issuance of Certification

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a orthodontic assistant permit course to secure and maintain approval by the Board.

(a) An orthodontic assistant permit course provider applying for initial approval shall submit to the board an application and other required documents and information on forms prescribed by the board. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. At no

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time may the Board or its designee approve a course that shall knowingly limit access or discriminate against student access.

- (1) Effective 1/1/2016), all stand-alone course providers of orthodontic assistant permit courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.
- (2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.
- (3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:
 - (a) All faculty and staff documentation;
 - (b) Course content outlines and examination records;
 - (c) Educational objectives or outcomes;
 - (d) Competency forms for each participant;
 - (e) Evidence of documents and protocols used for participant registration;
 - (f) Attendance records and rosters; and
 - (g) Copies of all course completion certification cards issued to participants.
- (4) All provider records described in this Article shall be retained for a period of no less than seven years.

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(b) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of infection control procedures, or for violation or non-compliance of this Section and all applicable regulations.

(c) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a permit course in orthodontic assisting to secure and maintain approval by the board. Curriculum content pertaining to this section offered by a school or program approved by the board for instruction in registered dental assisting shall be deemed to be approved if the school or program has submitted an application for approval of curriculum into an approved RDA program that is satisfactory to the board and shall not be subject to biennial renewal unless offering a stand-alone course aside from a registered dental assisting program. To maintain approval, course providers and programs in registered dental assisting approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(d) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

(1) Each student must possess the necessary requirements for enrollment in an orthodontic assistant permit course prior to the start of instruction which includes 12 months of work experience as an unlicensed dental assistant, for which at least six months must have been completed, and shall be verified prior to the start of instruction. A student who is not currently licensed as a registered dental assistant must show evidence of having completed certification in basic life support and has already completed board-approved courses in infection control and dental practice act at the time of course enrollment and prior to the start of instruction. Courses must establish and demonstrate to the board the protocols necessary to ensure students have met all course pre-requisites prior to the start of instruction.

(2) All faculty and instructional staff shall have been licensed for a minimum of four years and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate the duties, educational protocols and clinical procedures of the course. Prior to instruction, all faculty and instructional staff shall complete a board-approved two-hour methodology certification course which shall include curriculum addressing clinical, pre-clinical and laboratory evaluation criteria, course outline development, test construction, and developing student learning outcomes.

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- (3) Additionally, all patient's or their guardian must complete a health history form with consent acknowledging the clinical procedures required for the course are being performed by a student. Such documentation shall be maintained in the student records of the course.
- (4) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permit holders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a Board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20 clinical.
- (5) A detailed course outline shall be provided to the board established and maintained consistent with CCR 1070(i) and shall be provided to students prior to the start of instruction.
- (6) Providers of orthodontic assistant permit courses shall issue Course Completion Certification Cards to each participant upon successful completion of the course content and the Dental Assisting National Board's (DANB) Certified Orthodontic Assistant certification examination. Each completion card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, examination completion date with certification number issued by DANB, course approval code issued by the board, and certification by signature verifying completion requirements.
- (e) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permit holders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a Board-

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approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20 clinical.

(f) The minimum requirements for equipment and armamentaria shall include fully articulated banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, fully articulated regular typodonts with full dentition and soft gingiva in the ratio of at least one for every four students, a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permit holders are authorized to perform under Business and Professions Code Section 1750.3.

(g) In addition to the requirements of Section 1070, all faculty or instructional staff members responsible for clinical evaluation shall have completed a board-approved two-hour educational methodology course in clinical evaluation of orthodontic procedures prior to conducting clinical evaluations of students.

(h) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive, as well as, instruction in basic background information on orthodontic practice. "Basic background information on orthodontic practice" means, for purposes of this subdivision, the orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(i) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material: malleability, stiffness, ductility, and work

(C) Techniques for orthodontic banding and removal, which shall include all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

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(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.

(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(j) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall contain the following:

(A) Chemistry of etching materials and tooth surface preparation

(B) Application and time factors

(C) Armamentaria

(D) Techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(k) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following elements:

(A) Characteristics and methods of orthodontic bonding.

(B) Armamentaria.

(C) Types of bracket bonding surfaces.

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(D) Bonding material characteristics, application techniques, and curing time factors.

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall contain typodont experience with selecting, prepositioning, tooth etching, positioning, curing and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

(3) Clinical instruction shall contain selecting, adjusting, prepositioning, etching, curing and removal of anterior and posterior brackets on at least two patients.

(l) The following requirements shall be met for archwire placement and ligation:

(1) Didactic instruction shall contain the following:

(A) Archwire characteristics.

(B) Armamentaria.

(C) Procedures for placement of archwire previously adjusted by the dentist.

(D) Ligation systems, purpose and types, including elastic, wire, and self-ligating.

(2) Laboratory instruction shall contain typodont experience on the following:

(A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.

(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall contain the following:

(A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.

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(B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.

(m) The following requirements shall be met for cement removal with a hand instrument:

(1) Didactic instruction shall contain the following:

(A) Armamentaria

(B) Techniques of cement removal using hand instruments and related materials

(2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.

(3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.

(n) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal. Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.

~~(o) a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.~~

(o) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Dental Board proposed language for §1070.7 is as follows:

§ 1070.7. Approval of Orthodontic Assistant Permit Courses.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by an orthodontic assistant permit course to secure and maintain approval by the Board.

(a) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permit holders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant shall not be required to complete further instruction in the duties of placing ligature ties and archwires, removing orthodontic

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bands, and removing excess cement from tooth surfaces with a hand instrument. The course hours for a student who holds a valid and current registered dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory hours, and 20 clinical hours. A registered dental assistant who has completed a Board-approved course in the use of an ultrasonic scaler shall not be required to complete further instruction in that duty. The course hours for a student who holds a valid and current registered dental assistant license and who has completed a Board-approved course in the use of an ultrasonic scaler shall be no less than 51 hours, including 9 didactic hours, 22 laboratory hours, and 20 clinical hours.

(b) The minimum requirements for equipment and armamentaria shall include banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted mannequin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permitholders are authorized to perform under Business and Professions Code Section 1750.3.

(c) In addition to the requirements of Section 1070, all faculty or instructional staff members responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (j), inclusive, as well as instruction in basic background information on orthodontic practice. "Basic background information on orthodontic practice" means, for purposes of this subdivision, the orthodontic treatment review, charting, patient education, and legal and infection control requirements as they apply to orthodontic practice.

(e) The following requirements shall be met for sizing, fitting, cementing, and removing orthodontic bands:

(1) Didactic instruction shall contain the following:

(A) Theory of band positioning and tooth movement.

(B) Characteristics of band material: malleability, stiffness, ductility, and work hardening.

(C) Techniques for orthodontic banding and removal, which shall include all of the following:

(i) Armamentaria.

(ii) General principles of fitting and removing bands.

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(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.

(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.

(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.

(vi) Procedure for removal of bands after cementation.

(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.

(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.

(f) The following requirements shall be met for preparing teeth for bonding:

(1) Didactic instruction shall contain the following:

(A) Chemistry of etching materials and tooth surface preparation

(B) Application and time factors

(C) Armamentaria

(D) Techniques for tooth etching.

(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.

(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.

(1) Didactic instruction shall include the following elements:

(A) Characteristics and methods of orthodontic bonding.

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(B) Armamentaria.

(C) Types of bracket bonding surfaces.

(D) Bonding material characteristics, application techniques, and curing time factors.

(E) Procedure for direct and indirect bracket bonding.

(F) Procedures for bracket or tube removal.

(2) Laboratory instruction shall contain typodont experience with selecting, prepositioning, tooth etching, positioning, curing, and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.

(3) Clinical instruction shall contain selecting, adjusting, prepositioning, etching, curing, and removal of anterior and posterior brackets on at least two patients.

(h) The following requirements shall be met for archwire placement and ligation:

(1) Didactic instruction shall contain the following:

(A) Archwire characteristics.

(B) Armamentaria.

(C) Procedures for placement of archwire previously adjusted by the dentist.

(D) Ligation systems, purpose, and types, including elastic, wire, and self-ligating.

(2) Laboratory instruction shall contain typodont experience on the following:

(A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.

(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.

(3) Clinical instruction shall contain the following:

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(A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.

(B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.

(i) The following requirements shall be met for cement removal with a hand instrument:

(1) Didactic instruction shall contain the following:

(A) Armamentaria

(B) Techniques of cement removal using hand instruments and related materials

(2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.

(3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.

(j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal. Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.

(k) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(l) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2 and 1752.4, Business and Professions Code.

CADAT's proposed language for §1070.8 is as follows:

CCR §1070.8:

~~Approval of Dental Sedation Assistant Permit Courses - Approval; Curriculum Requirements; Issuance of Certification~~

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In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the Board. As used in this section, the following definitions apply: "IV" means "intravenous", "AED" means automated external defibrillator, "CO2" means carbon dioxide, and "ECG" or "EKG" means electrocardiogram.

(a) A dental sedation assistant permit course provider applying for initial approval shall submit to the board an application and other required documents and information on forms prescribed by the board. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board.

(1) Effective 1/1/2016, all stand-alone course providers of dental sedation assistant permit courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

(a) All faculty and staff documentation;

(b) Course content outlines and examination records;

(c) Educational objectives or outcomes;

(d) Competency forms for each participant;

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(e) Evidence of documents and protocols used for participant registration;

(f) Attendance records and rosters; and

(g) Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than four years.

(b) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of infection control procedures, or for violation or non-compliance of this Section and all applicable regulations.

(c) In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a permit course in dental sedation assisting to secure and maintain approval by the board. To maintain approval, course providers approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(ac) (1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

(2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's bedside while conscious sedation or general anesthesia is being administered.

(bd) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permit holders are

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authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in subdivisions (j – n) of this Section during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.

(ee) The following are minimum requirements for equipment and armamentaria to be owned and made available by the approved course provider:

(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment that the California Code of Regulations, Title 16, Division 10, Chapter 2, Article 5, Section 1043 require for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(ef) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(eg) General didactic instruction shall contain:

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- (1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.
- (2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.
- (3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.
- (4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.
- (5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.
- (6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.
- (7) Overview of patient monitoring during conscious sedation and general anesthesia.
- (8) Prevention, recognition, and management of complications.
- (9) Obtaining informed consent.

(h) With respect to medical emergencies, didactic instruction shall contain:

- (1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.
- (2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this Section.

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(i) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

- (1) Psychological considerations.
- (2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.
- (3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.
- (4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patent airway.
- (5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.
- (6) Patient monitoring.
- (7) Obtaining informed consent.
- (8) Prevention, recognition, and management of complications, including principles of basic life support.

(h*j*) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i*k*) With respect to health history and patient assessment, didactic instruction shall include, at a minimum but not be limited to, the recording of the following:

- (1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.
- (2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

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(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and ECG/EKG and use of AED:

(1) Didactic instruction shall contain the following:

- (A) Characteristics of pretracheal/precordial stethoscope.
- (B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.
- (C) Characteristics of rhythm interpretation and waveform analysis basics.
- (D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.
- (E) Characteristics and use of an AED.
- (F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.
- (G) Procedure for use and monitoring of the heart with an ECG/EKG machine, including electrode placement, and the adjustment of such equipment.
- (H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

- (A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.
- (B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.
- (C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.
- (D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

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(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(~~k~~m) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and

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shall then be eligible to complete an examination on this section.

- (A) Assessment of respiration rates.
- (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
- (C) Monitoring oxygen saturation with a pulse oximeter.
- (D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

- (A) Assessment of respiration rates.
- (B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.
- (C) Monitoring oxygen saturation with a pulse oximeter.
- (D) Use of an oxygen delivery system.

(4) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

- (A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.
- (B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.
- (C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and

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strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(o) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.

(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(p) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall be eligible for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this Section.

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(g) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(r) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (insert date)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Dental Board proposed language for §1070.8 is as follows:

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by a dental sedation assistant permit course to secure and maintain approval by the Board. As used in this Section, the following definitions apply: "IV" means intravenous, "AED" means automated external defibrillator, "CO₂" means carbon dioxide, and "ECG" and "EKG" both mean electrocardiogram.

(a) (1) The course director, designated faculty member, or instructional staff member may, in lieu of a license issued by the Board, possess a valid, active, and current license issued in California as a physician and surgeon.

(2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.

(3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in subdivisions (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.

(c) The following are minimum requirements for equipment and armamentaria:

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(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment required by Cal. Code Regs., Title 16, Section 1043 for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(3) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e) to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are authorized to perform.

(e) General didactic instruction shall contain:

(1) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous system.

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(3) Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques.

(4) Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases.

(5) Overview of techniques and specific drug groups utilized for sedation and general anesthesia.

(6) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia.

(7) Overview of patient monitoring during conscious sedation and general anesthesia.

(8) Prevention, recognition, and management of complications.

(9) Obtaining informed consent.

(f) With respect to medical emergencies, didactic instruction shall contain:

(1) An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure.

(2) Laboratory instruction shall include the simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training mannequins and other students or staff may be used for simulation. The student shall demonstrate proficiency in all simulated emergencies during training and shall then be eligible to complete a practical examination on this Section.

(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

(1) Psychological considerations.

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(2) Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation.

(3) Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia.

(4) Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway.

(5) Overview of pharmacology agents used in contemporary sedation and general anesthesia.

(6) Patient monitoring.

(7) Obtaining informed consent.

(8) Prevention, recognition, and management of complications, including principles of basic life support.

(h) With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

(i) With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

(1) Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required.

(2) General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope.

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(B) Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG.

(C) Characteristics of rhythm interpretation and waveform analysis basics.

(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.

(E) Characteristics and use of an AED.

(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.

(G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.

(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(D) Use of an AED or AED trainer.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.

(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.

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(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

(1) Didactic instruction shall contain the following:

(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.

(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.

(D) Characteristics of manual and automatic respiration assessment.

(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.

(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.

(G) Procedure for use and maintenance of capnograph.

(H) Characteristics for monitoring blood and skin color and other related factors.

(I) Procedures and use of an oxygen delivery system.

(J) Characteristics of airway management to include armamentaria and use.

(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

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(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(A) Assessment of respiration rates.

(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.

(C) Monitoring oxygen saturation with a pulse oximeter.

(D) Use of an oxygen delivery system.

(l) With respect to drug identification and draw:

(1) Didactic instruction shall contain:

(A) Characteristics of syringes and needles: use, types, gauges, lengths, and components.

(B) Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications.

(C) Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.

(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(m) With respect to adding drugs, medications, and fluids to IV lines:

(1) Didactic instruction shall contain:

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(A) Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist.

(B) Armamentaria.

(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.

(D) Procedures for adding drugs, medications, and fluids by IV bolus.

(E) Characteristics of patient observation for signs and symptoms of drug response.

(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.

(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(n) With respect to the removal of IV lines:

(1) Didactic instruction shall include overview and procedures for the removal of an IV line.

(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then be eligible for a practical examination.

(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.

(o) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 9/10)", hereby

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incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.4, 1750.5 and 1752.4, Business and Professions Code.

CADAT's proposed language for §1070.9 is as follows:

Radiation Health and Safety Certification - Approval; Continued Approved Status for Courses and Programs Providing Instruction in Radiation Safety; Course Pre-Requisites; Curriculum Requirements; Issuance of Certification

The following minimum criteria shall be met for a course in coronal polishing to secure and maintain approval by the Board.

~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

(a) A radiation safety course is one that has as its primary purpose providing theory, laboratory and clinical application in radiographic techniques. A single standard of care shall be maintained and the Board shall approve only those courses which continuously maintain a high quality standard of instruction. A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.

(b) A course provider applying for initial or continued approval shall submit to the board an application and other required documents and information on forms prescribed by the board, including all related fees. Consistent with Section 1070, the board may approve or deny approval after evaluation of all components of the course has been performed by subject matter experts who shall serve as educational consultants to the board. A recommendation for final approval shall be submitted to the Dental Assisting Council.

(1) Effective 1/1/2016, all stand-alone course providers of radiation safety courses shall seek renewal as a registered course provider every two years by submitting a provider renewal application prescribed by the board that is hereby incorporated by reference and accompanied by the fee as required by section 1021. The applicant or, if the applicant is not an individual but acting on behalf of a business entity, the individual authorized by the business to act on its behalf shall certify that the provider will only offer the course and issue certificates of completion to participants that meet the requirements of the course as defined herein.

(2) To renew its provider status, a stand-alone course provider shall submit a renewal application and biennial report prescribed by the board which shall

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include, at minimum, copies of current course outlines, learning objectives of the course, current faculty and instructional staff reports with copies of teacher credentials and verification of teacher qualifications, and all other supporting documentation necessary to demonstrate compliance with current course regulations.

(3) The Board may randomly audit a provider of any course. If an audit is conducted the provider shall submit to the board the following information and documentation:

- a. All faculty and staff documentation;
- b. Course content outlines and examination records;
- c. Educational objectives or outcomes;
- d. Competency forms for each participant;
- e. Evidence of registration documents and protocols used for participant registration;
- f. Attendance records and rosters; and
- g. Copies of all course completion certification cards issued to participants.

(4) All provider records described in this Article shall be retained for a period of no less than seven years.

(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards for fraud, misrepresentation or violation of any applicable federal or state laws relating to the performance of coronal polishing, or for violation or non-compliance of this Section and all applicable regulations.

(d) In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following criteria shall be met by a course in radiation health and safety to secure and maintain approval by the board. Curriculum content pertaining to radiation safety offered by a school or program approved by the board for instruction in registered dental assisting shall be deemed to be approved if the school or program has submitted evidence satisfactory to the board that it meets all the requirements set forth below and shall not be subject to biennial renewal unless offering a stand-alone course aside from a registered dental assisting program. To maintain approval, course providers and programs in registered dental assisting approved prior to the effective date of these regulations, shall submit to the board a completed "Notice of Compliance with New Requirements for Radiation Health and Safety Courses Certification (*insert date*)".

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hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Adequate provisions for the supervision and operation of the course shall be made in compliance with Sections 1070 and 1070.1.

- (1) Unless otherwise incorporated in a Board-approved Registered Dental Assisting Program, providers shall demonstrate how evidence that all course pre-requisites has been met prior to acceptance of the participant in the certification course. Course pre-requisites:
 - i. Completion of a Board-approved eight (8) hour certification course in Infection Control, and
 - ii. Current and valid certification in basic life support.
- (2) All faculty and instructional staff shall have been licensed for a minimum of four years, shall be certified in California radiation health and safety, and shall have the education, background, and occupational experience and/or teaching expertise necessary to perform, teach, and evaluate dental radiographs. Prior to instruction, all faculty and instructional staff shall complete a two-hour methodology certification course specific to curriculum addressing clinical evaluation criteria, course outline development, test construction, and developing student-learning outcomes.
- (3) Dental assisting programs and stand-alone courses in radiation safety shall not be required to employ a dentist for the purposes of oversight during pre-clinical instruction when the use of radiology training mannequins are utilized.
- (4) Effective 1/1/2016, all course providers and dental assisting programs approved by the Board shall be exempt from requiring clinical competency performances for radiation safety certification if patient oversight cannot be conducted by a licensed dentist on staff within the instructional facility as defined in CCR Section 1070. Where programs cannot provide a licensed dentist to perform clinical oversight, the clinical performances and evaluation procedures shall be conducted during the student's clinical externship rotation in accordance with all criteria as set forth by regulations for clinical competency completion, including direct supervision by a licensed dentist, prescription of the patient's need for a series of radiographs and a signed contract of affiliation by the dentist provided by the program or course provider, who shall maintain all contracts with the student records for the time prescribed by regulation.
- (5) All patient's or their guardian must complete a health history form with consent acknowledging the procedure is being performed by a student of the course or program. Such documentation shall be maintained in the student

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records. When a health history form is completed as a condition of the course requirements in an extramural facility, such form shall be made available to the program or course by the supervising licensed dentist.

- (6) A course in radiation safety shall be of sufficient duration, but in no event less than 32 hours including at least 16 hours of didactic instruction, at least 8 hours of laboratory instruction, and at least 8 hours of supervised clinical instruction for the student to obtain applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve minimum competence in the various protocols and procedures used in the application of dental radiographic techniques and radiation safety.
- (7) A detailed course outline shall be provided to students prior to the start of instruction.
- (8) Providers of radiation safety certification courses shall issue Course Completion Certification Cards to each participant upon successful completion of the course content and the Dental Assisting National Board's (DANB) Radiation Health and Safety certification examination. Each completion card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, examination completion date with certification number issued by DANB, course approval code issued by the board, and certification by signature verifying completion requirements.
- (9) Programs in dental assisting and registered dental assisting approved by the board required to incorporate content in radiation health and safety as a portion of a total program of study shall issue Course Completion Certification Cards to each student who completes the required content for certification, including examination, but who may or may not graduate from the program. Each completion card shall transmit to the board the name, date of birth of each course completer, all provider information, date(s) of the course, examination completion date with certification number issued by DANB, course approval code issued by the board, and certification by signature verifying completion requirements.
- (10) In addition to the facility requirements defined in CCR Section 1070, the facility used for laboratory/pre-clinical instruction shall be deemed adequate if it is properly equipped with supplies and equipment for practical work and includes, for every six students, at least the following:

 - (i) One functioning radiography (X-ray) machine which is adequately filtered and collimated that is equipped with the appropriate position-indicating devices for each technique being taught, and is properly registered and permitted in compliance with the Department of Health Services and the California Radiation Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section 30100);

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(ii) One (1) X-ray training mannequin head designed for instruction in radiographic techniques per X-ray unit;

(iii) One (1) film view box per operator; and

(iv) One (1) lead impregnated adult-size X-ray apron with cervical (thyroid) collar, either attached or detached from the apron, per X-ray unit.

(11) The area shall be deemed adequate if it is of sufficient size to accommodate students' needs in learning and is properly equipped with supplies and equipment for practical work which may include processing and viewing equipment or any combination thereof. Such facility requirements may be deemed met if computer-based equipment for digital radiographic procedures is solely or in part utilized within the program or course facility and where such equipment may be located in the operatory area where exposures will occur.

(12) The choice of image receptor for laboratory, pre-clinical and clinical experiences may be either traditional film or digital sensor or any combination thereof as determined by the program and course provider. Nothing herein shall require a dental assisting program or course provider to obtain computerized equipment for the purposes of instruction or demonstration.

(13) X-ray exposure areas shall provide protection to patients, students, faculty and observers in full compliance with applicable statutes and regulations.

f) **Didactic Instruction.** Areas of didactic instruction shall include, at a minimum, the following as they relate to exposure, processing and evaluation of dental radiographs:

(1) Radiation physics and biology;

(2) Radiation protection and safety;

(3) Recognition of normal anatomical landmarks, structures, hard and soft tissues, normal and abnormal conditions of the oral cavity as they relate to dental radiographs;

(4) Radiograph exposure and processing techniques;

(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity;

(6) Intraoral techniques and dental radiograph armamentaria, including holding devices and image receptors;

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(7) Intraoral and extraoral examination including principles of exposure, methods of retention and evaluation;

(8) Proper use of patient protection devices and personal protective equipment for operator use;

(9) Identification and correction of faulty radiographs;

(10) Introduction to contemporary exposure techniques including the use of computerized digital radiography and extraoral imaging that may include panographs or cone-beam imaging;

(11) Infection control procedures in compliance with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005);

(12) Radiographic records management;

(13) Identification and recognition of common errors in techniques and processing for intra and extra oral exposures;

(14) Identification of various extra oral techniques, machine types, and uses; and

(15) Introduction to techniques and exposure guidelines for special exposures to include, but not limited to pediatric, edentulous, partially edentulous, endodontic and patients with special needs;

(g) **Laboratory Instruction.** All laboratory instruction and performances shall only occur in accordance with CCR Section 1070 and 1070.1. Sufficient hours of laboratory instruction and experiences shall ensure that a student successfully completes, on an x-ray training mannequin head only, at least the procedures set forth below utilizing an image receptor deemed appropriate by the course director:

- (1) **Two** full mouth periapical series, consisting of at least 18 radiographs each, four (4) of which must be bitewings;
- (2) Two horizontal or vertical bitewing series, consisting of at least four (4) radiographs each;
- (3) Developing, digitizing or processing, and mounting or sequencing of exposed radiographs;
- (4) Completion of student and instructor written evaluation of radiographs identifying errors, causes of errors, corrections and, if applicable, the number of re-exposures necessary for successful completion of a series to minimum competency.

Comment [DK29]: DBC to increase to four

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(A) A laboratory procedure has been successfully completed only if each series of radiographs is evaluated and deemed to be of diagnostic quality.

(B) Successful completion of all laboratory competencies must occur prior to clinical instruction and experiences.

(h) Clinical Instruction and Evaluation. As part of an organized program of instruction clinical instruction shall include clinical performances on human subjects as set forth herein.

(1) Successful completion of a minimum of four (4) full mouth periapical series, consisting of at least 18 radiographs each, four (4) of which must be bitewings. All exposures made on human subjects shall only be made using diagnostic criteria established during the clinical instructional period, and shall in no event exceed three re-exposures per subject per series.

(2) Successful developing or processing, and mounting or sequencing of exposed human subject radiographs;

(3) Completion of student and clinical supervisor written evaluations of each radiographic series identifying errors, causes of error, and correction and, if applicable, the number of re-exposures necessary for successful completion of a series to clinical competency.

(4) One (1) full-mouth clinical series shall serve a final clinical examination.

Comment [DK30]: DBC to strike clinical patient competencies

(h) Written Examinations: Prior to certification and completion of the course, the student must demonstrate successfully each of the following:

(1) Completion of written examinations in California radiation health and safety and the principles of dental radiographs must occur prior to laboratory instruction, laboratory competencies, and clinical instruction and experiences.

(2) The written examinations shall include questions specific to items addressed in California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4 (Section 30305 et seq.) relative to the special requirements for the use of x-ray in the healing arts, and shall be constructed and administered in a manner consistent with all licensing examinations administered by the state or national testing boards.

(3) The Dental Assisting National Board Radiation Health and Safety Certification written examination shall be successfully completed by each student prior to the completion of the radiation safety course.

(i) Extramural Dental Facilities. Extramural dental facilities may be utilized by a course for the purposes of radiographic clinical competencies. Clinical instruction and oversight

Comment [DK31]: DBC to strike

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shall be performed under the direct supervision of a licensed dentist who shall deem the radiographs necessary by written prescription. Didactic and laboratory instruction shall be provided only by course faculty or instructional staff prior to clinical performances and shall not be provided in an extramural dental facility.

(1) The course director, or a designated faculty member, shall be responsible for selecting a extramural dental facility and evaluating student competence before the clinical assignment.

(2) Prior to student assignment in an extramural dental facility, the course director, or a designated faculty or instructional staff member, shall orient all supervising dentists who shall provide basic technical assistance, evaluation, and oversight of the student in the clinical setting. Orientation shall include, at a minimum, the objectives of the course, the student's preparation for the clinical assignment, and a review of procedures and criteria to be used by the licensed dentist in the extramural dental facility in evaluating the student during the assignment, which shall be the same as the evaluation criteria used within the course.

(3) Programs and courses using extramural faculty for dental radiographic clinical experiences shall provide to the Board, upon request or renewal of provider status, copies of all contracts of affiliation and documentation demonstrating compliance with this Section.

Comment [DK32]: DBC to strike

(4) There shall be a written contract of affiliation with each clinical facility utilized by a course. Such contract shall describe the settings in which the clinical facility will be used, cancellation terms and conditions, and shall provide that the clinical facility has the necessary equipment and armamentaria appropriate for the procedures to be performed and that such equipment and armamentaria are in safe operating condition.

CADAT's proposed language for §1070.10 is as follows:

Non-Registered Dental Assisting Programs - Approval; Continued Approved Status; Curriculum Requirements; Issuance of Certification

(a) Effective the date of these regulations (*insert date*), all programs instructing in the basic, elementary duties and functions of an unlicensed dental assistant and obtaining a few for such education and training in California shall apply for and receive approval and re-approval by the board approval prior to operation and in compliance with CCR Sections 1070 and 1070.1.

(b) In order for a dental assistant program to secure and maintain approval by the Board, it shall, at all times, meet the for the supervision and operation of a dental assisting program as set forth by the board and, shall comply with all federal and state regulations as set forth by the Department of Education, and the following:

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(1) A program shall provide documentation to the Board to demonstrate compliance with Section 1070 and Section 1070.1 to obtain initial approval and re-approval.

(2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed by the Board. In addition, consideration shall be given to a student, a recent graduate or a public representative to serve on the advisory committee. The advisory committee shall meet at least once each academic year with the program director, faculty, and appropriate institutional personnel to monitor the ongoing quality and performance of the program and to receive advice and assistance from the committee.

(3) The owner or school administrator shall be responsible for the compliance of the program director with the provisions of this Section and Sections 1070 and 1070.1. In addition, the program director shall actively participate in and be responsible for the administration of the program including the following areas:

- a) Participating in budget preparation and fiscal administration, curriculum development and coordination, determination of teaching assignments, supervision and evaluation of faculty, establishment of criteria and procedures, design and operation of program facilities, and selection of extramural facilities and coordination of instruction in those facilities.
- b) Holding periodic staff meetings to provide for subject matter review, instructional calibration, curriculum evaluation, and coordinating activities of full-time, part-time, and volunteer faculty or instructional staff.
- c) Maintaining copies of minutes of all advisory committee and staff meetings for not less than five years.

(4) The program shall have sufficient financial resources available to support the program and to comply with this Section. If the program or school requires approval by any other governmental agency, that approval shall be obtained prior to application to the Board for approval and shall be maintained at all times. The failure to maintain that approval shall result in the automatic withdrawal of Board approval of the program.

(5) The program shall be of sufficient duration for the student to develop minimum competence in performing the basic and elementary dental assistant duties as defined in statute for an unlicensed dental assistant, but in no event less than 500 hours, and shall include at least 250 hours of didactic instruction, at least 100 hours of combined laboratory or preclinical instruction conducted in the program's facilities under the direct supervision of program faculty or instructional staff, and, 150 hours utilized in supervised clinical instruction in either extramural dental facilities or conducted in the program's facilities or a

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combination thereof. No more than 20 hours of instruction shall be devoted to clerical, administrative, practice management, or similar duties and instruction shall be conducted within the program's facilities. Programs whose demonstrated total hours exceed 500 and who meet all the instructional requirements in this Section, may utilize the additional instructional hours as deemed appropriate for program success but shall not exceed 150 total hours in extramural dental facilities for supervised clinical instruction and competencies.

(6) Clinical experience assisting a dentist must be an integral part of the educational program designed to perfect students' competence in performing chairside assisting functions, rather than to provide basic instruction. In addition to the requirements of Section 1070 and 1070.1 with regard to extramural instruction and facility use:

- a) If utilized, no more than 20 total hours of extramural clinical instruction shall take place in a specialty dental practice. Specialty dentistry clinical experiences are optional and are not required of a registered dental assisting program.
- b) Each student must be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry situations is emphasized.
- c) The major portion of the students' time in clinical assignments must be spent assisting with, or participating in, patient care.
- d) The dental assisting faculty must plan, approve, supervise, and evaluate the student's clinical experience, and the following conditions must be met:
 - i. A formal agreement exists between the educational institution and the facility providing the experience.
 - ii. The program administrator retains authority and responsibility for the student.
 - iii. Policies and procedures for operation of the facility are consistent with the philosophy and objectives of the dental assisting program.
 - iv. The facility accommodates the scheduling needs of the program
 - v. Notification for termination of the agreement ensures that instruction will not be interrupted for currently assigned students.
 - vi. Expectations and orientation are provided to all parties prior to student assignment

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- vii. Students must maintain a record of their activities in each clinical assignment.
- viii. During the clinical phase of the program, program faculty must conduct seminars
- ix. The student must be present and working clinically at the time of the site visit and a report by the visiting faculty member shall be completed and entered into the student record.
- x. At no time shall a telephone communication with the extramural facility be deemed equivalent to or determined to be an acceptable alternative to a physical site visit by the program faculty or staff.

(7) Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties that unlicensed dental assistants are authorized to perform. The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(A) Upon initial application, re-application and site evaluation for continued approved status, the program must demonstrate, in a manner consistent with current accreditation evaluation standards and the requirements herein, the manner in which the program provides all necessary equipment specific to the current duties and functions of dental assistants, with the exception of duties pertaining to patient monitoring, and during laboratory, preclinical, and clinical instruction as appropriate to each type of session. The program must demonstrate how the equipment and armamentaria ratios established successfully meet the total number of enrolled students of each class as indicated on the initial application for program approval and re-approval each seven (7) years by the board.

(B) Instruments must be provided to accommodate students' needs in learning to identify, exchange, prepare procedural trays and assist in procedures as they relate to general and specialty dentistry.

(C) Provision shall be made for reasonable access to current and diverse dental, dental assisting and multidisciplinary literature including reference texts, current journals, audiovisual materials, and other resources necessary to support teaching, student learning needs, services and research. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the program curriculum.

(D) Emergency materials shall include, at a minimum, an oxygen tank that is readily available and functional. The program shall maintain a working

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model of a kit of such emergency materials for demonstration and instructional purposes only.

(8) Curriculum documentation shall be reviewed annually and revised, as needed, to reflect new concepts and techniques. This content must be integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies.

(A) Programs that admit students in phases, including modular or open-entry programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth numbering, general program guidelines, basic chairside skills, emergency and safety precautions, infection control and sterilization protocols associated with and required for patient treatment. Such instruction shall occur prior to any other program content, shall consist of no least than 50 hours of direct didactic instruction, which shall occur prior to performances or activities involving patients including student partners.

(B) All programs shall provide students with instruction in the California Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and shall successfully pass the Dental Assisting National Board Infection Control and OSHA certification examination.

(9) In addition to the requirements of Sections 1070 and 1070.1 dental assistant programs shall provide general didactic, laboratory and clinical instruction to the level of minimal competency in the following content areas and, where certification regulations are provided by the Board, such content areas shall be, unless otherwise indicated herein, consistent with such regulations. The content categories include, but are not limited to Biomedical and Dental Sciences, Dental Materials, Ethics and Professional Responsibilities, Dental Office Instruments and Equipment, Chairside Assisting, Dental Business Office, Health and Safety, Emergencies, Dental Office Communication, and New and Emerging Technologies.

- a) Didactic, preclinical, clinical and laboratory performance evaluation are integral parts of the programs curriculum. Instruction in the use of safety procedures, infection control protocols, and equipment maintenance shall be adhered to at all times. Students must meet a minimum level of satisfactory competency as defined by the program. Programs shall demonstrate to the satisfaction of the Board the manner in which sufficient time and competency evaluation is achieved.
- b) The major portion of the students' time during clinical rotation must be spent assisting with or participating in patient care. Prior to clinical

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rotations, students demonstrate minimum competence in performing the procedures that they will be expected to perform in their clinical rotation.

- c) Upon completion of this program, the program will provide a certificate to the student verifying that educational requirements have been met in the areas of Infection Control, Dental Practice Act and Radiation Safety and shall include the programs Registered Provider Number issued by the Board for each subject area as defined in CCR Section _____ of this Article.
- d) In the area of Biomedical Sciences, the program must integrate throughout the didactic, preclinical, laboratory, and clinical performance components of the curriculum, the following content:
- i. Bloodborne pathogens and related diseases
 - ii. Community resources available
 - iii. At-risk behaviors
 - iv. Environmental Protection Agency (both State and Federal) regulations
 - v. Hazardous chemicals and biomedical waste
 - vi. Asepsis and isolation
 - vii. Microbiology and disease prevention
 - viii. Emerging diseases and their disorders
 - ix. Waste management and regulatory compliance
 - x. All sections of the DPA minimum standards for Infection Control
 - xi. Environmental management systems
 - xii. OSHA and CDC regulations:
 - a. Hazard communication safety signs, symbols and labels consistent with current requirements for State and Federal guidelines incorporating the Globally Harmonized System (GHS)
 - b. Fire safety, disaster and evacuation procedures

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E. In the area of Dental Sciences, the program must provide instruction in and didactic evaluation of the following areas:

- i. Medical and dental terminology
- ii. General anatomy and physiology
- iii. Head and neck anatomy
- iv. Oral anatomy, histology and embryology
- v. Occlusion
- vi. Cavity classification and design
- vii. Oral diseases
- viii. Pharmacology related to dental assisting procedures
- ix. Record keeping

F. In the area of Dental Materials, the program must provide instruction in and laboratory and performance evaluation in the properties, use and manipulation of:

- i. Gypsum
- ii. Restorative materials
- iii. Light cure and chemical bond
- iv. Temporary
- v. Permanent
- vi. Bases, liners and bonding agents
- vii. Matrix retainers, bands and wedges
- viii. Acid etch
- ix. Dental cements
- x. Impression materials

CADAT's proposed language for §1070.11 is as follows:

******Entirely new section******

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CCR §1070.11:

Continuing Education and Professional Development Requirements for Dental Assisting Licensees and Permit Holders; Renewal Cycle; Portfolio of Learning; Audits of Portfolio

A) Definitions:

Clinical subject. "Clinical subject" means those course subjects directly related to the provision of dental care, dental sciences, and patient treatment.

Continuing Education. "Continuing Education" means a course of study specific to the performance of dental-related procedures, where a license or permit issued by the State is impacted, and where such education is directly related to the clinical and supplemental practice of the licensee or permit holder. As used in this Chapter, continuing education is specific to dental sciences and the duties and functions of the licensee or permit holder.

Core subject. "Core subject" means those areas of knowledge that relate to public safety and professionalism as determined by the board or a committee of the board.

Course. "Course" means an educational offering, class, presentation, meeting, or other similar event.

Elective activities. "Elective activities" refers to those professional development activities directly related to, or supportive of the profession of dental assisting, such as attendance to a statewide or national dental assisting conference or convention, writing educational methodology coursework, curriculum development and publishing articles of specific interest to the dental assisting community.

Fundamental activities. "Fundamental activities" means those professional development activities directly related to the provision of clinical dental care or services, such as volunteer service during community health events and performing direct chairside duties in a clinical setting.

Portfolio. "Portfolio" means an accumulation of written documentation of professional development activities.

Professional Development. "Professional Development means an activity specific to advancement and continued growth of the learner in a professional position; ensures the learner is continuing to engage in coursework and advanced activities or services specific to the workplace and the advancement of the dental assisting profession.

Supplemental subject. "Supplemental Subject" means those courses that are not considered mandatory or core but serve as a learning experience in areas such as nutrition, ergonomics, teaching methodology, recordkeeping, bilingual dental terminology, managing the special needs patient and emerging technologies in dentistry.

Comment [jlc33]: Does CADAT want these to be moved to the general definitions section?

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B) Renewal Cycles for Dental Assisting Licensees and Permit Holders: Effective January 1, 2016, all dental assisting licensee and permit holders shall be required to complete renewal education consistent with this Section and whose continuing education and professional development shall be consistent with only the duties and functions of the license or permit for which they hold.

1. The initial continuing education cycle must coincide with the initial period for each licensed or permitted dental assistant. The initial cycle for each licensee or permit holder begins on the date of initial issuance and ends on the last day of the licensee or permit holder's birth month in either an even-numbered or odd-numbered year that corresponds with the licensee or permit holder's year of birth. The initial cycle varies in the number of months depending on the date of initial licensure for each licensee or permit holder.

2. A biennial continuing education cycle coincides with the biennial licensure or permit periods for each dental assistant. Each biennial renewal cycle consists of a 24-month period beginning on the first day of the month following expiration of the previous continuing education cycle. An established biennial cycle continues to apply even if the license is revoked, suspended, conditioned, or not renewed for any reason for any length of time.

C) Renewal Requirements for Dental Assisting Licensees and Permit Holders:

a) For the initial cycle continuing education and professional development requirements, each licensed or permitted dental assistant shall establish a portfolio to record, monitor, and retain acceptable documentation proving completion of clinical, core and supplemental continuing education courses, fundamental and elective professional development activities, and CPR certification. The minimum number of required hours of continuing education during the initial cycle shall be no less than four (4) hours for CPR certification renewal for all licensed dental assistants and permitted dental assistants.

b) Following the initial renewal cycle and for each renewal cycle thereafter, the minimum number of required hours of continuing education and professional development for each biennial cycle is 25 hours for all licensed dental assistants and permitted dental assistants. Each shall establish and maintain a portfolio to record, monitor, and retain acceptable documentation proving completion of clinical, core and supplemental continuing education courses, fundamental and elective professional development activities, and mandatory courses of infection control, dental practice act, annual OSHA training and CPR certification. Any hours earned in excess of the required hours for a biennial cycle must not be carried forward to the subsequent biennial cycle.

c) The requirements for continuing education are:

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- (1) Each licensed or permitted dental assistant must complete a minimum of 60 percent or 15 hours of the required biennial hours in mandatory, core, supplemental and clinical subjects as defined in this Section.
- A. Clinical subjects are those seminars, symposiums, or lectures pertaining to basic sciences or programs whose content directly relates to the provision of dental care and treatment to patients by allied dental healthcare providers.
- B. Core subjects are those seminars, symposiums, lectures, or programs that relate to public safety and professionalism. Each licensee or permit holder shall complete core subject courses, seminars, or workshops limited only to the legally allowable duties of the license or permit being renewed.
- C. Mandatory subjects are those defined in statute as required for dental assisting license and permit renewal and must include all of the following each renewal cycle:
- i. A two-hour course in Infection Control specific to the regulations of the Dental Board of California's CCR Section 1005.
 - ii. A two-hour course in Dental Assisting Jurisprudence specific to the laws and regulations of dental assisting scope of practice, licensure or permit renewal, unprofessional conduct, legal and ethic considerations, and mandatory reporter criteria.
 - iii. A CPR certification course is mandatory for each licensee or permit holder to maintain current status. The CPR course must be equivalent to the American Heart Association healthcare provider course or the American Red Cross professional rescuer course. The licensee or permit holder must maintain a consecutive and current CPR certificate when renewing a license or permit. The maximum number of continuing education hours counted toward license or permit renewal shall be four (4) hours each renewal cycle.
 - iv. Coursework in Cal-OSHA Bloodborne Pathogens training which includes hazard communication, injury and illness prevention, exposure control and reporting, waste management, recordkeeping, training requirements for the dental office, fire and emergency protocols, general office safety protocols, and safe instrument processing protocols. Such coursework shall be completed annually, in

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accordance with the Cal-OSHA Bloodborne Pathogens Standards requirements. The maximum number of hours counted toward license or permit renewal shall be four (4) hours each renewal cycle.

(2) Supplemental subjects are those courses that are not considered mandatory, clinical or core but serve as a learning experience in areas such as:

- a. Dental practice management courses include computer software systems, insurance claims or billing, and Health Insurance Portability and Accountability Act (HIPAA) training;
- b. Nutrition and ergonomics for the allied dental healthcare provider;
- c. Teaching methodology and professional development of educators and dental assisting faculty of programs and courses;
- d. Dental office recordkeeping, bilingual dental terminology, and emerging technologies in dentistry; and
- e. Managing the special needs patient, the drug addicted patient, and the legal considerations of health record review.

d) Each licensed or permitted dental assistant shall be allowed a maximum of 40 percent or 10 hours of the required biennial hours in fundamental or elective activities directly related to, or supportive of, the practice of dental assisting as defined in this Section.

(2) Fundamental activities for a biennial renewal cycle include, but are not limited to:

- A. Activities directly related to the provision of clinical dental care or services, performing direct chairside duties in a clinical setting.
- B. Volunteerism or community service directly relating to the practice of dentistry; providing clinical services and direct patient care during state-wide community health events.
- C. The board shall approve other additional fundamental activities if the Dental Assisting Council finds the activity to be directly related to dental care and treatment of patients by dental assistants or public safety and professionalism of dental assisting.

F. Elective activities for a biennial renewal cycle include, but are not limited to:

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(1) General attendance at a multiday state or national conference or convention specific to dental assisting;

(2) Volunteerism or community service directly relating to the practice of dentistry during international or national mission work, or dental health presentations to students or groups;

(3) Reading and completion of published articles or other forms of self-study directly relating to the practice of dental assisting;

(4) Scholarly activities include, but are not limited to:

(a) Teaching a professional course directly related to the practice of dental assisting, or presenting a continuing dental education program;

(b) Presenting a table clinic directly related to the practice of dental assisting;

(c) Authoring a published dental article or text in a recognized publication; and

(d) Participating in test construction for an accredited state or nationally recognized dental assisting test administrator or organization.

(5) Leadership or committee involvement with a dental assisting professional association for a maximum of three (3) credit hours.

(6) The board shall approve other additional fundamental activities if the Dental Assisting Council finds the contents of the activity to be directly related to, or supportive of, the practice of dental assisting.

Acceptable Documentation for Portfolio of Learning. All dental assisting licensees and permit holders must record or obtain acceptable documentation of hours in continuing education and professional development activities for the licensee or permit holder's portfolio. All education and professional development is credited on an hour-for-hour basis with provisions allowed for credits issued in 30-minute segments. Acceptable documentation includes, but is not limited to, the following:

- a) A copy of the front and back of a completed CPR card or certificate from the American Heart Association, the American Red Cross, or other equivalent organization;
- b) Confirming documentation from the presenting organization that provides the attendee's name, license number, name of organization or presenter, course

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date, number of credit hours, subject matter, or program title; and

- c) A personal log of published articles read by the licensee or permit holder including title of the article, name of author, name of journal or periodical, and date of published article.

Retention of Documentation. A licensee or permit holder must keep acceptable documentation for each continuing education course and professional development activity as required to meet license or permit renewal requirements. The licensee or permit holder must retain the documentation for 24 months after each biennial renewal period has ended for purposes of an audit by the board or appropriate board committee.

Portfolio Contents. All dental assisting licensees and permit holders must establish a professional portfolio. The professional portfolio must be used to record, monitor, and retain acceptable documentation of professional development activities. Upon completion of an initial or biennial renewal cycle, a licensee or permit holder must have the required number of hours, if applicable, and proof of acceptable documentation contained within the portfolio.

Audit Process of Portfolio of Learning

Auditing for compliance. The board shall perform random audits of the portfolios. Besides random audits, the board may conduct a designated portfolio audit for a licensee or permit holder who is the subject of any complaint, investigation, or proceeding under California law. The licensee or permit holder shall receive notification of being audited, and, once notified, shall provide a portfolio to the board or appropriate board committee within 60 days from the notification date. Failure to comply with the audit documentation request or failure to supply acceptable documentation within 60 days may result in disciplinary action, up to and fine, citation and cancellation of permit or licensee. After completion of an audit, the board shall officially notify the licensee or permit holder, in writing, within 30 days of established finding, by indicating the determination made regarding professional development compliance. A licensee or permit holder is considered to be active during the audit process.

Appropriate documentation. The licensee or permit holder shall submit true, complete, and accurate documentation. Falsification of any evidence for any renewal cycle or falsification or omission of documentation may result in disciplinary action including fine, citation and suspension of license or permit.

Failure of an audit.

A. Upon failure of an audit, the board may either grant the licensee a grace period of up to six (6) months to comply with written requirements to resolve deficiencies in professional development or continuing education compliance or initiate disciplinary proceedings against the licensee or permit holder on grounds specified in XXXXXX. Deficiencies causing audit failure may include, but are not limited to, the following:

Comment [Jlc34]: What are these definitions related to? Does CADAT want these moved to the general definition section?

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1. lack of proof of documentation or participation;
2. credit hours earned outside of renewal period being audited;
3. excess of earned hours in a category having a maximum if a deficiency exists;
4. lack of earned hours in a category having a minimum if a deficiency exists;
5. failure to submit the portfolio;
6. unacceptable professional development sources; or
7. fraudulently earned or reported hours.

B. Failing to comply with the renewal requirements by the end of the grace period shall result in the termination of license or permit and termination of the right to practice as a dental assistant. A license or permit that has expired according to this Section may be reinstated according to XXXXXX.

Audit appeal. Upon failure of an audit, the licensee or permit holder has the right to appeal the decision to the board.

Mandatory audit. The licensee or permit holder must submit to a mandatory audit of the next renewal period by the appropriate board committee when the previous audit was failed by the licensee.

Audit fee. The licensee or permit holder shall submit to the board a nonrefundable fee equaling twice the renewal fee of the license or permit at the time of audit after failing two consecutive dental assisting portfolio audits and thereafter for each failed portfolio audit.

CADAT's proposed language for §1071 is as follows:

CCR §1071:

Approval of RDAEF Registered Dental Assistant in Extended Functions Educational Programs; Approval; Continued Approved Status; Curriculum Requirements; Issuance of Certification

(a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs shall apply for and receive approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. ~~The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopts those findings as its own.~~

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(b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program to secure and maintain approval by the Board.

(1) A program applying for approval to teach all of the duties specified in Business and Professions Code Section 1753.5 shall comply with all of the requirements of this Section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Business and Professions Code Section 1753.6 shall comply with all of the requirements of this Section, except as follows:

(A) The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.

(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master points and accessory points.

(c) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the Board and shall submit documentary evidence of successful completion of a Board-approved pit and fissure sealant course.

(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a course or certification program in educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed on or after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this regulation.

(e) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(c).

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(f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

(1) Minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1070, there shall be at least one operatory for every two students who are simultaneously engaged in clinical instruction.

(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (g) to (m), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. "Occlusion" is the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(3) Characteristics and manipulation of dental materials related to each procedure.

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(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Occlusion: the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(h) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(i) With respect to preliminary evaluation of the patient's oral health, including, charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall contain the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

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(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation including, characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with at a minimum two experiences each on a posterior and anterior tooth. This instruction shall not include obturator-based techniques or other techniques that employ condensation.

(3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. This instruction shall not include obturator-based techniques that employ condensation. Simulated clinical instruction shall include fitting and cementing master points and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.

(k) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

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(l) With respect to final impressions for permanent indirect and toothborne restorations:

(1) Didactic instruction shall contain the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(m) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall contain the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and

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evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(4) Clinical instruction shall require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements:

(A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.

(B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.

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(C) At least ten (10) percent of the experiences shall use amalgam.

(D) Students who complete twenty (20) restorations and meet all the instructional requirements of the Section may complete additional Class I, II, III or V restorations as deemed appropriate for program success.

(n) With respect to polishing and contouring existing amalgam restorations:

(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.

(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(o) With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall contain the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials,

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with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.

(p) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(q) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Dental Board proposed language for §1071 is as follows:

§ 1071. Approval of RDAEF Educational Programs.

(a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs shall apply for and receive approval prior to operation. The Board may approve, provisionally approve, or deny approval of any such program. The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the Board and adopt those findings as its own.

(b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program to secure and maintain approval by the Board.

(1) A program applying for approval to teach all of the duties specified in Business and Professions Code Section 1753.5 shall comply with all of the requirements of this Section.

(2) A program applying for approval to teach RDAEFs licensed on or before January 1, 2010 the additional duties specified in Business and Professions Code Section 1753.6 shall comply with all of the requirements of this Section, except as follows:

(A) The program shall be no less than 318 hours, including at least 76 hours of didactic instruction, at least 186 hours of laboratory instruction, and at least 56 hours of clinical instruction.

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(B) Students shall not be required to complete instruction related to the placement of gingival retraction cord, the taking of final impressions for permanent indirect restorations, or the fitting of endodontic master points and accessory points.

(c) In order to be admitted to the program, each student shall possess a valid, active, and current license as a registered dental assistant issued by the Board and shall submit documentary evidence of successful completion of a Board-approved pit and fissure sealant course.

(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a course or certification program in educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any one of the following: a postgraduate degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential. Each faculty member employed after January 1, 2012, shall complete a course or certification program in educational methodology within six months of employment. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(e) The program shall be of sufficient duration for the student to develop minimum competence in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours, including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction, and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction shall be provided under the direct supervision of program staff. Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Section 1070.1(c).

(f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

(1) Minimum requirements for equipment and armamentaria:

(A) Laboratory facilities with individual seating stations for each student and equipped with air, gas and air, or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position.

(B) Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time.

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(C) Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student.

(D) A selection of restorative instruments and adjunct materials for all procedures that RDAEFs are authorized to perform.

(2) Notwithstanding Section 1070, there shall be at least one operator for every two students who are simultaneously engaged in clinical instruction.

(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h) to (o), inclusive, and the following didactic instruction:

(1) The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation.

(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. "Occlusion" is the review of articulation of maxillary and mandibular arches in maximum intercuspation.

(3) Characteristics and manipulation of dental materials related to each procedure.

(4) Armamentaria for all procedures.

(5) Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols.

(6) Tooth isolation and matrix methodology review.

(h) General laboratory instruction shall include:

(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches and for deciduous and permanent dentitions. A minimum of four experiences per arch is required, with two anterior and two posterior applications, with one of the applications used for a practical examination.

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(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in both primary and permanent dentitions, with three experiences for each cavity classification and for each material.

(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or etchant, with one of the three teeth used for a practical examination.

(i) With respect to preliminary evaluation of the patient's oral health, including charting of existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

(1) Didactic instruction shall contain the following:

(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.

(C) Overview of classifications of occlusion and myofunction.

(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.

(2) Preclinical instruction shall include performing an oral inspection on at least two other students.

(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.

(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

(1) Didactic instruction shall include the following:

(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.

(B) Description and goals of filling technique using lateral condensation techniques.

(C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation, including characteristics, manipulation, use of gutta percha and related materials, and criteria for an

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acceptable master and accessory points technique using lateral condensation.

(2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with a minimum of two experiences each on a posterior and anterior tooth. This instruction shall not include obturator-based techniques or other techniques that employ condensation.

(3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. This instruction shall not include obturator-based techniques that employ condensation. Simulated clinical instruction shall include fitting and cementing master points and accessory points for lateral condensation by the dentist in at least four teeth, one of which shall be used for a practical exam.

(k) With respect to gingival retraction, general instruction shall include:

(1) Review of characteristics of tissue management as it relates to gingival retraction with cord and electrosurgery.

(2) Description and goals of cord retraction.

(3) Principles of cord retraction, including characteristics and manipulation of epinephrine, chemical salts classification of cord, characteristics of single versus double cord technique, and techniques and criteria for an acceptable cord retraction technique.

(l) With respect to final impressions for permanent indirect and toothborne restorations:

(1) Didactic instruction shall contain the following:

(A) Review of characteristics of impression material and custom.

(B) Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis.

(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

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(A) Cord retraction and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, one time per arch with elastomeric impression materials.

(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated edentulous sites and rest preparations on at least two supporting teeth in each arch.

(3) Clinical instruction shall include taking final impressions on five cord retraction patients, with one used for a clinical examination.

(m) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall contain the following:

(A) Review of cavity preparation factors and restorative material.

(B) Review of cavity liner, sedative, and insulating bases.

(C) Characteristics and manipulation of direct filling materials.

(D) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(E) Glass-ionomer restoration placement, carving, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of glass-ionomer placement and contouring in children and adults.

(F) Composite restoration placement, carving, adjusting, contouring and finishing in all cavity classifications, which includes, principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include typodont experience on the following:

(A) Placement of Class I, II, and V amalgam restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(B) Placement of Class I, II, III, and V composite resin restorations in eight prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

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(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, and in four deciduous teeth for each classification.

(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory as follows:

(A) Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(B) Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(4) Clinical instruction shall require proficient completion of placing, contouring and finishing at least twenty (20) direct restorations in prepared permanent teeth with the following requirements:

(A) At least fifty (50) percent of the experiences shall be Class II restorations using esthetic materials.

(B) At least twenty (20) percent of the experiences shall be Class V restorations using esthetic materials.

(C) At least ten (10) percent of the experiences shall use amalgam.

(D) Students who complete the 20 restorations and meet all the instructional requirements of this Section may complete additional Class I, II, III or V restorations as deemed appropriate for program success.

(n) With respect to polishing and contouring existing amalgam restorations:

(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults.

(2) Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification.

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(3) Simulated clinical instruction shall include experience with typodonts mounted in simulated heads on a dental chair or in a simulation laboratory in the polishing and contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth for each classification, with one of each classification used for a clinical examination.

(o) With respect to adjusting and cementing permanent indirect restorations:

(1) Didactic instruction shall contain the following:

(A) Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations.

(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.

(p) Each student shall pass a written examination that reflects the curriculum content, which may be administered at intervals throughout the course as determined by the course director.

(q) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational

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Programs (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.

§ 1071.1. Requirements for Approval of RDAEF Educational Programs. [Repealed]

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756, Business and Professions Code.