



**BOARD MEETING AGENDA  
DECEMBER 1-2, 2016**

Embassy Suites San Francisco Airport Waterfront  
150 Anza Boulevard, Burlingame, CA 94010  
(650) 342-4600 (Hotel) or (916) 263-2300 (Board Office)

**Members of the Board**

Steven Morrow, DDS, MS, President  
Judith Forsythe, RDA, Vice President  
Steven Afriat, Public Member, Secretary

Fran Burton, MSW, Public Member  
Yvette Chappell-Ingram, Public Member  
Katie Dawson, RDH  
Kathleen King, Public Member  
Ross Lai, DDS

Huong Le, DDS, MA  
Meredith McKenzie, Public Member  
Thomas Stewart, DDS  
Bruce Witcher, DDS  
Debra Woo, DDS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. It is anticipated that the items of business before the Board on the first day of this meeting will be fully completed on that date. However, should an item not be completed, it may be carried over and heard beginning at 8:00 a.m. on the following day. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

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

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

## **Friday, December 2, 2016**

### **8:00 A.M. OPEN SESSION – FULL BOARD**

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

### **CLOSED SESSION – FULL BOARD**

Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3).

If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints on Thursday, December 1, 2016, it will also meet in closed session on December 2, 2016.

### **RETURN TO OPEN SESSION – FULL BOARD**

13. Executive Officer's Report

- A. Staffing Update – Vacancies and New Hires
- B. Updating the Minimum Standards for Infection Control (CCR, Title 16, Section 1005)
- C. Form 700 Filing
- D. Required Board Member Training
- E. Update Regarding Children's Dental Group Anaheim

14. Report of Dental Hygiene Committee of California (DHCC) Activities

15. Legislation:

- A. 2017 Tentative Legislative Calendar
- B. End of Two-Year Legislative Session Summary Report for 2015-2016
- C. Update Regarding Implementation of the Following Legislative Bills:
  - Assembly Bill 2235 (Chapter 519, Statutes of 2016)
  - Assembly Bill 2331 (Chapter 572, Statutes of 2016)
  - Assembly Bill 2485 (Chapter 575, Statutes of 2016)
  - Senate Bill 482 (Chapter 708, Statutes of 2016)
- D. Update on Pending Regulatory Packages
  - Abandonment of Applications (Cal. Code of Regs., Title 16, Section 1004)
  - Dental and Dental Assistant Fee Increase (Cal. Code Regs., Title 16, Sections 1021 and 1022)
  - Definitions for Filing and Discovery (New Regulation)
  - Dental Assisting Comprehensive Regulatory Proposal; (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
  - Elective Facial Cosmetic Surgery Permit Application and Renewal Requirements (New Regulation)

- Licensure By Credential Application Requirements (New Regulation)
- Continuing Education Requirements and Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
- Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
- Institutional Standards (Cal. Code of Regs., Title 16, Section 1024.1)
- Determination of Radiographs and Placement of Interim Therapeutic Restorations (New Regulation)

- E. Discussion and Possible Action Regarding Legislative Proposals for 2017
- Healing Arts Omnibus Bill Proposal

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

16. Discussion and Possible Action to Accept the Onsite Inspection and Evaluation Report of State University Of Medicine And Pharmacy “Nicolae Testemitanu” Of The Republic Of Moldova – Faculty of Dentistry; and to Deny or to Grant Full or Provisional Approval of the Foreign Dental School
17. Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title Section 1024.1 Relating to Institutional Educational Standards
18. Prescription Drug Abuse Committee Report  
The Board may take action on any items listed on the attached Prescription Drug Abuse Committee agenda.
19. Discussion and Possible Action Regarding an Appointment to the Dental Assisting Council
20. Election of 2017 Board Officers
21. Public Comment on Items Not on the Agenda.  
The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
22. Board Member Comments on Items Not on the Agenda.  
The Board may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
23. Adjournment



## MEMORANDUM

<b>DATE</b>	December 2, 2016
<b>TO</b>	Members, Dental Board of California
<b>FROM</b>	Karen Fischer, Executive Officer
<b>SUBJECT</b>	<b>Agenda Item 13:</b> Executive Officer Report

### **A. STAFFING UPDATE – VACANCIES AND NEW HIRES AS OF NOVEMBER 1, 2016**

#### **OPERATIONS DIVISION**

##### **Administration Unit ~ 2 vacancies**

Associate Governmental Program Analyst (AGPA) – Perm/FT; current incumbent separated as of 05/13/16 and recruitment has been initiated w/eligibility currently being verified for a potential hire.

Executive Assistant (EA) – Perm/FT; previous incumbent separated as of 10/09/16 and recruitment has been initiated.

##### **Licensing & Examination Unit ~ 1 vacancy**

Staff Services Analyst – Perm/PT; previous incumbent accepted a promotion within the Board with a separation date of 07/24/16 and recruitment has been initiated w/eligibility currently being verified for a potential hire at Perm/FT (over-expending the position).

Recently hired:

Staff Services Analyst (SSA) – Perm/FT effective 10/01/16

##### **Dental Assisting Program ~ 4 vacancies**

Management Services Technician (MST) – Perm/FT; current incumbent separated as of 07/14/16 and recruitment is in process.

Office Assistant (General) (OT G) – Perm/FT; current incumbent accepted a promotion within the Board with a separation date of 08/07/16 and recruitment is in process.

Associate Governmental Program Analyst (AGPA) – Perm/FT; current incumbent separated as of 08/31/16 and recruitment is in process.

Associate Governmental Program Analyst (AGPA) – Perm/FT; current incumbent separated as of 9/11/16 and recruitment is in process.

Additionally, the employee out on an extended leave of absence, returned to work at less than FT on a temporary basis.

Recently hired:

Office Technician (Typing) (OT T) – 2 year LT/FT effective 08/23/16

### **ENFORCEMENT DIVISION**

**Complaint & Compliance Unit ~ currently fully staffed**

**Discipline Coordination Unit ~ currently fully staffed w/an RA separation**

**Investigative Analysis Unit ~ 2 vacancies**

Associate Governmental Program Analyst (AGPA) – Perm/FT; previous incumbent separates as of 08/31/16 and recruitment has been initiated w/eligibility currently being verified for a potential hire.

Special Investigator (Sp Inv) – Perm/FT; previous incumbent separated as of 09/07/16 and recruitment is in process.

**Sacramento Field Office ~ 1 vacancy**

Supervising Investigator II (SI II) – Perm/FT; previous incumbent retired as of 05/31/16 and recruitment has been initiated; however, the Board is awaiting an exam before continuing with recruitment process.

**Orange Field Office ~ 3 vacancies**

2 Investigators (INV) – Perm/FT; currently there are 2 potential candidates nearing the final phase of background for these vacancies.

Investigator (INV) – Perm/FT; previous incumbent separated as of 08/07/16 and recruitment is in process.

Recently hired:

Investigator (INV) – Perm/FT effective 12/01/16

**Total number of hires/separations since August 1, 2016:**

Hires – 7

Separations – 7

### **B. UPDATING THE MINIMUM STANDARDS FOR INFECTION CONTROL**

In accordance with CCR, Title 16 Section 1005(c), the subcommittee of the Dental Board of California (DBC) and the Dental Hygiene Committee of California (DHCC) will be meeting to review and update as necessary the infection control regulations.

### **C. FORM 700**

The Department of Consumer Affairs will be sending board members a link to e-file Form 700. You can expect the notification from NetFile sometime during January 2017.

The filing deadline remains April 1, 2017.

#### **D. REQUIRED BOARD MEMBER TRAINING**

State law requires board members within the Department of Consumer Affairs to complete orientation and training in several important areas.

- Ethics
- Conflict of Interest
- Drivers Training
- Sexual Harassment Prevention \*
- Board Member Orientation

\*2017 will be a mandatory reporting year for the Department of Consumer Affairs. This means that all staff and board members will be required to complete the two-hour Sexual Harassment Prevention training. An email notification along with a training link will be forwarded to everyone early next year.

#### **E. UPDATE REGARDING CHILDREN'S DENTAL GROUP OF ANAHEIM**

A verbal report will be given on this issue.



## MEMORANDUM

<b>DATE</b>	November 15, 2016
<b>TO</b>	Dental Board Members
<b>FROM</b>	Sarah E. Wallace, Assistant Executive Officer
<b>SUBJECT</b>	<b>AGENDA ITEM 14:</b> Report of the Dental Hygiene Committee of California (DHCC) Activities

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



## MEMORANDUM

<b>DATE</b>	November 16, 2016
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Lusine M Sarkisyan, Legislative & Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 15(A):</b> 2017 Tentative Legislative Calendar – Information Only

The 2017 Tentative Legislative Calendar is currently unavailable; however once it is available, staff will provide it to Board Members.

Action Requested:  
No action necessary.





# MEMORANDUM

<b>DATE</b>	November 1, 2016
<b>TO</b>	Dental Board Members
<b>FROM</b>	Lusine M Sarkisyan, Legislative & Regulatory Analyst
<b>SUBJECT</b>	<b>AGENDA ITEM 15B:</b> End of Two-Year Legislative Summary For 2015-2016

## BACKGROUND

Throughout the 2015-2016 Legislative Session, the Legislative and Regulatory Committee and the Board tracked several bills that would impact the Dental Board of California (Board), healing arts boards in general, the Administrative Procedure Act, the Bagley Keene Open Meeting Act, and military licensing. Board members and staff have actively partaken in this year’s Legislative Session by communicating with Legislators and their staff, and taking positions on proposed bills. The bills that the Board has followed during the 2015-2016 legislative session include:

- AB 12 (Cooley) State Government: Administrative Regulations: Review
- AB 85 (Wilk) Open Meetings
- AB 178 (Bonilla) Board of Vocational Nursing and Psychiatric Technicians
- AB 179 (Bonilla) Healing Arts
- AB 483 (Patterson) Healing Arts: Licensure Fees: Proration
- AB 502 (Chau) Dental Hygiene
- AB 507 (Olsen) DCA: BreEZe System: Annual Report
- AB 611 (Dahle) Controlled Substances: Prescriptions: Reporting
- AB 648 (Low) Community – Based Services: Virtual Dental Home Program
- AB 880 (Ridley-Thomas) Dentistry: Licensure: Exemption
- AB 1707 (Linder) Public Records: Response to Request
- AB 2235 (Thurmond) Board of Dentistry. Pediatric Anesthesia: Committee
- AB 2331 (Dababneh) Dentistry: Applicants to Practice
- AB 2485 (Santiago) Dental Corps Loan Repayment Program
- AB 2859 (Low) Professions and Vocations: Retired Category: Licenses
- SB 52 (Walters) Regulatory Boards: Healing Arts
- SB 482 (Lara) Controlled Substances: CURES Database

- SB 800 (Senate Business, Professions and Economic Development Committee) Healing Arts
- SB 1033 (Hill) Medical Professionals: Probation
- SB 1039 (Hill) Professions and Vocations
- SB 1155 (Morrell) Professions and Vocations: Licenses: Military Service
- SB 1195 (Hill) Professions and Vocations: Board Actions
- SB 1217 (Stone) Healing Arts: Reporting Requirements: Professional Liability
- SB 1348 (Cannella) Licensure Applications: Military Experience
- SB 1444 (Herzberg) State Government: Computerized Personal Information Security Plans
- SB 1478 (Hill) Healing Arts

A summary of the bills that were enrolled that the Board took a position have been compiled into a report for the Board's consideration.

**Board Action Requested:**

Consider and possibly adopt the attached *Legislative Summary for End of Two-Year Legislative Session 2015-2016* and direct staff to post the report on the Board's web site.

**LEGISLATIVE SUMMARY FOR  
END OF TWO-YEAR  
LEGISLATIVE SESSION 2015-2016**



**DEPARTMENT OF CONSUMER AFFAIRS  
DENTAL BOARD OF CALIFORNIA**

**Legislative Summary for  
End of Two-Year  
Legislative Session 2015-2016**

Compiled by  
The Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, California 95815-3831  
(916) 263-2300

**Board Officers**

Steven G. Morrow, DDS, MS, President  
Judith A. Forsythe, RDA, Vice President  
Steven C. Afriat, Secretary

**Board Members**

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Debra Woo, DDS

**Executive Officer**

Karen M. Fischer, MPA

**Assistant Executive Officer**

Sarah E. Wallace

**LEGISLATIVE SUMMARY FOR  
END OF TWO-YEAR  
LEGISLATIVE SESSION 2015-2016**

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**INDEX OF BILLS SIGNED BY THE GOVERNOR  
IN NUMERIC ORDER**

**ASSEMBLY BILLS**

<b><u>BILL NUMBER</u></b>	<b><u>SUBJECT</u></b>	<b><u>PAGE NUMBER</u></b>
AB 178	Board of Vocational Nursing and Psychiatric Technicians	1
AB 179	Healing Arts	1
AB 502	Dental Hygiene	1
AB 880	Dentistry: Licensure: Exemption	1
AB 2235	Board of Dentistry. Pediatric Anesthesia: Committee	1
AB 2331	Dentistry: Applicants to Practice	2
AB 2485	Dental Corps Loan Repayment Program	2
AB 2859	Professions and Vocations: Retired Category: Licenses	2

**SENATE BILLS**

<b><u>BILL NUMBER</u></b>	<b><u>SUBJECT</u></b>	<b><u>PAGE NUMBER</u></b>
SB 482	Controlled Substances: CURES Database	2
SB 800	Healing Arts	3
SB 1039	Professions and Vocations	3
SB 1348	Licensure Applications: Military Experience	3
SB 1478	Healing Arts	3

**END OF TWO-YEAR LEGISLATIVE SESSION 2015-2016**  
**BILL SUMMARY**

- AB 178 Bonilla (Chapter 429, Statutes of 2015)  
**BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS**  
Removed the requirement that the executive officer of the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) be a licensed vocational nurse, registered nurse, or psychiatric technician.
- AB 179 Bonilla (Chaptered 510, Statutes of 2015)  
**HEALING ARTS**  
Extended the licensing, regulatory, and enforcement authority of the Dental Board of California (Board) until January 1, 2020. Made several amendments to the provisions of the Dental Practice Act including but not limited to: increase in the statutorily authorized fee maximums relating to dentist and dental assistant licensure and permitting fees, collection of email addresses, and review of the registered dental assistant practical examination. Additionally, provided that it is not professional misconduct if a healing arts licensee engages in consensual sexual conduct with his or her spouse when that licensee provides medical treatment and extended the operation of the Board of Vocational Nursing and Psychiatric Technicians (BVNPT).
- AB 502 Chau (Chapter 516, Statutes of 2015)  
**DENTAL HYGIENE**  
Amended the Dental Hygiene Practice Act and the Moscone-Knox Professional Corporation Act; authorized a registered dental hygienist in alternative practice to incorporate with licensed dentists, registered dental assistants, registered dental hygienists, registered dental hygienists in extended functions, and other registered dental hygienists in alternative practice; and required licensees to practice within their scope of license.
- AB 880 Ridley-Thomas (Chapter 409, Statutes of 2015)  
**DENTISTRY: LICENSURE: EXEMPTION**  
Authorized students enrolled in their final year at a California dental school, approved by the Dental Board of California, to practice dentistry under the supervision of licensed dentists at free sponsored events.
- AB 2235 Thurmond (Chapter 519, Statutes of 2016)  
**BOARD OF DENTISTRY: PEDIATRIC ANESTHESIA: COMMITTEE**  
"Caleb's Law" requires the Board to submit a report to the legislature by January 1, 2017 on whether current statutes and regulations for the administration and monitoring of pediatric anesthesia in dentistry provide adequate protection for pediatric dental patients. Requires the Board to make the report publicly available on the Board's website and to provide a

report on pediatric deaths related to general anesthesia in dentistry during its sunset review. Furthermore, it requires licensees to report certain data points on Board approved form(s) when a death of a patient occurs and requires written informed consent in case of a minor.

- AB 2331 Dababneh (Chapter 572, Statutes of 2016)  
**DENTISTRY: APPLICANTS TO PRACTICE**  
Authorizes the Board to recognize the American Dental Examining Board's (ADEX) examination as an additional pathway to licensure. Prior to recognition or acceptance of the ADEX exam, the exam itself must undergo an Occupational Analysis and a Psychometric Evaluation to determine compliance with the requirements of Business and Professions Code Section 139. Once, the Board receives approval by the Office of Professional Examination Services that the ADEX examination satisfies the requirements of Section 139, the Board is to recognize the ADEX exam as an additional pathway to licensure. Permits the Department of Finance to accept funds for the purposes of reviewing and analyzing the ADEX exam.
- AB 2485 Santiago (Chapter 575, Statutes of 2016)  
**DENTAL CORPS LOAN REPAYMENT PROGRAM**  
This bill contains an urgency clause and makes various revisions to the current existing dental loan repayment program specifically relating to the timeframe of disbursement, the payee, and other provisions relating to eligibility, application, selection, and placement.
- AB 2859 Low (Chapter 473, Statutes of 2016)  
**PROFESSIONS AND VOCATIONS: RETIRED CATEGORY: LICENSES**  
Authorizes Boards to establish a retired license category by regulation for those licensees who are not actively engaged in the practice of their profession.
- SB 482 Lara (Chapter 708, Statutes of 2016)  
**CONTROLLED SUBSTANCES: CURES DATABASE**  
Requires the licensees who are prescribers of Schedule II or Schedule III controlled substances to consult with the CURES database before prescribing controlled substance to patient for the first time and once every four months thereafter if the substance remains part of the patient's treatment. Also, it prohibits the prescriber in prescribing additional Schedule II or Schedule III controlled substances to a patient who already has an existing prescription until there is a legitimate need for it. Additionally, this bill provides that a prescriber is not in violation if he or she is unable to check the CURES system under specified circumstances.



- SB 800 Senate Business, Professions and Economic Development Committee (Chapter 426, Statutes of 2015)  
**HEALING ARTS**  
 Made several non-controversial minor, non-substantive, or technical changes to various provisions pertaining to the health-related regulatory Boards of the Department of Consumer Affairs. Updated language to replace the “Board of Dental Examiners” with the “Dental Board of California” for consistency on how the Board is referenced. Additionally, stated that the Dental Hygiene Committee of California (DHCC) is a separate entity from the Dental Board of California; stated that DHCC must separately create and maintain a central file of the names of persons who hold a license, certificate, or similar authority; removed a deadline date of January 1, 2010; and repealed fee for examination for licensure as a registered dental hygienist for third and fourth year dental students.
- SB 1039 Hill (Chapter 799, Statutes of 2016)  
**PROFESSIONS AND VOCATIONS**  
 Omnibus bill that makes several amendments to provisions affecting various boards and bureaus.
- SB 1348 Cannella (Chapter 174, Statutes of 2016)  
**LICENSURE APPLICATIONS: MILITARY EXPERIENCE**  
 Requires each board that has authority to apply military experience and training towards licensure requirements, to post information on the board’s internet website about the ability of veteran applicants to apply their military experience and training towards licensure requirements.
- SB 1478 Senate Committee on Business, Professions, and Economic Development (Chapter 489, Statutes of 2016)  
**HEALING ARTS**  
 This bill is the non-controversial omnibus bill. Deletes the language referring to the “Part I and Part II written examinations” of the National Board of Dental Examination of the Joint Commission on National Dental Examinations.
- Authorizes beginning July 1, 2017 to exempt licensees issued a license that has been placed in a retired or inactive statutes per statute or regulation from the \$6 annual CURES fee. This does not apply to licensees whose license has been placed in a retired or inactive status if the licensee is authorized to prescribe, order, administer, furnish, or dispense Schedule II, Schedule III, or Schedule IV controlled substances.

**2015-2016 ENROLLED BILLS**

<b><u>BILL NUMBER</u></b>	<b><u>AUTHOR</u></b>	<b><u>FINAL STATUS</u></b>	<b><u>CHAPTER NUMBER</u></b>	<b><u>STATUTE YEAR</u></b>
AB 85	WILK	VETOED	----	----
AB 178	BONILLA	CHAPTERED		2015
AB 179	BONILLA	CHAPTERED		2015
AB 483	PATTERSON	VETOED	----	----
AB 502	CHAU	CHAPTERED	516	2015
AB 880	RIDLEY- THOMAS	CHAPTERED	409	2015
AB 2235	THURMOND	CHAPTERED	519	2016
AB 2331	DABABNEH	CHAPTERED	572	2016
AB 2485	SANTIAGO	CHAPTERED	575	2016
AB 2859	LOW	CHAPTERED	473	2016
SB 482	LARA	CHAPTERED	708	2016
SB 800	COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT	CHAPTERED	426	2015
SB 1039	HILL	CHAPTERED	799	2016
SB 1348	CANNELLA	CHAPTERED	174	2016
SB 1478	COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT	CHAPTERED	489	2016



## MEMORANDUM

<b>DATE</b>	November 7, 2016
<b>TO</b>	Dental Board of California Members
<b>FROM</b>	Lusine Sarkisyan, Legislative and Regulatory Analyst
<b>SUBJECT</b>	<b>AGENDA ITEM 15C:</b> Update Regarding Regulatory Language Development to Implement Provisions of AB 2235 (Chapter 519, Statutes of 2016), AB 2331(Chapter 572, Statutes of 2016), AB 2485 (Chapter 575, Statutes of 2016), and SB 482 (Chapter 708, Statutes of 2016)

Governor Edmund G. Brown signed into law key legislation that directly impacts the Dental Board of California (Board). Assembly Bills (AB) 2235 (Chapter 519, Statutes of 2016), 2331(Chapter 572, Statutes of 2016), and 2485 (Chapter 575, Statutes of 2016), and Senate Bill (SB) 482 (Chapter 708, Statutes of 2016) were all signed in latter part of September and below are the implementation plans for each enacted legislation.

### AB 2235 (Thurmond, Chapter 519, Statutes of 2016)

AB 2235 was signed by the Governor on September 23, 2016. The Board will need to do the following in order to have a successful implementation:

- (1) Draft a report by January 1, 2017 to provide to the Legislature on whether current statutes and regulations for the administration and monitoring of pediatric anesthesia in dentistry provide adequate protection for pediatric dental patients;
- (2) Work with the Office of Information Services (OIS) to make the report publicly available on the Board's website;
- (3) Assign staff to begin drafting a report on pediatric deaths related to general anesthesia in dentistry for its sunset review;
- (4) Create an incident reporting form and work with the OIS to upload the form on the Board's website for licensee use;
- (5) Notify licensees of the availability of the incident reporting form; and
- (6) Notify licensees about the requirement to incorporate the mandated informed consent statement on patient forms for procedures relating to conscious sedation and general anesthesia.

AB 2331(Dababneh, Chapter 572, Statutes of 2016)

AB 2331 was signed by the Governor on September 24, 2016. This bill requires the Board to accept the examination developed by the American Board of Dental Examination, Inc (ADEX) for state dental licensure once it has been determined the exam meets the California State requirements. The ADEX exam is a single exam provided in two formats:

- (1) the traditional format where candidates take the written exam, then bring patients to the exam site to conduct the practical part of the test, and
- (2) the patient integrated format, where students sit for the written exam and then complete the patient care portion which is coordinated with their dental school. The school coordinates the practical exam to ensure that the care is appropriately sequenced, they are patients of record, and follow up care is completed, if necessary.

The language of this bill requires ADEX to pay for the costs associated with analyzing and reviewing the ADEX examination by authorizing the Department of Finance (DOF) to accept the funds for the purposes of reviewing and analyzing the dental examination. These one-time costs are estimated to be \$112,000. The Board would pay DCA's Office of Professional Examination Services (OPES) to perform these tasks and then be reimbursed by ADEX through DOF for the total cost. The one-time exam analysis and review costs are outlined below.

<b>Function</b>	<b>Initial Costs</b>
Occupational Analysis	\$47,000
OA SMEs	\$34,000
Exam Review and Validation	\$18,500
Exam Review SMEs	\$9,700
OPES Presentation(s)	\$2,400
<b>Total:</b>	<b>\$111,600</b>

The provisions of AB 2331 require the following prior to implementation:

- (1) Governor's approval of the budget process;
- (2) An occupational analysis and an examination validation performed by the Office of Professional Examination Services;
  - (a) Payment schedule to be established with ADEX for each phase of performing the review and analyses that are required.
- (3) Promulgation of regulations to implement the licensure application requirements;
- (4) Notice to dental schools both in the State of California and United States of this additional pathway; and

(5) Update of the Board's Website to incorporate information regarding the process in which to apply for this pathway to licensure.

AB 2485 (Santiago, Chapter 575, Statutes of 2016)

AB 2485 (Chapter 575, Statutes of 2016) was signed by the Governor on September 24, 2016. This bill is an urgency bill and makes revisions to the program provisions regarding eligibility, application, selection, and placement.

This bill makes the following major changes:

1. Redefining "full-time" status;
2. Expanding definition of "recently received a license" to include those applicants eligible for graduation who meet all criteria for licensure to apply and to all those applicants who hold a valid dental license;
3. Disbursing loan repayment amount of \$35,000 each year for three years not to exceed \$105,000 or total amount of dental school related loans, whichever is lesser;
4. Disbursing the loan repayment amount directly to the lender and not the applicant; and
5. Disbursing the loan repayment amount within 30 days from execution of a program agreement, and within 30 days of months 13 and 25 of the applicant's participation in the program.

These changes primarily affect California Code of Regulations, Title 16, Sections 1042 through 1042.4. The pertinent provisions relating to the changes made in the bill will need to undergo regulatory changes. Additionally, the application form for the Dental Corps Loan Repayment Program would need to undergo various modifications to reflect the most current statute.

In order to effectively execute the Dental Corp Loan Repayment Program, the Board should take the following steps:

1. Create a statement on the Board website, that beginning April 1, 2017 the Board will open applications for the Dental Corp Loan Repayment Program. This will provide the Board ample time to submit the Section 100 changes to Office of Administrative Law (OAL), update the application form, get approval from OAL, and conduct outreach with dental societies.
2. Provide a memo to all the dental schools and dental societies/associations informing them of the Dental Corp Loan Repayment Program application acceptance date and encouraging each entity to provide such information to their eligible graduating students and/or members.
3. Amend existing regulations to reflect the changes in AB 2485 and update the Dental Corp Loan Repayment Program Application form. Submit the regulatory changes to OAL at the latest by January 27, 2017.

4. Update Board's website content as it relates to the Dental Corp Loan Repayment Program.

5. Once OAL approves and files the rulemaking package, the Board should take the following steps:

A. Publish on the Board's website the approval of the regulatory package

B. Send an email to all those on the mailing list informing them of the approval as well as the date of when the applications will be accepted.

C. Provide a flyer to all the dental schools and dental societies/associations that application for the loan repayment program is opening April 1, 2017.

Those items that may require Board action will be brought forth to the Board at a future meeting.

SB 482 (Lara, Chapter 708, Statutes of 2016)

SB 482 (Lara, Chapter 708, Statutes of 2016) was signed by Governor Brown on September 27, 2016. This bill requires those licensees who are authorized to prescribe, order, administer, or furnish a controlled substance to consult the CURES database to review a patient's controlled substance history. Those licensees who fail to check the CURES database or fail to comply with the provisions of this bill are required to be referred to the appropriate state professional licensing board for administrative sanctions as deemed appropriate by that board.

The Department of Consumer Affairs will be hosting a meeting of Boards and Bureaus to discuss the implementation of SB 482. Additional information may be provided at the Board meeting.

Action Requested

None



## MEMORANDUM

<b>DATE</b>	November 1, 2016
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Lusine M Sarkisyan, Legislative and Regulatory Analyst
<b>SUBJECT</b>	<b>AGENDA ITEM 15(D) : Update on Pending Regulatory Packages</b>

**Abandonment of Applications (California Code of Regulations, Title 16, Section 1004):**

At its May 2013 meeting, the Dental Board of California (Board) approved proposed regulatory language relative to the abandonment of applications and directed staff to initiate the rulemaking. Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on July 23, 2015 and the proposal was published in the California Regulatory Notice Register on Friday, August 7, 2015. The 45-day public comment period began on August 7, 2015 and ended on September 21, 2015. A public regulatory hearing was held in Sacramento on September 22, 2015. The Board did not receive comments. Since, there were no comments the Board adopted the proposed language and directed staff to finalize the rulemaking file.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on September 28, 2015. The rulemaking file has been approved by the Director of the Department, the Secretary of the Business, Consumer Services and Housing Agency (Agency), and the Director of the Department of Finance (Finance).

The final rulemaking file was submitted to the Office of Administrative Law (OAL) on August 5th. The OAL approved the rulemaking and filed it with the Secretary of State on September 19, 2016. Beginning January 1, 2017, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The rulemaking file will go into effect on January 1, 2017.

**Delegation of Authority to the Executive Officer (California Code of Regulations, Title 16, Section 1001):**

At its May 2014 meeting, the Board approved proposed regulatory language to delegate authority to the Board's Executive Officer to approve settlement agreements for the revocation, surrender, or interim suspension of a license without requiring the Board to vote to adopt the settlement. Board staff filed the initial rulemaking documents with OAL on February 10, 2015 and the proposal was published in the California Regulatory Notice on February 20, 2015. The 45-day public comment period began on February 20, 2015 and ended on April 6, 2015. A regulatory hearing was held on April 7, 2015 in Sacramento. No public comments were received in response to the proposal.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on June 17, 2015. The final rulemaking file has been approved by the Director of the Department, Agency Secretary, and the Director Finance. The final rulemaking file was submitted to the OAL on January 22, 2016. The OAL approved the final rulemaking and filed it with the Secretary of State on March 7, 2016. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe on OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

This rulemaking went into effect July 1, 2016.

**Dental Assisting Comprehensive Regulatory Proposal:**

The Dental Assisting Council (Council) continues to hold the regulatory development workshops as part of the Dental Assisting Comprehensive Regulatory Proposal. As a result of each of these workshops, Board staff has been able to develop proposed regulatory language which will be presented to the Board at a future meeting once these workshops are concluded. Once completed, this rulemaking will include educational program and course requirements, examination requirements, and licensure requirements relating to dental assisting.

**Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal:**

Regulations are necessary to interpret and specify the provisions contained in Business and Professions Code Section 1638.1 relating to the application and approval process requirements for the issuance of an Elective Facial Cosmetic Surgery permit. Board staff scheduled a teleconference in October where further discussions took place regarding regulatory language. On April 20, 2016, the Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee considered the proposed language, however directed staff to add additional language. The EFCS Committee met on October 19, 2016 at which time the Committee considered the proposed language and recommended to the Board to proceed with the rulemaking.

**Licensure by Credential Application Requirements:**

The Board added this rulemaking to its list of priorities for Fiscal Year (FY) 2014-15. Staff has been working with Board Legal Counsel to identify issues and develop regulatory language to implement, interpret, and specify the application requirements for the Licensure by Credential pathway to licensure. A subcommittee was appointed (Drs. Witcher and Woo) to work with staff to draft regulatory language and to determine if statutory changes are also necessary. Staff



met with the subcommittee and the Board Legal Counsel in October 2015 and as a result of that meeting, staff presented a few policy issues to the Board for recommendation during the December 2015 Board meeting. Staff has incorporated the recommendations in the development of regulatory language to proceed forward in the rulemaking process which will be presented to the Board.

**Continuing Education Requirements and Basic Life Support Equivalency Standards:**

In March 2013, the Board's Executive Officer received a letter from Mr. Ralph Shenefelt, Senior Vice President of the Health and Safety Institute, petitioning the Board to amend California Code of Regulations, Title 16, Sections 1016(b)(1)(C) and 1017(d) such that a Basic Life Support (BLS) certification issued by the American Safety and Health Institute (ASHI), which is a brand of the Health and Safety Institute, would satisfy the mandatory BLS certification requirement for license renewal, and the required advanced cardiac life support course required for the renewal of a general anesthesia permit. Additionally, the letter requested an amendment to Section 1017(d) to specify that an advanced cardiac life support course which is approved by the American Heart Association or the ASHI include an examination on the materials presented in the course or any other advanced cardiac life support course which is identical in all respects, except for the omission of materials that relate solely to hospital emergencies or neonatology, to the most recent "American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care" published by the American Heart Association.

Additionally, AB 836 (Skinner Chapter 299, statutes of 2013) restricted the continuing education requirement hours for active-retired dentists who provide only uncompensated care at a maximum of 60% of that required for non-retired active dentists, and requires the Board to report on the status of retired active dentists who provide only uncompensated care during its next sunset report. These new requirements will need to be implemented as part of this rulemaking proposal.

The Board deemed the development of a regulatory package relating to Continuing Education and Basic Life Support Equivalency Standards a priority for FY 2014-15. Board staff is working on the development of proposed language and will present it to the Board for consideration at a future meeting.

**Mobile and Portable Dental Unit Registration Requirements (California Code of Regulations, Title 16, Section 1049):**

Senate Bill 562 (Galgiani Chapter 562, Statute of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, as defined, to be registered and operated in accordance with the regulations of the Board. The bill required any regulations adopted by the board pertaining to this matter to require the registrant to identify a licensed dentist responsible for the mobile dental unit or portable practice, and to include requirements for availability to follow-up and emergency care, maintenance and availability of provider and patient records, and treatment information to be provided to patients and other appropriate parties. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the California Dental Association (CDA) to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements. Initial rulemaking documents are being drafted.

**Dentistry and Dental Assisting Licensing and Permitting Fee Increase (California Code of Regulation, Title 16, Sections 1021 and 1022):**

Board staff filed the initial rulemaking documents with the Office of Administrative Law (OAL) on Tuesday, June 14<sup>th</sup> and the proposal was published in the California Regulatory Notice Register on Friday, June 24, 2016. The 45-day public comment period began on Friday, June 24, 2016 and ended on Monday, August 8, 2016. The Board held a regulatory hearing in Sacramento on Monday, August 8, 2016.

The Board received written comments from: (1) the California Dental Association (CDA); and (2) a joint letter from the Foundation for Allied Dental Education, Inc. (FADE), the California Association of Dental Assisting Teachers, Inc. (CADAT), the California Dental Assistants Association, Inc. (CDAA), and the Extended Functions Dental Assistants Association, Inc. (EFDA).

At its August 19, 2016 meeting, the Board considered comments received during the 45-day public comment period and voted to modify that the text in response to some of the comments. The Board directed staff to notice the modified text for 15-day public comment, which included the amendments discussed at the meeting. If after the 15-day public comment period no adverse comments were received, the Executive Officer was further authorized to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopted the proposed amendments as noticed in the modified text.

The Notice of Modified Text and Modified Text were noticed on the Board's web site and mailed to interested parties on August 25, 2016. The 15-day comment period began on August 26, 2016 and ended on September 10, 2016.

The Board did not receive comments in response to the modified text. Since there were no comments received in response to the modified text, the Board adopted the final text as noticed in the modified text at its August 19, 2016 meeting and directed staff to finalize the rulemaking file.

Staff submitted the final rulemaking file to the Department of Consumer Affairs (Department) on September 30, 2016.

The rulemaking file will need approval from the Director of the Department, the Secretary of the Business, Consumer Services and Housing Agency (Agency), and the Director of the Department of Finance (Finance). Once approval signatures are obtained, the final rulemaking file will be submitted to the OAL. The OAL will have thirty (30) working days to review the file. Once approved, the rulemaking will be filed with the Secretary of State. Beginning January 1, 2013, new quarterly effective dates for regulations will be dependent upon the timeframe an OAL approved rulemaking is filed with the Secretary of State, as follows:

- The regulation would take effect on January 1 if the OAL approved rulemaking is filed with the Secretary of State on September 1 to November 30, inclusive.
- The regulation would take effect on April 1 if the OAL approved rulemaking is filed with the Secretary of State on December 1 to February 29, inclusive.
- The regulation would take effect on July 1 if the OAL approved rulemaking is filed with the Secretary of State on March 1 to May 31, inclusive.
- The regulation would take effect on October 1 if the OAL approved regulation is filed on June 1 to August 31, inclusive.

The deadline to submit this final rulemaking file to the Office of Administrative Law for review and determination of approval is June 24, 2017.

**Defining Discovery and Filing (California Code of Regulation, Title 16, Sections 1001.1 and 1001.2):**

At the March 2016 Board meeting, Assistant Executive Officer, Sarah Wallace, discussed the advisement of the Attorney General's Office regarding the promulgation of regulations, as done by the Medical Board of California, to define the terms "discovery" and "filing" as found in the Business and Professions Code Section 1670.2.

This would provide a clearer understanding for both prosecutors, who have the duty to file accusations timely, and for respondents. As a result, staff has worked with the Board's Legal Counsel to draft language in defining "discovery" and "filing". At the May 2016 Board meeting, the Board initiated the rulemaking file for this regulatory package.

Board staff filed the initial rulemaking documents with the OAL on Tuesday, August 2<sup>nd</sup> and the proposal was published in the California Regulatory Notice Register on Friday, August 12, 2016. The 45-day public comment period began on Friday, August 12, 2016 and ended on Monday, September 26, 2016. The Board held a regulatory hearing in Sacramento on Monday, September 26, 2016.

The deadline to submit this final rulemaking file to the Office of Administrative Law for review and determination of approval is August 12, 2017.

**Institutional Standards (California Code of Regulation, Title 16, Section 1024.1)**

During the August 2016 meeting, the Dental Board of California (Board) voted to include updating the institutional standards found in the California Code of Regulations (CCR), Title 16, Section 1024.1 as part of the regulatory rulemaking priorities for fiscal year 2016-2017. Since 1975, educational standards have been established by the Commission on Dental Accreditation (CODA). Currently, CODA is the only agency to accredit dental and dentally-related education programs recognized by the United States Department of Education, and revised as knowledge, techniques, and technology affects the educational needs and goals of dental education and thus, the practice of dentistry in the United States. The Board accepts dental education programs that are accredited by the CODA as meeting the educational requirements for dental licensure in California. Since 2001, CODA has made various changes to the institutional standards used to accredit schools and as a result, the Board's regulations would need to be updated accordingly.

**Interim Therapeutic Restoration (ITR) Competency Standards for Instruction (New Regulations)**

Assembly Bill 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. The Bill required the Board to adopt regulations to establish requirements for courses of instruction for procedures authorized to be performed by a registered dental assistant in extended functions using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. Additionally, the bill required the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice. The proposed ITR regulatory language must mirror the curriculum requirements for the registered dental assistant in extended functions.

**Action Requested:**

No Action Requested.



# MEMORANDUM

<b>DATE</b>	November 10, 2016
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Lusine M Sarkisyan, Legislative and Regulatory Analyst
<b>SUBJECT</b>	<b>Agenda Item 15(E):</b> Discussion and Possible Action Regarding Legislative Proposals for 2017: Healing Arts Omnibus Bill

**Background:**

The Senate Business, Professions, and Economic Development Committee (Committee) will be introducing two omnibus bills for 2017; one bill will be designated for health care board and bureau legislation and the other will be for non-health care board and bureau legislation. The Committee plans to introduce the bills for introduction in early 2017 and typically requests that board and bureau proposals be submitted to the Committee in early January for inclusion in the introduced version of the bill. Omnibus bill proposals should be non-controversial and are intended to be used for clean-up.

Committee staff will review the proposals and consult with the Republican caucus and their staff, as well as Committee member offices to determine if the proposals are suitable for inclusion in the omnibus bills. Boards and bureaus anticipate being notified by late January of the Committee’s decision to include proposals.

**2017 Omnibus Bill Proposal:**

Assembly Bill (AB) 467 (Chapter 656, Statutes of 2016) authorized the Director of Consumer Affairs through the Division of Investigation to implement “Complaint Prioritization Guidelines” for boards to utilize in prioritizing their complaint and investigative workloads. The Medical Board of California was not required to utilize the guidelines, however the Dental Board of California (Board) was inadvertently not included in the exception. The Board has its own Complaint and Compliance and Enforcement Units that handle such processes and guidelines similar to that of the Medical Board. Just as the Medical Board was exempt from Business and Professions Code Section 328(a), the Board should have also been excluded. As a result, this would require a technical change to the Dental Practice Act (Act). The following code section of the Act will need to be updated to reflect the necessary change:

**328.** (a) In order to implement the Consumer Protection Enforcement Initiative of 2010, the director, through the Division of Investigation, shall implement “Complaint Prioritization Guidelines” for boards to utilize in prioritizing their respective complaint

and investigative workloads. The guidelines shall be used to determine the referral of complaints to the division and those that are retained by the health care boards for investigation.

(b) The Medical Board of California shall not be required to utilize the guidelines implemented pursuant to subdivision (a).

**Proposed Revision:**

(a) In order to implement the Consumer Protection Enforcement Initiative of 2010, the director, through the Division of Investigation, shall implement “Complaint Prioritization Guidelines” for boards to utilize in prioritizing their respective complaint and investigative workloads. The guidelines shall be used to determine the referral of complaints to the division and those that are retained by the health care boards for investigation.

(b) The Medical Board of California and the Dental Board of California shall not be required to utilize the guidelines implemented pursuant to subdivision (a).

**Board Action Requested:**

After consideration of the proposed amendments, staff requests the Board accept, reject, or modify the recommendation. If the Board approves a proposal, direct staff to prepare the proposal for submission to the Committee for inclusion in the 2017 healing arts board omnibus bill.



## MEMORANDUM

<b>DATE</b>	November 10, 2016
<b>TO</b>	Members of the Dental Board Of California
<b>FROM</b>	Lusine Sarkisyan, Legislative and Regulatory Analyst
<b>SUBJECT</b>	<b>AGENDA ITEM 15(F):</b> Discussion of Prospective Legislative Proposals

Stakeholders are encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future Board meeting.



## MEMORANDUM

<b>DATE</b>	December 2, 2016
<b>TO</b>	Dental Board Members
<b>FROM</b>	Steven G. Morrow, DDS, MS Board President and Site Visit Team Leader
<b>SUBJECT</b>	<b>Agenda Item 16:</b> Discussion and Possible Action to Accept the Onsite Inspection and Evaluation Report of State University Of Medicine And Pharmacy “Nicolae Testemitanu” Of The Republic Of Moldova – Faculty of Dentistry; and to Deny or to Grant Full or Provisional Approval of the Foreign Dental School

The Onsite Inspection and Evaluation of the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry was conducted on October 3 – 6, 2016. A copy of the Onsite Inspection and Evaluation Report has been included in the Board’s Meeting Agenda Packet for your review and discussion. The Onsite Inspection and Evaluation was conducted in a manner consistent with the California Code of Regulations (CCR) as set forth in Title 16, Division 10, Chapter 2, Article 1; Section 1024.3 – 1024.10.

The Site Visit Team offers their sincere thanks and appreciation to the Dental Board’s Executive Officer, Karen Fischer, Board members Fran Burton and Dr. Bruch Witcher for their initial review of the application, and the Dental Board staff, for the time and effort required to accomplish this statutorily mandated Dental Board function. The Site Visit Team is also appreciative of the Administration, Faculty, Students and Staff of the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova for their gracious hospitality and their tolerance for the disruptions of their academic and clinical schedules resulting from the Site Visit Team’s inspection and review.

I personally extend my sincere thanks and appreciation to Dr. Octavia Plesh, Dr. Timothy Martinez and Board Investigator Zachary Raske for their dedication and commitment to the many hours of preparation required, the long hours of travel, the long days necessary to accomplish the site visit as well as the many hours required in preparation of the report. As a result of the Onsite Inspection and Evaluation, the Site Visit Team determined that the dental education program at The State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova is in compliance with all Institutional Standards and Sub-Standards identified in CCR Section 1024.1 except the following:

1. Institutional Standard (c) Educational Program (Curriculum); Sub-Standard (6): which states; “The educational program shall be designed to ensure that graduates are at a minimum competent in providing all of the following types of oral health care within the scope of general dentistry to all types of patients.” (See Onsite Inspection and Evaluation Report page 3 - 6 for details)
2. Institutional Standard (c) Educational Program (Curriculum); Sub-Standard (8): which states: “The institution shall employ student evaluation methods that measure the defined competencies.”

It was evident to the Site Visit Team that the dental education program at the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova is designed to ensure that graduates are, at a minimum, competent in providing the identified required types of oral health care within the scope of general dentistry. The course syllabi state that the institution employs student evaluation methods that demonstrate competency. Processes for the formative assessment of clinical performance are in place. However, supporting documentation to provide evidence that graduates demonstrated competency (summative assessment) were not made available to the Site Visit Team.

**Recommendation:**

The Site Visit Team recommends that the Dental Board grant Provisional Approval of The State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry as authorized in the California Code of Regulations Section 1024.10, which states;

*“Provisional approval may be granted to an institution that is substantially in compliance with the requirements of this article but that has specific deficiencies or weaknesses that are of such a nature that they can be corrected in a reasonable length of time. A provisional approval shall remain in effect for 24 months from the date on which it was issued unless the deficiencies are removed sooner and full approval has been granted before that date.”*

Within 24 months following the Dental Board’s granting of Provisional Approval, The State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova must submit documentation to support that their graduates have demonstrated competency in all types of oral health care to all types of patients as identified in Institutional Standard (c) (6) and as required in Standard (c) (8) in order to be granted Full Approval.



**Dental Board of California  
Onsite Inspection And Evaluation Report**

**State University Of Medicine And Pharmacy  
“Nicolae Testemitanu”  
Of The Republic Of Moldova – Faculty Of Dentistry**

**Dental Board Of California**

Steven Morrow, DDS, MS – President  
Judith Forsythe, RDA – Vice President  
Steven Afriat – Secretary  
Fran Burton – Public Member  
Steven Chan, DDS  
Yvette Chappell-Ingram – Public Member  
Katie Dawson, RDH  
Kathleen King – Public Member  
Ross Lai, DDS  
Huong Le, DDS, MA  
Meredith McKenzie – Public Member  
Thomas Stewart, DDS  
Bruce L. Witcher, DDS  
Debra Woo, DDS, MA

**Onsite Inspection And Evaluation Team**

Octavia Plesh, DDS  
Timothy Martinez, DMD  
Steven Morrow, DDS, MS  
Zachary Raske, Staff

Executive Officer  
Karen M. Fischer, MPA

**ONSITE INSPECTION AND EVALUATION REPORT**  
**State University Of Medicine And Pharmacy “Nicolae Testemitanu”**  
**Of The Republic of Moldova**

The State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova (SUMP) - Faculty of Dentistry submitted an application for approval of its dental school to the Dental Board of California (Board). The Board voted to accept the application as complete, at its meeting on Friday, December 4, 2015. An Onsite Inspection and Evaluation (Site Visit) of the dental school was conducted on October 3-6, 2016. The Site Visit Team consisted of Dr. Octavia Plesh, Dr. Timothy Martinez, Dr. Steven Morrow, and Mr. Zachary Raske (Dental Board of California staff).

The purpose of the Site Visit was to determine compliance with the requirements for approval of dental schools as set forth in Chapter 2, Article 1; Section 1024.1 of Title 16 of the California Code of Regulations. The Site Visit was conducted under authority of Section 1024.6 (b) (1) of Title 16 of the California Code of Regulations, which states in pertinent part: “The site team shall conduct a comprehensive, qualitative onsite inspection and review of all aspect of the institution’s operations to evaluate the institution’s efforts to implement its mission/purpose, goals and objectives and to determine whether the institution complies with the requirements of this article.” Section 1024.1 of the California Code of Regulations identifies 12 Institutional Standards and 42 Sub-Standards that must be met to determine compliance in order to obtain the Board’s approval.

**Institutional Standard (a): Institutional Mission, Purposes and Goals**

- (1) An institution shall have a clearly stated written purpose or mission statement that reflects the institution’s goals and objectives, and that addresses teaching, patient care, research, and service to the community.*
- (2) The institution shall have a formal and ongoing outcomes assessment process, including measures of student achievement based on the institution’s mission/purpose, goals and objectives.*
- (3) The institution shall have an ongoing planning process, which is broad-based and systematic, for the evaluation and improvement of educational quality.*

**Site Visit Team’s Comments / Observations:**

**Standard (a) (1) Met**

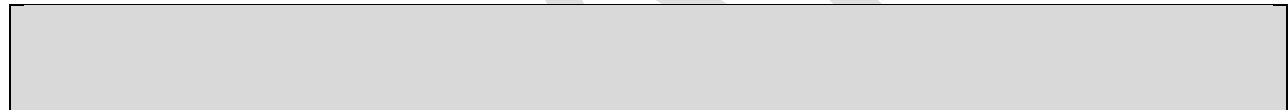
- The SUMP – Faculty of Dentistry’s mission, purposes and goals are well stated.
- The SUMP – Faculty of Dentistry’s mission is to train and develop professionals in medicine, dentistry and pharmacy according to national and international standards. The University promotes scientific research while encouraging cooperation with international and national institutions.
- The SUMP – Faculty of Dentistry’s overall goal is to align the education process with international standards by integrating the undergraduate and postgraduate education with more scientific research and clinical experiences.

Standard (a) (2) - Met

- The University and the Faculty of Dentistry has a clearly defined outcomes assessment process that identifies the criteria for measurement of achievement of the institutions mission, purposes and objectives. Data was presented to support satisfactory compliance with the achievement of these missions, goals and objectives.
- Outcomes assessment was well processed and the majority of the identified outcomes were achieved.
- Continuing efforts are in place to achieve and maintain the desired outcomes.
- Each year the SUMP – Faculty of Dentistry outlines a development strategy and the success of its plan and objectives are assessed at the end each academic year.

Standard (a) (3) - Met

- A well stated ongoing planning process, which is broad based and systematic, for the evaluation and improvement of their education quality is in place.
- One goal identified for improvement is staff motivation. The University encourages faculty to participate in international conferences and projects within the University. Faculty also has the opportunity to study abroad to develop new curriculum and teaching techniques.
- Selection of faculty in the SUMP – Faculty of Dentistry is based on well-defined requirements. Faculty is evaluated every five years by the Council of Faculty based on their pedagogical, scientific, and practical knowledge and skills.



***Institutional Standard (b): Educational Program (Admissions Policy)***

*The institution shall have and shall follow specific written criteria, policies, and administrative procedures for student admissions. The institution shall not admit any student who is obviously unqualified or who does not appear to have sufficient pre-professional education in basic sciences to complete the professional program.*

**Site Visit Team's Comments / Observations:**

- The SUMP – Faculty of Dentistry has specific written criteria, policies and administrative procedures for student admissions.
- Preparatory high school education in Moldova is more comprehensive in basic sciences and math than high school education in the United States.
- The Minister of Education of Moldova identifies the number of local (Moldovan) students who will be admitted into the SUMP – Faculty of Dentistry. There is a specific formula for admission which is based on student's grades and national exam scores.
- The national exam consists of four subjects: Language, Math, Foreign Language, and a subject of choice.

- While the University has specific written criteria, policies and administrative procedures for admissions in place, the Site Visit Team noted that prerequisites for admission to the SUMP – Faculty of Dentistry are slightly different than the prerequisites for a student with a bachelor’s degree from a University in the United States. However, this is compensated by the fact that the preparatory high school education in Moldova is more condensed and focused in the basic sciences that prepare the students earlier on in their education for the dental school basic science curriculum.

**Consensus of the Site Visit Team is that the SUMP – Faculty of Dentistry is in compliance with Institutional Standard (b).**

**Educational Standard (c): Educational Program (Curriculum)**

- (1) *The curriculum shall include at least four academic years of instruction or its equivalent.*
- (2) *The institution shall define the competencies needed for graduation, which shall be focused on educational outcomes.*
- (3) *The institution shall ensure an in-depth understanding of the biomedical principles, consisting of a core of information on the fundamental structures, functions, and interrelationships of the body system.*
- (4) *The curriculum shall provide biomedical, behavioral, and clinical knowledge that is integrated and is of sufficient depth and scope for graduates to apply advances in modern biology to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care.*
- (5) *The educational program shall be designed to ensure that graduates are at a minimum competent in:*
  - (A) *Behavioral sciences*
  - (B) *Practice management*
  - (C) *Ethics and professionalism*
  - (D) *Information management and critical thinking*
- (6) *The educational program shall be designed to ensure that graduates are at a minimum competent in providing all of the following types of oral health care within the scope of general dentistry to all types of patients:*
  - (A) *Patient assessment and diagnosis*
  - (B) *Comprehensive treatment planning*
  - (C) *Health promotion and disease prevention*
  - (D) *Informed Consent*
  - (E) *Anesthesia, sedation and pain and anxiety control*
  - (F) *Restoration of teeth*
  - (G) *Replacement of teeth*
  - (H) *Periodontal therapy*
  - (I) *Pulpal therapy*
  - (J) *Oral mucosal disorders*
  - (K) *Hard and soft tissue surgery*
  - (L) *Dental emergencies*

*(M) Malocclusion and space management*

*(N) Evaluation of the outcomes of treatment*

*(7) The institution shall provide to students, in advance of instruction, the goals and requirements of each course, nature of course content and methods of evaluation.*

*(8) The institution shall employ student evaluation methods that measure the defined competencies*

*(9) The institution shall have a system of ongoing curriculum review and evaluation, including a curriculum management plan that assures evaluation of all courses relative to competency objectives, elimination of outdated, unnecessary material, and incorporation of emerging information.*

*(10) The institution shall ensure that students have adequate patient experiences to achieve the institution's stated goals and competencies within a reasonable time.*

### **Site Visit Team's Comments / Observations:**

#### **Standard (c) (1) - Met**

- The curriculum includes five (six years for class starting in 2016) academic years of instruction.
- Problem based learning is embedded into the entire curriculum.
- In the first year of dental school, foreign students are required to enroll in Romanian language courses and basic science courses. After the completion of the first year, foreign students are required to take a competency exam.
- The dental and medical students do not take the same courses. Basic science and medical courses are tailored for dentistry students.
- Students can select courses in one of three languages: Romanian, English, or Russian.
- Didactic and laboratory learning groups range in size from 12 to 16 students.

#### **Standard (c) (2) - Met**

- The school has identified the competencies needed for graduation which is defined by the Ministry of Health.
- The school has a pre-clinical and clinical evaluation system in place that measures defined clinical competencies.

#### **Standard (c) (3) - Met**

- The curriculum required for the Faculty of Dentistry provides an in-depth understanding of fundamental structures, functions and interrelationships of the body systems.
- The Ministry of Education chooses the curriculum subjects and the faculty chooses the course content.

#### **Standard (c) (4) - Met**

- The curriculum during the first year is strong in the biomedical sciences with an emphasis on courses in gross human anatomy, head and neck anatomy, histology, cytology, embryology, physiology, biochemistry, biophysics and human physiology. Of the 1,242 total curriculum hours scheduled for this academic year, 475 hours are scheduled in non-biomedical sciences instruction.

- The curriculum during the second year continues with instruction in the biomedical sciences including courses in oral histology, microbiology, virology, immunology, medical psychology and courses in medical philosophy, behavioral sciences, and bioethics. Introductory courses in therapeutic stomatology, orthopedic stomatology, and oral and maxillofacial surgery are added during the second year. Of the 1,233 total scheduled curriculum hours, 775 hours are devoted to biomedical sciences and 458 to knowledge and therapies related to oral health care.
- During the third year, the curriculum introduces more courses and instruction in dental sciences with pre-clinical and clinical training. During this academic year, the curriculum devotes 783 hours of instruction in dental sciences and pre-clinical and clinical experiences out of a total of 1,280 scheduled curriculum hours.
- The curriculum during the fourth and fifth years is primarily devoted to clinical sciences with 1,614 hours scheduled for clinical training and patient-care experiences out of a total of 2,140 scheduled curriculum hours.
- Administration and faculty discussed, with the site visit team, their desire to work with the Ministry of Health and the Ministry of Education to revise the heavy load of basic sciences during the first academic year and introduce more dental-related courses earlier in the curriculum.
- During interviews with the students, the heavy load in the basic sciences during the first academic year was also identified as “very difficult to manage”.
- The Site Visit Team recommends, and supports, the University’s efforts to work with the appropriate government agencies to revise the current curriculum to achieve a better balance between biomedical science curriculum with curriculum that is more directly related to the dental clinical sciences and patient care.

Standard (c) (5) - Met

- It is evident to the Site Visit Team that the educational program in the Faculty of Dentistry is designed to ensure that graduates are, at a minimum, competent in the identified required areas of knowledge and practice.

Standard (c) (6) - Not Met

- Based on the supporting documentation provided to the Site Visit Team, the students, upon graduation, received sufficient clinical experiences to have achieved competency in the identified types of oral health care.
- Processes for the formative assessment of clinical performance are in place.
- However, supporting documentation was not made available to the Site Visit Team that clearly demonstrated evidence that students, upon graduation, demonstrated competency (summative assessment) in the identified types of oral health care to all types of patients.
- The Site Visit Team encourages the submission of documentation to support student achievement of the defined competencies before graduation.

Standard (c) (7) - Met

Review of the course syllabi provided to the Site Visit Team demonstrated students are adequately provided, in advance of the course, the goals and requirements for each course, the course content and the method(s) of assessment of student performance.

**Standard (c) (8) - Not Met**

- While the course syllabi state that the institution employs student evaluation methods that define competency, documentation to clearly identify achievement of the defined competencies was not made available to the site visit team.
- The Site Visit Team encourages the submission of documentation to support student achievement of the defined competencies.

**Standard (c) (9) - Met**

- The University has in place a curriculum management plan.
- The curriculum content is proposed by disciplines and is revised regularly and approved by the Curriculum Committee and the Faculty Council.
- The curriculum is reviewed annually and submitted to the University Scientific Council for approval.
- Curriculum reform involves critical analysis, systemic analysis and continuous updates to ensure professional training in accordance with European Union Educational Standards.

**Standard (c) (10) – Met**

- Supporting documentation provided to the Site Visit Team identified that the students graduating in the past five (5) years received adequate patient experiences to reasonably achieve the institution's stated goals and competencies.
- Patient treated by students receive discounted treatment rates and also incentives are provided to patients to attract them to the student clinics.
- Faculty and students agreed that the number of patient's seeking dental treatment in the student clinics needs to be increased.

**Consensus of the Site Visit Team is that the SUMP – Faculty of Dentistry is in compliance with Institutional Standard (c) Sub-Standards (1), (2), (3), (4), (5), (7), (9) and (10). However, Sub-Standards (6) and (8) have not been completely met (see Recommendations).**

**Recommendations**

**Sub-Standard (6); The site visit team recommends that the SUMP – Faculty of Dentistry develop and maintain an ongoing process for collection and evaluation of data to support that their graduates are, in fact, competent in the clinical competencies identified in Educational Standard (c); (6, A-N). The site visit team also recommends that the Dental Board require the submission of such data, within a period of two years, that supports compliance with this Sub-Standard.**

**Sub-Standard (8); It is the site visit team's opinion that Sub-Standards (6) and (8) both address the need to document that graduates are assessed to demonstrate competence in all of the defined competencies. Therefore, documentation to support compliance with Sub-Standard (6) will also support compliance with Sub-Standard (8).**

**Commendation**

**The Site Visit Team commends the SUMP – Faculty of Dentistry for their passion and commitment to update the institution's dental education to international standards.**

### **Educational Standard (d): Faculty and Staff**

- (1) The institution shall employ qualified faculty sufficient in number to meet the institution's stated mission, purposes, and objectives.*
- (2) The institution shall have a form of governance that allows the faculty to participate in the institution's decision making process.*
- (3) The institution shall have a formal ongoing faculty development process.*
- (4) The institution shall have a defined process to objectively measure the performance of each faculty member in teaching, patient care, research, scholarship and service.*
- (5) When contracting for educational services, the institution shall maintain control of, and responsibility for, all academic matters, and shall assure that the instruction and faculty satisfy the standards established in this division.*
- (6) The faculty shall have sufficient expertise to support the institution's awarding of a degree in dentistry.*
- (7) The institution shall maintain records documenting that each faculty member is qualified to perform the duties to which the faculty member was assigned, including providing instruction, evaluating learning outcomes, and student projects.*

### **Site Visit Team's Comments / Observations:**

#### **Standard (d) (1) - Met**

- The SUMP – Faculty of Dentistry has employed qualified faculty to meet the institution's stated mission, purposes, and objectives.
- There is a strong commitment from faculty and staff to improve the education at the institution, and the Site Visit Team was impressed by their participation in the educational process.
- There is a consistency of education as a majority of staff are full time with a minimum of four days a week devoted to classroom, laboratory, and clinical instruction.
- A significant number the faculty have advanced training in prosthodontics, oral surgery, endodontics, and orthodontics.

#### **Standard (d) (2) - Met**

- The SUMP – Faculty of Dentistry has in place a form of governance where the faculty has a voice in the decision making processes of the institution.

#### **Standard (d) (3) - Met**

- The University requires faculty to enroll in continuing education courses provided by the University. The faculty have the option of taking continuing education at Universities abroad.
- The faculty is encouraged to participate in national and international conferences.
- Faculty are also given the opportunity to study abroad for up to a month at another University.
- A process for student evaluation of faculty is ongoing and is utilized to continuously improve the quality of education provided.



Standard (d) (4) – Met

- Applicants for a faculty positions are required to deliver a sample lecture to the Faculty Senate.
- Evaluation of teaching skills is done through student and peer assessment of courses delivered by faculty.
- Evaluation of scientific knowledge and skills is based on research activity that results in publication of articles, development of clinical guidelines and improvement in patient care.
- Faculty of clinical disciplines are required to carry out patient care activities in the University Hospitals and Clinics.
- The University offers incentives to encourage faculty to increase their knowledge and skills through financial support to pursue advanced education and merit-based salary increases.

Standard (d) (5) - Not applicable

- The University does not contract out for educational services.

Standard (d) (6) - Met

- In order to achieve the level of assistant professor, faculty must achieve a Ph.D. degree.

Standard (d) (7) - Met

- Each faculty is required to produce a report on a yearly basis to the Faculty Council outlining their professional accomplishments. Every five years, the faculty is assessed based on the number of criteria including research, publications, clinical knowledge, lecturing etc.

**Consensus of the Site Visit Team is that the SUMP – Faculty of Dentistry is in compliance with Institutional Standard (d) and all Sub-Standards.**

***Institutional Standard (e): Resources (Plant and Facilities)***

- (1) The institution shall have sufficient facilities and necessary equipment to support the achievement of its mission, purpose, goals and objectives.*
- (2) The institution shall, as part of its curricula, require that students use available library and other learning resources.*
- (3) An institution shall have a library and other learning resources focused on dentistry and its related sciences in order to meet the teaching and research needs of the institution*
- (4) The library shall be a learning center that is administered by a professionally qualified staff and that has an adequate budget.*

**Site Visit Team's Comments / Observations:**

Standard (e) (1) - Met

- The SUMP - Faculty of Dentistry is well equipped with lecture rooms, pre-clinical laboratories, and patient care clinics with modern up-to-date equipment.
- A pre-clinical laboratory with simulation manikins is operational that allows for students to develop foundational clinical skills and to assess their pre-clinical competencies before providing direct patient care.
- Students provide direct patient care in multiple clinics located on campus and in government hospitals and clinics in the community.

Standard (e) (2) - Met

- The University library is centrally located on campus and serves as a valuable resource for students and faculty.
- Students, as part of their education and training, are required to utilize the University library as a source of additional information to supplement their didactic lectures and clinical experiences.

Standard (e) (3) – Met

- The University library collection includes over 1,000,000 copies of textbooks and medical/dental journals. The library also contains many teaching aids and CDs in multiple languages to meet the needs of undergraduate and postgraduate students.
- The library contains multiple areas for reading and is equipped with computer stations, as well as a Wi-Fi system to access the internet.
- Students and faculty have access to internet research databases and scientific journals established by a partnership with University of North Carolina.

Standard (e) (4) - Met

- The library is administered by a trained librarian and a knowledgeable support staff.

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**academic and library databases with their campus.**

**Institutional Standard (f): Patient Care Services**

- (1) *The institution shall have a formal system of quality assurance for its patient care program that includes all of the following:*
  - (A) *Standards of patient centered care with a focus on comprehensive care, including measurable assessment criteria;*
  - (B) *A process of ongoing review of patient records to assess appropriateness, necessity and quality of care provided;*
  - (C) *Mechanisms to determine causes of treatment deficiencies;*
  - (D) *Patient review policies, procedures, outcomes and corrective measures*
- (2) *The institution shall ensure that student, faculty and support staff are proficient in basic life support and are able to manage medical emergencies.*
- (3) *The institution shall have and enforce a mechanism to ensure adequate pre-clinical, clinical and laboratory asepsis, infection control, and disposal of infectious waste.*
- (4) *The institution shall ensure the delivery of comprehensive patient care to individual patients.*

**Site Visit Team's Comments / Observations:**

**Standard (f) (1) - Met**

- The delivery of comprehensive patient care is insured in the school's model of patient care.
- Comprehensive patient evaluations (medical and dental) are conducted and multiple interdisciplinary treatment plans are developed and presented to the patients.
- Each treatment plan is explained to the patient and a signed informed consent document is required by law before performing treatment.
- Students must have a signed treatment plan by faculty before performing treatment.
- Patient treatment records are reviewed by faculty and clinic support staff to ensure completeness and accuracy of treatment records.

**Standard (f) (2) - Met**

- Students and faculty are required to take basic life support courses at the University's state of the art simulation facility.
- Students are trained for medical emergencies and basic life support in their first year of study and required to renew training every two years.
- Faculty are required to take basic life support training which is documented every five years.

**Standard (f) (3) - Met**

- Instrument sterilization, verification of sterilization, and infection control (cross contamination) procedures and methods are well developed and utilized effectively.
- For standardization of infection control training, dental students are required to be familiar with the Infection Prevention Checklist for Dental Settings published by the Centers for Disease Control and Prevention, March 2016  
<http://www.cdc.gov/oralhealth/infectioncontrol/pdf/safe-care-checklist.pdf>

Standard (f) (4) - Met

- Data collection forms are utilized for a systematic assessment of patient care (chart audits).

**Consensus of the Site Visit Team is that the SUMP – Faculty of Dentistry is in compliance with Institutional Standard (f) and all Sub-Standards.**

**Institutional Standard (g): Research**

*(1) The institution shall ensure that research is an integral component of its purpose, mission, goals, and objectives and that the dental school faculty engage in research and other forms of scholarly activity.*

*(2) The institution shall also provide students with the opportunity to participate in these research activities in order to fulfill its purpose, mission, goals, and objectives.*

**Site Visit Team's Comments / Observations:**

Standard (g) (1) - Met

- Faculty are required to produce research and publications in order to meet the University's requirements for faculty promotion.
- Students and faculty work with the Academy of Science to develop research topics and to identify funding sources.
- The University contributes up to 40 percent of the funds for research projects.
- The University has a special department within the International Relations Department that was created for fundraising and research project support.

Standard (g) (2) - Met

- The students are all required to take courses in research methodology and statistics.
- All dental students, as a graduation requirement, are required to work with a member of the Faculty of Dentistry to design and conduct a research project.
- Each student is also required to submit a written thesis for approval and to conduct a public oral defense of his/her research project.



**Institutional Standard (h): Ownership and Management (OP)**

*Each owner, corporate director, and chief executive officer of an institution has the duty to act in the utmost good faith to expend or authorize the expenditure of the institution's assets and funds in a diligent and prudent manner to assure that students receive the education and student services which were represented to the students receive the education and student services which were represented to the students and which meet the requirements of this article.*

### **Site Visit Team's Comments / Observations:**

- The SUMP – Faculty of Dentistry has had a presence in Moldova since 1945.
- The University is a state-run institution which is funded by the Ministry of Health and Ministry of Education.
- The University appears to be well funded and is pursuing a strategic plan for continued growth and improvement in its facilities and education programs.



#### **Institutional Standard (i): Administration**

- (1) The institution shall employ administrative personnel who have the expertise to implement activities to achieve the institution's mission/purposes, goals and objectives and the operation of the educational programs.*
- (2) The duties and responsibilities for administrative personnel shall be set forth in a personnel manual or other writing maintained by the institution.*
- (3) An institution with one or more locations shall establish written institutional policies regarding the division and sharing of administrative responsibilities between the central administration at the main location and the administration of the other locations.*
- (4) The administrative staffing at each location shall reflect the purposes, size, and educational operations at that location.*

#### **Standard (i) (1) - Met**

- The Rector and Vice Rector are highly qualified with impressive academic credentials and work experience.

#### **Standard (i) (2) - Met**

- The Site Visit Team was provided an Administrative Flow Chart; however, it did not explain the duties and responsibilities of administration

#### **Standard (i) (3) – Not Applicable**

#### **Standard (i) (4) – Not Applicable**

**Consensus of the Site Visit Team is that the SUMP – Faculty of Dentistry is in compliance with Institutional Standard (i) and all applicable Sub-Standards.**

**Institutional Standard (j): Catalog**

- (1) *The institution shall publish a current catalog either in printed or electronic format.*
- (2) *The catalog shall contain all of the following:*
  - (A) *The specific beginning and ending dates defining the time period covered by the Catalog*
  - (B) *A statement of the institution's mission/purpose and the objectives underlying each of its educational program*
  - (C) *The institution's admissions policy*
  - (D) *The institution's policies regarding the acceptance of units of credit earned by the student at other institutions or through challenge examinations and standardized tests.*
  - (E) *The curriculum for each year of the educational program in dentistry.*
  - (F) *A list of the courses offered and a brief description of each course.*
  - (G) *The institution's standards for student achievement.*

**Site Visit Team's Comments / Observations:**

Standard (j) (1) – Met

- The SUMP – Faculty of Dentistry's catalog is published in electronic format and is available to all students, faculty, and staff.

Standard (j) (2) (A-G) – Met

- The published catalog contains all of the information required for compliance with this standard and sub-standards.



**Institutional Standard (k): Student Records**

- (1) *The institution shall maintain a file for each student who enrolls in the institution whether or not the student completes the educational program.*
- (2) *The file shall contain written records and transcripts of any formal education, training, or testing that are relevant to the student's qualifications for admission to the institution or the institution's award of credit or acceptance of transfer records documenting units of credit earned at other institutions that have been accepted and applied by the institution as transfer credits toward the student's completion of an educational program*
- (3) *The file shall contain records of the dates of enrollment and, if applicable, withdrawal from the institution, leaves of absence, and graduation.*
- (4) *The transcript shall contain all of the following:*
  - (A) *The classes that were completed, or were attempted but not completed, and the dates of completion or withdrawal.*
  - (B) *The final grades or evaluations given to the student.*
  - (C) *Credit for courses earned at other institutions.*

- (D) Credit based on any examination of academic ability or educational achievement used for admission or college placement purposes.*
- (E) Degrees and diplomas awarded the student.*
- (F) Copies of any official advisory notices or warnings regarding the student's progress.*
- (G) Complaints received from the student.*

**Site Visit Team's Comments / Observations:**

**Standard (k) (1) – Met**

- The University creates and maintains an electronic file for each student that matriculates and the file is available for review during normal business hours by authorized individuals.

**Standard (k) (2) – Met**

- The student file contains all relevant information and material related to qualifications for admission and any information regarding units of credit earned at other institutions that apply toward the student's completion of their educational program.

**Standard (k) (3) – Met**

- The student file contains dates of enrollment, leaves of absence, date of withdrawal when applicable, and graduation from the program.

**Standard (k) (4) (A – G) - Met**

- The University has recently converted to a digital electronic student records management system.
- The system is very well organized and maintained.
- Transcripts contain all of the identified components for compliance with this sub-standard.
- Copies of student records that were requested by the site visit team for review were readily available and presented in hard copy.
- The student records that were reviewed by the Site Visit Team contained the required documentation consistent with this standard and sub-standards.



**Institutional Standard (l): Maintenance of Records**

- (1) An institution shall maintain all records required by this article that relate to the institution's compliance with this article for at least five years, except, however, that student transcripts shall be retained indefinitely. These records may be maintained in either printed form or on computer disk so long as they are available for inspection.*
- (2) Notwithstanding subsection (1) above, a record that is less than five years old may be stored on microfilm, microfiche, or any other method of record storage only if all of the*

*following apply:*

*(A) The record may be stored without loss of information or legibility for the period within which the record is required to be maintained by this article.*

*(B) The institution maintains functioning devices that can immediately reproduce exact, legible printed copies of stored records. The devices shall be maintained in reasonably close proximity to the stored records.*

*(C) The institution has personnel scheduled to be present at all times during normal business hours who know how to operate the devices and can explain the operation of the devices to any person authorized by the board to inspect and copy records.*

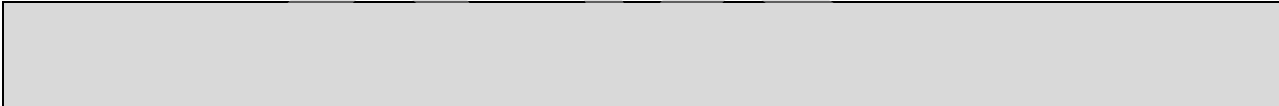
**Site Visit Team's Comments / Observations:**

**Standard (I) (1) – Met**

- All student records are maintained for ten years following the student's graduation.
- Student transcripts are retained indefinitely.

**Standard (I) (2) (A– C) - Met**

- The University has a well-organized system of student records management and storage.
- The University electronic record management and storage system is backed up off-site at a non-disclosed location.







## MEMORANDUM

<b>DATE</b>	November 1, 2016
<b>TO</b>	Dental Board Members
<b>FROM</b>	Lusine M Sarkisyan, Legislative and Regulatory Analyst
<b>SUBJECT</b>	<b>AGENDA ITEM 17:</b> Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulation, Title 16, Section 1024.1 Relating to Institutional Educational Standards

### Background

During the August 2016 meeting, the Dental Board of California (Board) voted to include updating the institutional standards found in the California Code of Regulations (CCR), Title 16, Section 1024.1 as part of the regulatory rulemaking priorities for fiscal year 2016-2017.

Since 1975, educational standards have been established by the Commission on Dental Accreditation (CODA). Currently, CODA is the only agency to accredit dental and dentally-related education programs recognized by the United States Department of Education, and revised as knowledge, techniques, and technology affects the educational needs and goals of dental education and thus, the practice of dentistry in the United States. The Board accepts dental education programs that are accredited by the CODA as meeting the educational requirements for dental licensure in California.

Prior to 1985, the California Code of Regulations (CCR) Section 1024.1 was adopted and implemented in accordance with the CODA educational standards available during that time. Section 1024.1 of the CCR was last amended in 2001. Since 2001, the CODA educational standards have been amended at least ten times, which are not reflected in the Dental Practice Act. Recently, CODA standards were revised and as a result, the Board is seeking to amend CCR Section 1024.1 in order to maintain equivalency and consistency throughout all dental schools recognized in California.

As a result, Board staff has been working with Board Legal Counsel in order to draft regulatory language to bring forth to the Board amending CCR Section 1024.1. Attached is the proposed regulatory language for the Board's consideration relating to the institutional standards set forth in CCR Section 1024.1.

Action Requested:

Consider and possibly approve the proposed regulatory language relative to the institutional standards, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and authorize the Executive Officer to make any non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, authorize the Executive Officer to make any non-substantive changes to the proposed regulations before completing the rulemaking process, and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1024.1 as noticed in the proposed text.

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

**PROPOSED LANGUAGE**

**Amend Section 1024.1 of Division 10 of Title 16 of the California Code of Regulations to read:**

§ 1024.1. Institutional Standards.

(a) All dental schools seeking Board approval shall have institutional standards that are equivalent to the “Accreditation Standards for Dental Education Programs” (2016) published by the Commission on Dental Accreditation, which is hereby incorporated by reference

~~(a) Institutional Mission, Purposes, and Objectives.~~

~~(1) An institution shall have a clearly stated written purpose or mission statement that reflects the institution's goals and objectives, and that addresses teaching, patient care, research, and service to the community.~~

~~(2) The institution shall have a formal and ongoing outcomes assessment process, including measures of student achievement based on the institution's mission/purpose, goals and objectives.~~

~~(3) The institution shall have an ongoing planning process, which is broad-based and systematic, for the evaluation and improvement of educational quality.~~

~~(b) Educational Program (Admissions Policy).~~

~~The institution shall have and shall follow specific written criteria, policies, and administrative procedures for student admissions. The institution shall not admit any student who is obviously unqualified or who does not appear to have sufficient pre-professional education in basic sciences to complete the professional program.~~

~~(c) Educational Program (Curriculum).~~

~~(1) The curriculum shall include at least four academic years of instruction or its equivalent.~~

~~(2) The institution shall define the competencies needed for graduation, which shall be focused on educational outcomes.~~

~~(3) The institution's curriculum shall ensure an in-depth understanding of the biomedical principles, consisting of a core of information on the fundamental structures, functions, and interrelationships of the body system.~~

~~(4) The curriculum shall provide biomedical, behavioral, and clinical knowledge that is integrated and is of sufficient depth and scope for graduates to apply advances in modern biology to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care.~~

~~(5) The educational program shall be designed to ensure that graduates are at a minimum competent in:~~

~~(A) Behavioral sciences~~

~~(B) Practice management~~

~~(C) Ethics and professionalism~~

~~(D) Information management and critical thinking~~

~~(6) The educational program shall be designed to ensure that graduates are at a minimum competent in providing all of the following types of oral health care within the scope of general dentistry to all types of patients:~~

~~(A) Patient assessment and diagnosis~~

~~(B) Comprehensive treatment planning~~

~~(C) Health promotion and disease prevention~~

~~(D) Informed consent~~

~~(E) Anesthesia, sedation and pain and anxiety control~~

~~(F) Restoration of teeth~~

~~(G) Replacement of teeth~~

~~(H) Periodontal therapy~~

~~(I) Pulpal therapy~~

~~(J) Oral mucosal disorders~~

~~(K) Hard and soft tissue surgery~~

~~(L) Dental emergencies~~

~~(M) Malocclusion and space management~~

~~(N) Evaluation of the outcomes of treatment~~

~~(7) The institution shall provide to students, in advance of instruction, the goals and requirements of each course, nature of course content and methods of evaluation.~~

~~(8) The institution shall employ student evaluation methods that measure the defined competencies.~~

~~(9) The institution shall have a system of ongoing curriculum review and evaluation, including a curriculum management plan that assures evaluation of all courses relative to competency objectives, elimination of outdated, unnecessary material, and incorporation of emerging information.~~

~~(10) The institution shall ensure that students have adequate patient experiences to achieve the institution's stated goals and competencies within a reasonable time.~~

~~(d) Faculty and Staff.~~

~~(1) The institution shall employ qualified faculty sufficient in number to meet the institution's stated mission, purposes, and objectives.~~

~~(2) The institution shall have a form of governance that allows the faculty to participate in the institution's decision making process.~~

~~(3) The institution shall have a formal ongoing faculty development process.~~

~~(4) The institution shall have a defined process to objectively measure the performance of each faculty member in teaching, patient care, research, scholarship and service.~~

~~(5) When contracting for educational services, the institution shall maintain control of, and responsibility for, all academic matters, and shall assure that the instruction and faculty satisfy the standards established in this division.~~

~~(6) The faculty shall have sufficient expertise to support the institution's awarding of a degree in dentistry.~~

~~(7) The institution shall maintain records documenting that each faculty member is qualified to perform the duties to which the faculty member was assigned, including providing instruction, evaluating learning outcomes, and student projects.~~

~~(e) Resources (Plant and Facilities).~~

~~(1) The institution shall have sufficient facilities and necessary equipment to support the achievement of its mission, purpose, goals and objectives.~~

~~(2) The institution shall, as part of its curricula, require that students use available library and other learning resources.~~

~~(3) An institution shall have a library and other learning resources focused on dentistry and its related sciences in order to meet the teaching and research needs of the institution.~~

~~(4) The library shall be a learning center that is administered by a professionally qualified staff and that has an adequate budget.~~

~~(f) Patient Care Services.~~

~~(1) The institution shall have a formal system of quality assurance for its patient care program that includes all of the following:~~

~~(A) Standards of patient centered care with a focus on comprehensive care, including measurable assessment criteria;~~

~~(B) A process of ongoing review of patient records to assess appropriateness, necessity and quality of care provided;~~

~~(C) Mechanisms to determine causes of treatment deficiencies;~~

~~(D) Patient review policies, procedures, outcomes and corrective measures~~

~~(2) The institution shall ensure that student, faculty and support staff are proficient in basic life support and are able to manage medical emergencies.~~

~~(3) The institution shall have and enforce a mechanism to ensure adequate preclinical, clinical and laboratory asepsis, infection control, and disposal of infectious waste.~~

~~(4) The institution shall ensure the delivery of comprehensive patient care to individual patients.~~

~~(g) Research.~~

~~(1) The institution shall ensure that research is an integral component of its purpose, mission, goals and objectives and that the dental school faculty engage in research and other forms of scholarly activity.~~

~~(2) The institution shall also provide students with the opportunity to participate in these research activities in order to fulfill its purpose, mission, goals and objectives.~~

~~(h) Ownership and Management.~~

~~Each owner, corporate director, and chief executive officer, of an institution has the duty to act in the utmost good faith to expend or authorize the expenditure of the institution's assets and funds in a diligent and prudent manner to assure that students receive the education and student services which were represented to the students and which meet the requirements of this article.~~

~~(i) Administration.~~

~~(1) The institution shall employ administrative personnel who have the expertise to implement activities to achieve the institution's mission/purposes, goals and objectives and the operation of the educational programs.~~

~~(2) The duties and responsibilities for administrative personnel shall be set forth in a personnel manual or other writing maintained by the institution.~~

~~(3) An institution with one or more locations shall establish written institutional policies regarding the division and sharing of administrative responsibilities between the central administration at the main location and the administration of the other locations.~~

~~(4) The administrative staffing at each location shall reflect the purposes, size, and educational operations at that location.~~

~~(j) Catalog.~~

~~(1) The institution shall publish a current catalog either in printed or electronic format.~~

~~(2) The catalog shall contain all of the following:~~

~~(A) The specific beginning and ending dates defining the time period covered by the catalog.~~

~~(B) A statement of the institution's mission/purpose and the objectives underlying each of its educational programs.~~

~~(C) The institution's admissions policies.~~

~~(D) The institution's policies regarding the acceptance of units of credit earned by the student at other institutions or through challenge examinations and standardized tests.~~

~~(E) The curriculum for each year of the educational program in dentistry.~~

~~(F) A list of the courses offered and a brief description of each course.~~

~~(G) The institution's standards for student achievement.~~

~~(k) Student Records.~~

~~(1) The institution shall maintain a file for each student who enrolls in the institution whether or not the student completes the educational program.~~

~~(2) The file shall contain written records and transcripts of any formal education, training, or testing that are relevant to the student's qualifications for admission to the institution or the institution's award of credit or acceptance of transfer records~~

~~documenting units of credit earned at other institutions that have been accepted and applied by the institution as transfer credits toward the student's completion of an educational program~~

~~(3) The file shall contain records of the dates of enrollment and, if applicable, withdrawal from the institution, leaves of absence, and graduation.~~

~~(4) The transcript shall contain all of the following:~~

~~(A) The classes that were completed, or were attempted but not completed, and the dates of completion or withdrawal.~~

~~(B) The final grades or evaluations given to the student.~~

~~(C) Credit for courses earned at other institutions.~~

~~(D) Credit based on any examination of academic ability or educational achievement used for admission or college placement purposes.~~

~~(E) Degrees and diplomas awarded the student.~~

~~(F) Copies of any official advisory notices or warnings regarding the student's progress.~~

~~(G) Complaints received from the student.~~

~~(I) Maintenance of Records.~~

~~(1) An institution shall maintain all records required by this article that relate to the institution's compliance with this article for at least five years, except, however, that student transcripts shall be retained indefinitely. These records may be maintained in either printed form or on computer disk so long as they are available for inspection.~~

~~(2) Notwithstanding subsection (1) above, a record that is less than five years old may be stored on microfilm, microfiche, or any other method of record storage only if all of the following apply:~~

~~(A) The record may be stored without loss of information or legibility for the period within which the record is required to be maintained by this article.~~

~~(B) The institution maintains functioning devices that can immediately reproduce exact, legible printed copies of stored records. The devices shall be maintained in reasonably close proximity to the stored records.~~

~~(C) The institution has personnel scheduled to be present at all times during normal business hours who know how to operate the devices and can explain the operation of the devices to any person authorized by the board to inspect and copy records.~~



Note: Authority cited: Sections 1614 and 1636.4, Business and Professions Code.  
Reference: Sections 1614 and 1628, Business and Professions Code.

# **Commission on Dental Accreditation**

## **Accreditation Standards For Dental Education Programs**

# Accreditation Standards for Dental Education Programs

Commission on Dental Accreditation

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## Document Revision History

<b>Date</b>	<b>Item</b>	<b>Action</b>
August 6, 2010	Accreditation Standards for Dental Education Programs	Approved
February 1, 2012	Revised Compliance with Commission Policies section (Complaints)	Approved
February 3, 2012	Revision to Standard 2-23 e and 3-2	Approved Implemented
August 10, 2012	Revised Mission Statement	Approved Implemented
July 1, 2013	Accreditation Standards for Dental Education Programs	Implemented
July 1, 2013	Revision to Standard 2-23 e and 3-2	Implemented
August 9, 2013	Revised Policy on Accreditation of Off-Campus Sites	Approved Implemented
January 29, 2014	Revised Policy on Accreditation of Off-Campus Sites	Approved Implemented
January 30, 2014	Revision to Policy on Complaints (Anonymous)	Approved Implemented
February 2015	Revision to Standard 4-3 and 5-8	Approved Implemented
August 2015	Revision to Standard 4-6	Approved
February 5, 2016	Revised Accreditation Status Definitions	Approved Implemented
July 1, 2016	Revision to Standard 4-6	Implemented

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# **Mission Statement of the Commission on Dental Accreditation**

The Commission on Dental Accreditation serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.

Commission on Dental Accreditation  
Revised: October 2012

# Accreditation Status Definitions

## Programs Which Are Fully Operational

**APPROVAL (without reporting requirements):** An accreditation classification granted to an education program indicating that the program achieves or exceeds the basic requirements for accreditation.

**Approval (*with reporting requirements*):** An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program

Revised: 2/16; Reaffirmed: 8/10, 7/05; Revised: 1/99; 5/12 Adopted: 1/98

## Programs Which Are Not Fully Operational

The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “Initial Accreditation.”

**Initial Accreditation:** Initial Accreditation is the accreditation classification granted to any dental, advance dental or allied dental education program which is in the planning and early stages of development or an intermediate stage of program implementation and not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited educational program for the program for the specific occupational area. The classification “initial accreditation” is granted based upon one or more site evaluation visit(s) and until the program is fully operational.

# Introduction

## **Accreditation**

Accreditation is a non-governmental, voluntary peer review process by which educational institutions or programs may be granted public recognition for compliance with accepted standards of quality and performance. Specialized accrediting agencies exist to assess and verify educational quality in particular professions or occupations to ensure that individuals will be qualified to enter those disciplines. A specialized accrediting agency recognizes the course of instruction which comprises a unique set of skills and knowledge, develops the accreditation standards by which such educational programs are evaluated, conducts evaluation of programs, and publishes a list of accredited programs that meet the national accreditation standards. Accreditation standards are developed in consultation with those affected by the standards who represent the broad communities of interest.

## **The Commission on Dental Accreditation**

The Commission on Dental accreditation is the specialized accrediting agency recognized by the United States Department of Education to accredit programs that provide basic preparation for licensure or certification in dentistry and the related disciplines.

## **Standards**

Dental education programs leading to the D.D.S. or D.M.D. degree must meet the standards delineated in this document to achieve and maintain accreditation.

Standards 1 through 6 constitute *The Accreditation Standards for Dental Education* by which the Commission on Dental Accreditation and its consultants evaluate Dental Education Programs for accreditation purposes. This entire document also serves as a program development guide for institutions that wish to establish new programs or improve existing programs. Many of the goals related to the educational environment and the corresponding standards were influenced by the work of the American Dental Education Association Commission on Change and Innovation and by best practices in accreditation from other health professions.

The standards identify those aspects of program structure and operation that the Commission regards as essential to program quality and achievement of program goals. They specify the minimum acceptable requirements for programs and provide guidance regarding alternative and preferred methods of meeting standards.



Although the standards are comprehensive and applicable to all institutions that offer dental education programs, the Commission recognizes that methods of achieving standards may vary according to the mission, size, type and resources of sponsoring institutions. Innovation and experimentation with alternative ways of providing required training are encouraged, assuming standards are met and compliance can be demonstrated. The Commission recognizes the importance of academic freedom, and an institution is allowed considerable flexibility in structuring its educational program so that it can meet the *Standards*. No curriculum has enduring value, and a program will not be judged by conformity to a given type. The Commission also recognizes that schools organize their faculties in a variety of ways. Instruction necessary to achieve the prescribed levels of knowledge and skill may be provided by the educational unit(s) deemed most appropriate by each institution.

The Commission has an obligation to the public, the profession and prospective students to assure that accredited Dental Education Programs provide an identifiable and characteristic core of required education, training and experience.

### **Format of the Standards**

Each standard is numbered (e.g., 1-1, 1-2) and in bold print. Where appropriate, standards are accompanied by statements of intent that explain the rationale, meaning and significance of the standard. This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Commission.

# Goals

The assessment of quality in educational programs is the foundation for the *Standards*. In addition to the emphasis on quality education, the *Accreditation Standards for Dental Education Programs* are designed to meet the following goals:

1. to protect the public welfare;
2. to promote an educational environment that fosters innovation and continuous improvement;
3. to guide institutions in developing their academic programs;
4. to guide site visit teams in making judgments regarding the quality of the program and;
5. to provide students with reasonable assurance that the program is meeting its stated objectives.

Specific objectives of the current version of the Standards include:

- streamlining the accreditation process by including only standards critical to the evaluation of the quality of the educational program;
- increasing the focus on competency statements in curriculum-related standards; and
- emphasizing an educational environment and goals that foster critical thinking and prepare graduates to be life-long learners.

To sharpen its focus on the quality of dental education, the Commission on Dental Accreditation includes standards related to institutional effectiveness. Standard 1, “Institutional Effectiveness,” guides the self-study and preparation for the site visit away from a periodic approach by encouraging establishment of internal planning and assessment that is ongoing and continuous. Dental education programs are expected to demonstrate that planning and assessment are implemented at all levels of the academic and administrative enterprise. The *Standards* focus, where necessary, on institutional resources and processes, but primarily on the results of those processes and the use of those results for institutional improvement.

The following steps comprise a recommended approach to an assessment process designed to measure the quality and effectiveness of programs and units with educational, patient care, research and services missions. The assessment process should include:

1. establishing a clearly defined purpose/mission appropriate to dental education, patient care, research and service;
2. formulating goals consistent with the purpose/mission;
3. designing and implementing outcomes measures to determine the degree of achievement or progress toward stated goals;
4. acquiring feedback from internal and external groups to interpret the results and develop recommendations for improvement (viz., using a broad-based effort for program/unit assessment);
5. using the recommendations to improve the programs and units; and
6. re-evaluating the program or unit purpose and goals in light of the outcomes of this assessment process.

Implementation of this process will also enhance the credibility and accountability of educational programs.

It is anticipated that the *Accreditation Standards for Dental Education Programs* will strengthen the teaching, patient care, research and service missions of schools. These *Standards* are national in scope and represent the minimum requirements expected for a dental education program. However, the Commission encourages institutions to extend the scope of the curriculum to include content and instruction beyond the scope of the minimum requirements, consistent with the institution's own goals and objectives.

The foundation of these *Standards* is a competency-based model of education through which students acquire the level of competence needed to begin the unsupervised practice of general dentistry. Competency is a complex set of capacities including knowledge, experience, critical thinking, problem-solving, professionalism, personal integrity and procedural skills that are necessary to begin the independent and unsupervised practice of general dentistry. These components of competency become an integrated whole during the delivery of patient care. Professional competence is the habitual and judicious use of communication, knowledge, critical appraisal, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individuals and communities served. Accordingly, learning experiences help students blend the various dimensions of competency into an integrated performance for the benefit of the patient, while the assessment process focuses on measuring the student's overall capacity to function as an entry-level, beginning general dentist rather than measuring individual skills in isolation.

In these *Standards* the competencies for general dentistry are described broadly. The Commission expects each school to develop specific competency definitions and assessment methods in the context of the broad scope of general dental practice. These competencies must be reflective of an evidence-based definition of general dentistry. To assist dental schools in defining and implementing their competencies, the Commission strongly encourages the development of a formal liaison mechanism between the dental school and the practicing dental community.

The objectives of the Commission are based on the premise that an institution providing a dental educational program will strive continually to enhance the standards and quality of both scholarship and teaching. The Commission expects an educational institution offering such a program to conduct that program at a level consistent with the purposes and methods of higher education and to have academic excellence as its primary goal.

# Educational Environment

Among the factors that may influence predoctoral curricula are expectations of the parent institution, standing or emerging scientific evidence, new research foci, interfaces with specialty or other dental-related education programs, approaches to clinical education, and pedagogical philosophies and practices. In addition, the demographics of our society are changing, and the educational environment must reflect those changes. People are living longer with more complex health issues, and the dental profession will routinely be expected to provide care for these individuals. Each dental school must also have policies and practices to achieve an appropriate level of diversity among its students, faculty and staff. While diversity of curricula is a strength of dental education, the core principles below promote an environment conducive to change, innovation, and continuous improvement in educational programs. Application of these principles throughout the dental education program is essential to achieving quality.

## **Comprehensive, Patient-Centered Care**

The *Standards* reconfirm and emphasize the importance of educational processes and goals for comprehensive patient care and encourage patient-centered approaches in teaching and oral health care delivery. Administration, faculty, staff and students are expected to develop and implement definitions, practices, operations and evaluation methods so that patient-centered comprehensive care is the norm.

Institutional definitions and operations that support patient-centered care can have the following characteristics or practices:

1. ensure that patients' preferences and their social, economic, emotional, physical and cognitive circumstances are sensitively considered;
2. teamwork and cost-effective use of well-trained allied dental personnel are emphasized;
3. evaluations of practice patterns and the outcomes of care guide actions to improve both the quality and efficiency of care delivery; and
4. general dentists serve as role models for students to help them learn appropriate therapeutic strategies and how to refer patients who need advanced therapies beyond the scope of general dental practice.

### **Critical Thinking**

Critical thinking is foundational to teaching and deep learning in any subject. The components of critical thinking are: the application of logic and accepted intellectual standards to reasoning; the ability to access and evaluate evidence; the application of knowledge in clinical reasoning; and a disposition for inquiry that includes openness, self-assessment, curiosity, skepticism, and dialogue. In professional practice, critical thinking enables the dentist to recognize pertinent information, make appropriate decisions based on a deliberate and open-minded review of the available options, evaluate outcomes of diagnostic and therapeutic decisions, and assess his or her own performance. Accordingly, the dental educational program must develop students who are able to:

- Identify problems and formulate questions clearly and precisely;
- Gather and assess relevant information, weighing it against extant knowledge and ideas, to interpret information accurately and arrive at well-reasoned conclusions;
- Test emerging hypotheses against evidence, criteria, and standards;
- Show intellectual breadth by thinking with an open mind, recognizing and evaluating assumptions, implications, and consequences;
- Communicate effectively with others while reasoning through problems.

### **Self-Directed Learning**

The explosion of scientific knowledge makes it impossible for students to comprehend and retain all the information necessary for a lifetime of practice. Faculty must serve as role models demonstrating that they understand and value scientific discovery and life-long learning in their daily interactions with students, patients and colleagues. Educational programs must depart from teacher-centered and discipline-focused pedagogy to enable and support the students' evolution as independent learners actively engaged in their curricula using strategies that foster integrated approaches to learning. Curricula must be contemporary, appropriately complex and must encourage students to take responsibility for their learning by helping them learn how to learn.

### **Humanistic Environment**

Dental schools are societies of learners, where graduates are prepared to join a learned and a scholarly society of oral health professionals. A humanistic pedagogy inculcates respect, tolerance, understanding, and concern for others and is fostered by mentoring, advising and small group interaction. A dental school environment characterized by respectful professional relationships between and among faculty and students establishes a context for the development of interpersonal skills necessary for learning, for patient care, and for making meaningful contributions to the profession.

## **Scientific Discovery and the Integration of Knowledge**

The interrelationship between the basic, behavioral, and clinical sciences is a conceptual cornerstone to clinical competence. Learning must occur in the context of real health care problems rather than within singular content-specific disciplines. Learning objectives that cut across traditional disciplines and correlate with the expected competencies of graduates enhance curriculum design. Beyond the acquisition of scientific knowledge at a particular point in time, the capacity to think scientifically and to apply the scientific method is critical if students are to analyze and solve oral health problems, understand research, and practice evidence-based dentistry.

## **Evidence-based Care**

Evidence-based dentistry (EBD) is an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.<sup>1</sup> EBD uses thorough, unbiased systematic reviews and critical appraisal of the best available scientific evidence in combination with clinical and patient factors to make informed decisions about appropriate health care for specific clinical circumstances. Curricular content and learning experiences must incorporate the principles of evidence-based inquiry, and involve faculty who practice EBD and model critical appraisal for students during the process of patient care. As scholars, faculty contribute to the body of evidence supporting oral health care strategies by conducting research and guiding students in learning and practicing critical appraisal of research evidence.

## **Assessment**

Dental education programs must conduct regular assessments of students' learning throughout their educational experiences. Such assessment not only focuses on whether the student has achieved the competencies necessary to advance professionally (summative assessment), but also assists learners in developing the knowledge, skills, attitudes, and values considered important at their stage of learning (formative assessment). In an environment that emphasizes critical thinking and humanistic values, it is essential for students to develop the capacity to self-assess. Self-assessment is indicative of the extent to which students take responsibility for their own learning. To improve curricula, assessment involves a dialogue between and among faculty, students, and administrators that is grounded in the scholarship of teaching and learning. Data from program outcomes, assessment of student learning, and feedback from students and faculty can be used in a process that actively engages both students and faculty.

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<sup>1</sup> American Dental Association, <http://www.ada.org/prof/resources/positions/statements/evidencebased.asp>. Accessed Oct 25, 2006.

### **Application of Technology**

Technology enables dental education programs to improve patient care, and to revolutionize all aspects of the curriculum, from didactic courses to clinical instruction. Contemporary dental education programs regularly assess their use of technology and explore new applications of technological advances to enhance student learning and to assist faculty as facilitators of learning and designers of learning environments. Use of technology must include systems and processes to safeguard the quality of patient care and ensure the integrity of student performance. Technology has the potential to reduce expenses for teaching and learning and help to alleviate increasing demands on faculty and student time. Use of technology in dental education programs can support learning in different ways, including self-directed, distance and asynchronous learning.

### **Faculty Development**

Faculty development is a necessary condition for change and innovation in dental education. The environment of higher education is changing dramatically, and with it health professions education. Dental education programs can re-examine the relationship between what faculty do and how students learn to change from the sage authority who imparts information to a facilitator of learning and designer of learning experiences that place students in positions to learn by doing. Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.

### **Collaboration with other Health Care Professionals**

Access to health care and changing demographics are driving a new vision of the health care workforce. Dental curricula can change to develop a new type of dentist, providing opportunities early in their educational experiences to engage allied colleagues and other health care professionals. Enhancing the public's access to oral health care and the connection of oral health to general health form a nexus that links oral health care providers to colleagues in other health professions. Health care professionals educated to deliver patient-centered care as members of an interdisciplinary team present a challenge for educational programs. Patient care by all team members will emphasize evidence-based practice, quality improvement approaches, the application of technology and emerging information, and outcomes assessment. Dental education programs are to seek and take advantage of opportunities to educate dental school graduates who will assume new roles in safeguarding, promoting, and caring for the health care needs of the public.



**Diversity**

Diversity in education is essential to academic excellence. A significant amount of learning occurs through informal interactions among individuals who are of different races, ethnicities, religions, and backgrounds; come from cities, rural areas and from various geographic regions; and have a wide variety of interests, talents, and perspectives. These interactions allow students to directly and indirectly learn from their differences, and to stimulate one another to reexamine even their most deeply held assumptions about themselves and their world. Cultural competence cannot be effectively acquired in a relatively homogeneous environment. Programs must create an environment that ensures an in-depth exchange of ideas and beliefs across gender, racial, ethnic, cultural and socioeconomic lines.

**Summary**

These principles create an environmental framework intended to foster educational quality and innovation in ways that are unique to the mission, strengths, and resources of each dental school. The Commission believes that implementation of the guidance incorporated in this document will ensure that dental education programs develop graduates who have the capacity for life-long and self-directed learning and are capable of providing evidence-based care to meet the needs their patients and of society.

# Definition of Terms Used in Accreditation Standards for Dental Education Programs

**Community-based experience:** Refers to opportunities for dental students to provide patient care in community-based clinics or private practices. Community-based experiences are not intended to be synonymous with community service activities where dental students might go to schools to teach preventive techniques or where dental students help build homes for needy families.

**Comprehensive patient care:** The system of patient care in which individual students or providers, examine and evaluate patients; develop and prescribe a treatment plan; perform the majority of care required, including care in several disciplines of dentistry; refer patients to recognized dental specialists as appropriate; and assume responsibility for ensuring through appropriate controls and monitoring that the patient has received total oral care.

**Competencies:** Written statements describing the levels of knowledge, skills and values expected of graduates.

**Competent:** The levels of knowledge, skills and values required by the new graduates to begin independent, unsupervised dental practice.

**Cultural competence:** Having the ability to provide care to patients with diverse backgrounds, values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs. Cultural competence training includes the development of a skill set for more effective provider-patient communication and stresses the importance of providers' understanding the relationship between diversity of culture, values, beliefs, behavior and language and the needs of patients.

**Dimensions of Diversity:** The dimensions of diversity include: structural, curriculum and institutional climate.

**Structural:** Structural diversity, also referred to as compositional diversity, focuses on the numerical distribution of students, faculty and staff from diverse backgrounds in a program or institution.

**Curriculum:** Curriculum diversity, also referred to as classroom diversity, covers both the diversity-related curricular content that promote shared learning and the integration of skills, insights, and experiences of diverse groups in all academic settings, including distance learning.

**Institutional Climate:** Institutional climate, also referred to as interactional diversity, focuses on the general environment created in programs and institutions that support diversity as a core value and provide opportunities for informal learning among diverse peers.

**Evidence-based dentistry (EBD):** An approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient's oral and medical condition and history, with the dentist's clinical expertise and the patient's treatment needs and preferences.

**Examples of evidence to demonstrate compliance include:** Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

**Must:** Indicates an imperative need or a duty; an essential or indispensable item; mandatory.

**In-depth:** A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding (highest level of knowledge).

**Instruction:** Describes any teaching, lesson, rule or precept; details of procedure; directives.

**Intent:** Intent statements are presented to provide clarification to dental education programs in the application of and in connection with compliance with the *Accreditation Standards for Dental Education Programs*. The statements of intent set forth some of the reasons and purposes for the particular Standards. As such, these statements are not exclusive or exhaustive. Other purposes may apply.

**Patients with special needs:** Those patients whose medical, physical, psychological, cognitive or social situations make it necessary to consider a wide range of assessment and care options in order to provide dental treatment. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly.

**Predoctoral:** Denotes training leading to the DDS or DMD degree.

**Quality assurance:** A cycle of PLAN, DO, CHECK, ACT that involves setting goals, determining outcomes, and collecting data in an ongoing and systematic manner to measure attainment of goals and outcomes. The final step in quality assurance involves identification and implementation of corrective measures designed to strengthen the program.

**Service learning:** A structured experience with specific learning objectives that combines community service with academic preparation. Students engaged in service learning learn about their roles as dental professions through provision of patient care and related services in response to community-based problems.

**Should:** Indicates an expectation.

**Standard:** Offers a rule or basis of comparison established in measuring or judging capacity, quantity, quality, content and value; criterion used as a model or pattern.

# Accreditation Standards for Dental Education Programs

## STANDARD 1-INSTITUTIONAL EFFECTIVENESS

- 1-1** The dental school **must** develop a clearly stated purpose/mission statement appropriate to dental education, addressing teaching, patient care, research and service.

**Intent:**

*A clearly defined purpose and a mission statement that is concise and communicated to faculty, staff, students, patients and other communities of interest is helpful in clarifying the purpose of the institution.*

- 1-2** Ongoing planning for, assessment of and improvement of educational quality and program effectiveness at the dental school **must** be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.

**Intent:**

*Assessment, planning, implementation and evaluation of the educational quality of a dental education program that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students. The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of general dentistry.*

- 1-3** The dental education program **must** have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.

**Intent:**

*The dental education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.*

**Examples of evidence to demonstrate compliance may include:**

- Established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available
- Student, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities
- Focus groups and/or surveys directed towards gathering information on student, faculty, patient, and alumni perceptions of the cultural environment

- 1-4** The dental school **must** have policies and practices to:
- a. achieve appropriate levels of diversity among its students, faculty and staff;
  - b. engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and
  - c. systematically evaluate comprehensive strategies to improve the institutional climate for diversity.

**Intent:**

*The dental school should develop strategies to address the dimensions of diversity including, structure, curriculum and institutional climate. The dental school should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Schools could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Schools should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.*

- 1-5** The financial resources **must** be sufficient to support the dental school's stated purpose/mission, goals and objectives.

**Intent:**

*The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment; procure supplies, reference material and teaching aids as reflected in annual operating budget. Financial resources should ensure that the program will be in a position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.*

- 1-6** The sponsoring institution **must** ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

**Examples of evidence to demonstrate compliance may include:**

- Written agreement(s)
- Contracts between the institution/ program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)

- 1-7** The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters **must** rest within the sponsoring institution.

- 1-8** The dental school **must** be a component of a higher education institution that is accredited by a regional accrediting agency.

- 1-9** The dental school **must** show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.

## STANDARD 2-EDUCATIONAL PROGRAM

### Instruction

- 2-1 In advance of each course or other unit of instruction, students **must** be provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined.
- 2-2 If students do not meet the didactic, behavioral and/or clinical criteria as published and distributed, individual evaluations **must** be performed that lead to an appropriate decision in accordance with institutional due process policies.

### Curriculum Management

- 2-3 The curriculum **must** include at least four academic years of instruction or its equivalent.
- 2-4 The stated goals of the dental education program **must** be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of general dentistry.



- 2-5 The dental education program **must** employ student evaluation methods that measure its defined competencies.

**Intent:**

*Assessment of student performance should measure not only retention of factual knowledge, but also the development of skills, behaviors, and attitudes needed for subsequent education and practice. The education program should assess problem solving, clinical reasoning, professionalism, ethical decision-making and communication skills. The evaluation of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills but also assess the process and procedures which will be necessary for entry level practice.*

**Examples of evidence to demonstrate compliance may include:**

- Narrative descriptions of student performance and professionalism in courses where teacher-student interactions permit this type of assessment
- Objective structured clinical examination (OSCE)
- Clinical skills testing

- 2-6 Biomedical, behavioral and clinical science instruction **must** be integrated and of sufficient depth, scope, timeliness, quality and emphasis to ensure achievement of the curriculum's defined competencies.

- 2-7 The dental school **must** have a curriculum management plan that ensures:
- a. an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
  - b. evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;
  - c. elimination of unwarranted repetition, outdated material, and unnecessary material;
  - d. incorporation of emerging information and achievement of appropriate sequencing.

- 2-8 The dental school **must** ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.

## Critical Thinking

- 2- 9** Graduates **must** be competent in the use of critical thinking and problem-solving, including their use in the comprehensive care of patients, scientific inquiry and research methodology.

**Intent:**

*Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills*

**Examples of evidence to demonstrate compliance may include:**

- Explicit discussion of the meaning, importance, and application of critical thinking
- Use of questions by instructors that require students to analyze problem etiology, compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes
- Prospective simulations in which students perform decision-making
- Retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance
- Writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made
- Asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards
- Demonstration of the use of active learning methods, such as case analysis and discussion, critical appraisal of scientific evidence in combination with clinical application and patient factors, and structured sessions in which faculty and students reason aloud about patient care

## Self-Assessment

- 2-10** Graduates **must** demonstrate the ability to self-assess, including the development of professional competencies and the demonstration of professional values and capacities associated with self-directed, lifelong learning.

### **Intent:**

*Educational program should prepare students to assume responsibility for their own learning. The education program should teach students how to learn and apply evolving and new knowledge over a complete career as a health care professional. Lifelong learning skills include student assessment of learning needs.*

### **Examples of evidence to demonstrate compliance may include:**

- Students routinely assess their own progress toward overall competency and individual competencies as they progress through the curriculum
- Students identify learning needs and create personal learning plans
- Students participate in the education of others, including fellow students, patients, and other health care professionals, that involves critique and feedback

## Biomedical Sciences

- 2-11** Biomedical science instruction in dental education **must** ensure an in-depth understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems.
- 2-12** The biomedical knowledge base **must** emphasize the oro-facial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.
- 2-13** In-depth information on abnormal biological conditions **must** be provided to support a high level of understanding of the etiology, epidemiology, differential diagnosis, pathogenesis, prevention, treatment and prognosis of oral and oral-related disorders.

- 2-14** Graduates **must** be competent in the application of biomedical science knowledge in the delivery of patient care.

**Intent:**

*Biological science knowledge should be of sufficient depth and scope for graduates to apply advances in modern biology to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care.*

### **Behavioral Sciences**

- 2-15** Graduates **must** be competent in the application of the fundamental principles of behavioral sciences as they pertain to patient-centered approaches for promoting, improving and maintaining oral health.
- 2-16** Graduates **must** be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.

**Intent:**

*Students should learn about factors and practices associated with disparities in health status among subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental education in:*

- *basic principles of culturally competent health care;*
- *recognition of health care disparities and the development of solutions;*
- *the importance of meeting the health care needs of dentally underserved populations, and;*
- *the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.*

## Practice Management and Health Care Systems

- 2-17** Graduates **must** be competent in applying legal and regulatory concepts related to the provision and/or support of oral health care services.
- 2-18** Graduates **must** be competent in applying the basic principles and philosophies of practice management, models of oral health care delivery, and how to function successfully as the leader of the oral health care team.
- 2-19** Graduates **must** be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

### **Intent:**

*Students should understand the roles of members of the health care team and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they coordinate patient care within the health care system relevant to dentistry.*

## Ethics and Professionalism

- 2-20** Graduates **must** be competent in the application of the principles of ethical decision making and professional responsibility.

### **Intent:**

*Graduates should know how to draw on a range of resources, among which are professional codes, regulatory law, and ethical theories. These resources should pertain to the academic environment, patient care, practice management and research. They should guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.*

## Clinical Sciences

- 2-21** Graduates **must** be competent to access, critically appraise, apply, and communicate scientific and lay literature as it relates to providing evidence-based patient care.

**Intent:**

*The education program should introduce students to the basic principles of clinical and translational research, including how such research is conducted, evaluated, applied, and explained to patients.*

- 2-22** Graduates **must** be competent in providing oral health care within the scope of general dentistry to patients in all stages of life.

- 2-23** At a minimum, graduates **must** be competent in providing oral health care within the scope of general dentistry, as defined by the school, including:
- a. patient assessment, diagnosis, comprehensive treatment planning, prognosis, and informed consent;
  - b. screening and risk assessment for head and neck cancer;
  - c. recognizing the complexity of patient treatment and identifying when referral is indicated;
  - d. health promotion and disease prevention;
  - e. local anesthesia, and pain and anxiety control;
  - f. restoration of teeth;
  - g. communicating and managing dental laboratory procedures in support of patient care;
  - h. replacement of teeth including fixed, removable and dental implant prosthodontic therapies;
  - i. periodontal therapy;
  - j. pulpal therapy;
  - k. oral mucosal and osseous disorders;
  - l. hard and soft tissue surgery;
  - m. dental emergencies;
  - n. malocclusion and space management; and
  - o. evaluation of the outcomes of treatment, recall strategies, and prognosis.

**Intent:**

*Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dentistry, independently, at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school's goals, resources, accepted general practitioner responsibilities and other influencing factors. The comprehensive care experiences provided for patients by students should be adequate to ensure competency in all components of general dentistry practice. Programs should assess overall competency, not simply individual competencies in order to measure the graduate's readiness to enter the practice of general dentistry.*

- 2-24** Graduates **must** be competent in assessing the treatment needs of patients with special needs.

**Intent:**

*An appropriate patient pool should be available to provide experiences that may include patients whose medical, physical, psychological, or social situations make it necessary to consider a wide range of assessment and care options. The assessment should emphasize the importance of non-dental considerations. These individuals include, but are not limited to, people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and the vulnerable elderly. Clinical instruction and experience with the patients with special needs should include instruction in proper communication techniques and assessing the treatment needs compatible with the special need.*

- 2-25** Dental education programs **must** make available opportunities and encourage students to engage in service learning experiences and/or community-based learning experiences.

**Intent:**

*Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.*



## STANDARD 3- FACULTY AND STAFF

**3-1** The number and distribution of faculty and staff **must** be sufficient to meet the dental school's stated purpose/mission, goals and objectives.

**3-2** The dental school **must** show evidence of an ongoing faculty development process.

**Intent:**

*Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession*

**Examples of evidence to demonstrate compliance may include:**

- Participation in development activities related to teaching and learning
- Attendance at regional and national meetings that address education
- Mentored experiences for new faculty
- Scholarly productivity
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural Competency
- Ability to work with students of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum

**3-3** Faculty **must** be ensured a form of governance that allows participation in the school's decision-making processes.

**3-4** A defined evaluation process **must** exist that ensures objective measurement of the performance of each faculty member in teaching, patient care, scholarship and service.

**3-5** The dental school **must** have a stated process for promotion and tenure (where tenure exists) that is clearly communicated to the faculty.

## STANDARD 4-EDUCATIONAL SUPPORT SERVICES

### Admissions

- 4-1** Specific written criteria, policies and procedures **must** be followed when admitting predoctoral students.
- 4-2** Admission of students with advanced standing **must** be based on the same standards of achievement required by students regularly enrolled in the program.
- 4-3** Students with advanced standing **must** receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the program.

***Intent:** Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant's past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program's approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.*

#### **Examples of evidence to demonstrate compliance may include:**

- Policies and procedures on advanced standing
  - Results of appropriate qualifying examinations
  - Course equivalency or other measures to demonstrate equal scope and level of knowledge
- 4-4** Admission policies and procedures **must** be designed to include recruitment and admission of a diverse student population.

#### **Intent 4-1 to 4-4:**

*The dental education curriculum is a scientifically oriented program which is rigorous and intensive. Admissions criteria and procedures should ensure the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate*

*institutional personnel, should establish admissions procedures that are non-discriminatory and ensure the quality of the program.*

### **Facilities and Resources**

- 4-5** The dental school **must** provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the dental school and which are in conformance with applicable regulations.

### **Student Services**

- 4-6** Student services **must** include the following:
- a. personal, academic and career counseling of students;
  - b. assuring student participation on appropriate committees;
  - c. providing appropriate information about the availability of financial aid and health services;
  - d. developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;
  - e. student advocacy;
  - f. maintenance of the integrity of student performance and evaluation records; and
  - g. Instruction on personal debt management and financial planning.

**Intent:**

*All policies and procedures should protect the students and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect the work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.*

### **Student Financial Aid**

- 4-7** At the time of acceptance, students **must** be advised of the total expected cost of their dental education.

**Intent:**

*Financial information should include estimates of living expenses and educational fees, an analysis of financial need, and the availability of financial aid.*

- 4-8** The institution **must** be in compliance with all federal and state regulations relating to student financial aid and student privacy.

### **Health Services**

- 4-9** The dental school **must** advise prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental studies.
- 4-10** There **must** be a mechanism for ready access to health care for students while they are enrolled in dental school.
- 4-11** Students **must** be encouraged to be immunized against infectious diseases, such as mumps, measles, rubella, and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk of infection to patients, dental personnel, and themselves.

## STANDARD 5- PATIENT CARE SERVICES

- 5-1** The dental school **must** have a published policy addressing the meaning of and commitment to patient-centered care and distribute the written policy to each student, faculty, staff, and patient.

**Intent:**

*A written statement of patient rights should include:*

- *considerate, respectful and confidential treatment;*
- *continuity and completion of treatment;*
- *access to complete and current information about his/her condition;*
- *advance knowledge of the cost of treatment;*
- *informed consent;*
- *explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;*
- *treatment that meets the standard of care in the profession.*

- 5-2** Patient care **must** be evidenced-based, integrating the best research evidence and patient values.

**Intent:**

*The dental school should use evidence to evaluate new technology and products and to guide diagnosis and treatment decisions.*

- 5-3** The dental school **must** conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:
- a. standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
  - b. an ongoing review and analysis of compliance with the defined standards of care;
  - c. an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
  - d. mechanisms to determine the cause(s) of treatment deficiencies; and
  - e. implementation of corrective measures as appropriate.

**Intent:**

*Dental education programs should create and maintain databases for monitoring and improving patient care and serving as a resource for research and evidence-based practice.*

- 5-4** The use of quantitative criteria for student advancement and graduation **must** not compromise the delivery of comprehensive patient care.
- 5-5** The dental school **must** ensure that active patients have access to professional services at all times for the management of dental emergencies.
- 5-6** All students, faculty and support staff involved in the direct provision of patient care **must** be continuously certified in basic life support (B.L.S.), including cardiopulmonary resuscitation, and be able to manage common medical emergencies.
- 5-7** Written policies and procedures **must** be in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current, accepted dental practice.
- 5-8** The dental school **must** establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste, consistent with accepted dental practice.
- 5-9** The school's policies and procedures **must** ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.

## STANDARD 6- RESEARCH PROGRAM

- 6-1** Research, the process of scientific inquiry involved in the development and dissemination of new knowledge, **must** be an integral component of the purpose/mission, goals and objectives of the dental school.
- 6-2** The dental school faculty, as appropriate to meet the school's purpose/mission, goals and objectives, **must** engage in research or other forms of scholarly activity.
- 6-3** Dental education programs **must** provide opportunities, encourage, and support student participation in research and other scholarly activities mentored by faculty.

**Intent:**

*The dental education program should provide students with opportunities to experience research including, but not limited to, biomedical, translational, educational, epidemiologic and clinical research. Such activities should align with clearly defined research mission and goals of the institution. The dental education program should introduce students to the principles of research and provide elective opportunities beyond basic introduction, including how such research is conducted and evaluated, and where appropriate, conveyed to patients and other practitioners, and applied in clinical settings.*



## MEMORANDUM

<b>DATE</b>	November 15, 2016
<b>TO</b>	Dental Board Members
<b>FROM</b>	Sarah E. Wallace, Assistant Executive Officer
<b>SUBJECT</b>	<b>AGENDA ITEM 18:</b> Prescription Drug Abuse Committee Report

The Chair of the Prescription Drug Abuse Committee will provide a verbal report. The Board may take action on any items listed on the December 1, 2016 Prescription Drug Abuse Committee Agenda.





## MEMORANDUM

<b>DATE</b>	December 2, 2016
<b>TO</b>	Dental Board of California Members
<b>FROM</b>	Karen Fischer, Executive Officer
<b>SUBJECT</b>	<b>Agenda Item 19:</b> Discussion and Possible Action Regarding an Appointment to the Dental Assisting Council

### Background

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

In March 2016, the initial term of one of the members of the Dental Assisting Council expired. Therefore, the Board recruited from qualified registered dental assistants in extended functions (RDAEFs) to fill this vacancy.

A subcommittee of the Board (Whitcher/Forsythe) reviewed the applications and interviewed candidates by telephone. Their recommendation will be presented to the full Board for consideration at the December meeting.

The Board will consider the following qualifications in accordance with Business & Professions Code, Section 1742 when considering the Subcommittee's recommendations and its appointment to the Council.

### **SECTION 1742 QUALIFICATION REQUIREMENTS FOR THIS VACANCY:**

Applicants must meet the following minimum requirements to be eligible for appointment:

The candidate is required to have possessed a current and active RDAEF license for at least the prior five years; and be employed clinically in a private dental practice or public safety net or dental health care clinic, and shall have been so employed for at least the prior five years. The candidate shall not be employed by a current member of the Dental Board, shall not have served on the Dental Assisting Forum and shall not have any financial interest in any Registered Dental Assistant school. Please refer to the application for any additional qualification requirements.

Each member shall comply with conflict of interest requirements that apply to Dental Board members. Such requirements include prohibitions against members making, participating in making or in any way attempting to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any council member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. (Gov. Code, § 87100.)

All final candidate qualifications and applications for Board-appointed council members shall be made available in the published Board materials with final candidate selection conducted during the normal business of the Board during public meetings.

**TERM OF OFFICE:**

Since this position has been vacant since March 2016, if an appointment is made, the new member will take office in 2017 and therefore the term of office will be three years.

Six applications were received. Two of the six applicants were ineligible because they had not met the requirement of holding an RDAEF license for five years. The four remaining applicants to be considered for appointment to the Dental Assisting Council by the Board are as follows:

Andrada, Kathleen  
Lua, Teresa  
Padilla, Lina  
Rodriguez, Jennifer

Their applications are attached.

Action Requested

To accept or reject the subcommittee's recommendation for an appointment to the Dental Assisting Council.

**KATHLEEN ANDRADA**

## **COVER LETTER**

My name is Kathleen M. Andrada. I have been a Registered Dental Assistant for 36 years, and an extended functions assistant for the past 20 years. I've been fortunate in my career to have worked for good quality dentists. I'm an advocate for good dentistry. I'm also a big advocate for patient education. Dentistry has changed tremendously throughout the years, and I'm sad to say I don't see those good quality dentists as prevalent as I see the clinic practices. I want to be part of changes that could be made to bring back good quality dentistry, and to make things better for patients and staff. I'm very motivated to be a part of something that makes a difference. I feel that serving as a member of the council is the first step toward making a difference.



Postmarked 3/29/16

**APPLICATION FOR APPOINTMENT TO THE  
DENTAL ASSISTING COUNCIL**

APR 04 2016

DENTAL BOARD  
OF CALIFORNIA

**PLEASE PRINT**

NAME KATHLEEN M ANDRADA  
ADDRESS\* ESCONDIDO, CA 92029  
PHONE NOS. (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
California License Type and Number: RDAEF 165 Expiration date: 5-29-16

*\* By law, all final candidate applications must be made available to the public in the published board materials. Applicants may provide alternate addresses or addresses of record in lieu of residential addresses. Phone numbers will be redacted prior to publication in Board meeting materials to protect an applicant's privacy.*

**PLEASE READ THIS APPLICATION IN ITS ENTIRETY.**

**COUNCIL COMPOSITION:** The Dental Assisting Council is a seven member council created pursuant to Section 1742 of the Business and Professions Code. The members of the Council are appointed by the Board and shall include the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants.

**RESPONSIBILITIES:** The Council is to consider all matters relating to dental assistants in California and will make appropriate recommendations to the Board and the standing committees of the Board including, but not limited to, the following areas:

- Requirements for dental assistant examination, licensure, permitting, and renewal.
- Standards and criteria for approval of dental assisting educational programs, courses, and continuing education.
- Allowable dental assistant duties, settings, and supervision levels.
- Appropriate standards of conduct and enforcement for dental assistants.
- Requirements regarding infection control.

**QUALIFICATIONS:**

This recruitment is specifically for a registered dental assistant in extended functions that is employed clinically in private dental practice or public safety net or dental health care clinic and has possessed a current and active registered dental assistant in extended functions license for at least five years, and is not be employed by a current member of the Board.

No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. Each member shall comply with conflict of interest requirements that apply to Dental Board members. Such requirements include prohibitions against members making, participating in making or in any way attempting to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any council member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. (Gov. Code, § 87100.)

All final candidate qualifications and applications for Board-appointed council members shall be made available in the published Board materials with final candidate selection conducted during the normal business of the Board during public meetings.

**TERM OF OFFICE:** Each member shall serve not more than two four year terms.

**TRAVEL:** The Council will meet approximately four times per year in conjunction with other board committees, and at other times as deemed necessary. Expenses incurred in the performance of official duties are reimbursed by the Dental Board of California in accordance with the Pocket Travel Guide published by the Office of Administrative Services, Accounts Payable Unit of the Department of Consumer Affairs. Council members receive \$100 for each day actually spent in the discharge of official duties, as determined by the Board (Business and Professions Code section 103).

**OTHER TIME COMMITMENTS:** Council members shall be required to participate in Ethics Orientation, Sexual Harassment Prevention Training and Board Member Orientation Training, and prepare and submit a financial disclosure statement that is filed with the Fair Political Practices Committee entitled "Form 700, Statement of Economic Interests."

**In order to assist the Board in determining eligibility for appointment to the Council, please answer the following questions:**

1. Have you received a recommendation from any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state? If so please, please indicate which organization in the space below and provide a copy of such recommendation with this application.

No

2. Have you been a faculty member of a registered dental assisting educational program approved by the Board for the past 5 years? If so, please provide the name and address of the program and dates of employment in the space below.

I WORKED WITH THE BOARD AS AN EXPERT 7-24-15

3. Are you currently employed in a clinical position in a private practice, public safety net clinic, or dental health care clinic? If so, please provide the name and address of the facility by which you are employed in the space below.

SAN DIEGO DENTAL PERSONNEL SERVICE  
5260 JACKSON DRIVE #212  
LA MESA, CA. 91942

4. Have you maintained a current and active RDA or RDAEF license for the past 5 years?

Yes  No

5. Are you employed by a current member of the Dental Board?

Yes  No

6. Have you served on the Dental Assisting Forum?

Yes  No

7. Do you have a financial interest in any registered dental assisting school?

Yes  No

If yes, please indicate the name of the school in the space below and describe the nature of the financial interest (attach additional sheets if necessary).

8. Are you willing to comply with conflict of interest requirements that apply to board members? Yes  No

In a cover letter, please write a brief statement indicating why you wish to serve as a member of the Council.

Employment references, not to exceed three (3), will be accepted but are not required.

A phone interview may be conducted as part of the application process.

#### Notice on Collection of Personal Information

**Collection and Use of Personal Information.** The Dental Board of California collects the information requested on this form as authorized by Business and Professions Code Section 1742. The Board uses this information to evaluate applicants for appointment to the Dental Assisting Council of the Dental Board of California.

**Providing Personal Information Is Voluntary.** You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your address, home telephone number, or employment experience, you may do so. In that case, however, the Board may not be able to communicate with you regarding your qualifications for appointment or to consider your eligibility for appointment to the Council.

**Access to Your Information.** You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act (Civ. Code, §§1798 et seq.). See below for contact information.

**Possible Disclosure of Personal Information.**

We make every effort to protect the personal information you provide us. In order to evaluate and verify your application information, however, we may need to share the information you give us with businesses or organizations you have referenced in your application.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant; or,
- In Board meeting materials, if selected as a final candidate for appointment (Bus. & Prof. Code, § 1742(c)).

**Contact Information.** For questions about this application, the Department's privacy policy, or access to your records, you may contact the Board's Executive Officer at the address and telephone number listed below.

I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT IF I AM SELECTED FOR APPOINTMENT I MUST EXECUTE AN OATH OF OFFICE AND WILL BE REQUIRED TO ABIDE BY THE LAWS AND RULES APPLICABLE TO OFFICERS OF THE STATE OF CALIFORNIA.

Signature

*Kathleen M. Anderson*

Date

*3-28-16*

**SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES  
BY MARCH 30, 2016 TO:**

Karen M. Fischer, MPA, Executive Officer  
Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300



TERESA LUI

Teresa Lua

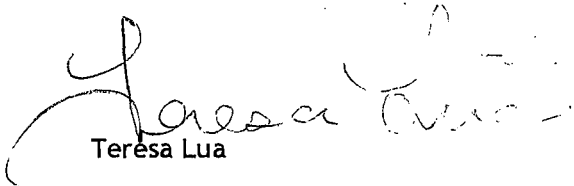
March 15, 2016

Dental Board of California:

I am currently a Rdaef In clinical practice for the past 30 year I have been a dental assisting since 1983. Every since then I have seen positive and negative changes dental assisting. I started my career with the ROP and continued up the career ladder which will help in decision making.

Being on the Dental assisting council has made me more aware of issues that surround Dental assisting. I looking forward to work on the changes that we are currently facing .

Sincerely,



Teresa Lua



**RECEIVED**

**MAR 18 2016**

**DENTAL BOARD  
OF CALIFORNIA**

**APPLICATION FOR APPOINTMENT TO THE  
DENTAL ASSISTING COUNCIL**

**RECEIVED**

**DENTAL BOARD  
OF CALIFORNIA**

**PLEASE PRINT**

NAME Teresa Lua

ADDRESS\* \_\_\_\_\_

PHONE NOS. (work) \_\_\_\_\_

(home) \_\_\_\_\_

(cell) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

California License Type and Number: rdaf422

Expiration date: 5/2017

*\* By law, all final candidate applications must be made available to the public in the published board materials. Applicants may provide alternate addresses or addresses of record in lieu of residential addresses. Phone numbers will be redacted prior to publication in Board meeting materials to protect an applicant's privacy.*

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- Requirements regarding infection control.

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**OTHER TIME COMMITMENTS:** Council members shall be required to participate in Ethics Orientation, Sexual Harassment Prevention Training and Board Member Orientation Training, and prepare and submit a financial disclosure statement that is filed with the Fair Political Practices Committee entitled "Form 700, Statement of Economic Interests."

**In order to assist the Board in determining eligibility for appointment to the Council, please answer the following questions:**

1. Have you received a recommendation from any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state? If so please, please indicate which organization in the space below and provide a copy of such recommendation with this application.

n/a

2. Have you been a faculty member of a registered dental assisting educational program approved by the Board for the past 5 years? If so, please provide the name and address of the program and dates of employment in the space below.

n/a

3. Are you currently employed in a clinical position in a private practice, public safety net clinic, or dental health care clinic? If so, please provide the name and address of the facility by which you are employed in the space below.

Dr. Carl Hilledahl  
4369 Golden Center Suite B  
Placerville, Ca 95667

4. Have you maintained a current and active RDA or RDAEF license for the past 5 years?

Yes  No

5. Are you employed by a current member of the Dental Board?

Yes  No

6. Have you served on the Dental Assisting Forum?

Yes  No

7. Do you have a financial interest in any registered dental assisting school?

Yes  No

If yes, please indicate the name of the school in the space below and describe the nature of the financial interest (attach additional sheets if necessary).

8. Are you willing to comply with conflict of interest requirements that apply to board members? Yes  No

**In a cover letter, please write a brief statement indicating why you wish to serve as a member of the Council.**

**Employment references, not to exceed three (3), will be accepted but are not required.**

**A phone interview may be conducted as part of the application process.**

#### Notice on Collection of Personal Information

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**Providing Personal Information Is Voluntary.** You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your address, home telephone number, or employment experience, you may do so. In that case, however, the Board may not be able to communicate with you regarding your qualifications for appointment or to consider your eligibility for appointment to the Council.

**Access to Your Information.** You may review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act (Civ.Code, §§1798 et seq.). See below for contact information.

**Possible Disclosure of Personal Information.**

We make every effort to protect the personal information you provide us. In order to evaluate and verify your application information, however, we may need to share the information you give us with businesses or organizations you have referenced in your application.

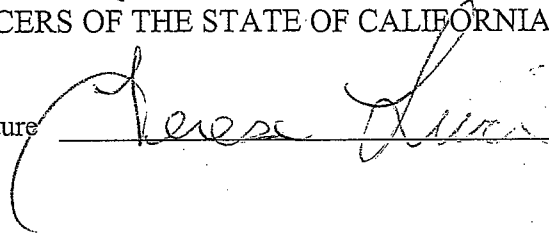
The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant; or,
- In Board meeting materials, if selected as a final candidate for appointment (Bus.&Prof.Code, § 1742(c)).

**Contact Information.** For questions about this application, the Department's privacy policy, or access to your records, you may contact the Board's Executive Officer at the address and telephone number listed below.

I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT IF I AM SELECTED FOR APPOINTMENT I MUST EXECUTE AN OATH OF OFFICE AND WILL BE REQUIRED TO ABIDE BY THE LAWS AND RULES APPLICABLE TO OFFICERS OF THE STATE OF CALIFORNIA.

Signature



Date

2/23/2016

**SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES  
BY MARCH 30, 2016 TO:**

Karen M. Fischer, MPA, Executive Officer  
Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300

# Teresa Lua

## Objective

To serve as member of the Dental Assisting Council of The dental Board of California. To be able to provide assistance on upcoming issues with the knowledge I have obtained during my dental Assistant career.

## Credentials

RDA	1983
CORONAL POLISH	1983
RDAEF	1995
ULTRASONICE CEMENT REMVOAL	1996
RDAEF II	2010

## Experience

RDAEFII, Carl Hillendahl D.D.S., Placerville, CA.	1993-present
RDA, Richard Johnson D.D.S, Diamond Springs, CA.	1990-1992
RDA, Robert Leach D.D.S., Healdsburg CA.	1989-1990
DA/RDA, Richard Johnson D.D.S, Diamond Springs, CA.	1983-1989

## Education

ROP El Dorado High School, Placerville CA.	1982
RDAEF UCSF, San Francisco CA.	1994
RDAEF II UCLA, Los Angeles CA.	2010
OAP Sacramento City College, Sacramento CA.	2011

## Affiliation

SDDS  
ADDA

530 626.1700

530 626.4879 fax



Carl Hillendahl, DDS

INCORPORATED

4369 Golden Center Drive  
Suite B  
Placerville, CA 95667

March 16, 2016

Dental Board of California

RE: Letter of reference for Teresa Lua, RDAEF II.

Dear Dental Board,

I understand that Teresa Lua is again submitting her application to be a member of the Dental Assisting Council of the Dental Board of California. I am of the opinion that you could not ask for a better candidate.

Teresa has been in my employ since 1993, starting as a RDA. She is very passionate about her career never hesitating to learn new skills as the opportunity arises and adding certifications over the years as the Dental Board has expanded the scope of practice for dental assistants. Teresa enrolled in the UCSF RDAEF program in 1995 and became RDAEF #422. When the Expanded Function 2 program started in 2009, she enrolled in the UCLA dental school RDAEF 2 program and successfully passed the board exam in 2010. After obtaining her RDAEF 2 license she enrolled in an Orthodontic Assisting program at Sacramento City College and successfully obtained her OAP license in 2011. She has been in clinical practice for her entire career helping me provide care in my private practice.

Sacramento District Dental Society established an Allied Dental Health Professional membership status in 2001 and Teresa jumped at the opportunity to become a member of the local Dental Society and the CDA. Through the course of her membership she volunteered to participate in several committees and task forces and attends General Membership meetings regularly.

Teresa's interest for education pushed her into joining the Continuing Education committee and task forces at SDDS for the past five years. There she helped design C.E. programs (topics and presenters) that SDDS provides it members. Her encounters with younger Dental assistants that I have employed in the past has given her the opportunity to observe the skill level and lack of skills that newer assistants are presenting to the workforce. This has given her insight into what should be included in the curricula of Dental Assisting Programs and what topics SDDS should include for assistants in their C. E. programs.

This candidate has well rounded experience in all aspects of General Dentistry and the organizations governing and representing the profession. If selected for a second term, I know Teresa will be an asset to the Dental Board of California and its' Dental Assisting Council.

Sincerely,

Carl M. Hillendahl, DDS



LINA PADILLA

# Lina C Padilla

Karen M. Fisher.

MPA Executive Officer

Dental Board of California

2005 Evergreen Street, Suite 1550

Sacramento, CA 95815

**Dear Ms Karen Fisher:**

Allow me to introduce myself, my name is Lina Padilla and I have been working as an RDAEF for the past 16years. I love the work I perform, however I feel like if I have reached the peak of the duties I can perform in the clinical field.

I would love to work with the Dental Board as a Council member, to help and achieve any goals required by the council. The Council can benefit from my dental experience, and schooling to resolve in any matters relating to the Dental Board of California.

Sincerely,



**Lina Padilla**



## APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

**PLEASE PRINT.**

NAME Lina Cecilia Padilla

ADDRESS\* \_\_\_\_\_

PHONE NOS. (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

California License Type and Number: AEF720 Expiration date: 09/31/2016

*\* By law, all final candidate applications must be made available to the public in the published board materials. Applicants may provide alternate addresses or addresses of record in lieu of residential addresses. Phone numbers will be redacted prior to publication in Board meeting materials to protect an applicant's privacy.*

**PLEASE READ THIS APPLICATION IN ITS ENTIRETY.**

**COUNCIL COMPOSITION:** The Dental Assisting Council is a seven member council created pursuant to Section 1742 of the Business and Professions Code. The members of the Council are appointed by the Board and shall include the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants.

**RESPONSIBILITIES:** The Council is to consider all matters relating to dental assistants in California and will make appropriate recommendations to the Board and the standing committees of the Board including, but not limited to, the following areas:

- Requirements for dental assistant examination, licensure, permitting, and renewal.
- Standards and criteria for approval of dental assisting educational programs, courses, and continuing education.
- Allowable dental assistant duties, settings, and supervision levels.
- Appropriate standards of conduct and enforcement for dental assistants.
- Requirements regarding infection control.

This recruitment is specifically for a registered dental assistant in extended functions who is employed clinically in private dental practice or public safety net or dental health care clinic and has possessed a current and active registered dental assistant in extended functions license for at least five years. The candidate cannot be employed by a current member of the Board.

No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. Each member shall comply with conflict of interest requirements that apply to Dental Board members. Such requirements include prohibitions against members making, participating in making or in any way attempting to use his or her official position to influence a governmental decision in which he or she knows or has reason to know he or she has a financial interest. Any council member who has a financial interest shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. (Gov. Code, § 87100.)

All final candidate qualifications and applications for Board-appointed council members shall be made available in the published Board materials with final candidate selection conducted during the normal business of the Board during public meetings.

**TERM OF OFFICE:** Each member shall serve not more than two four year terms.

**TRAVEL:** The Council will meet approximately four times per year in conjunction with other board committees, and at other times as deemed necessary. Expenses incurred in the performance of official duties are reimbursed by the Dental Board of California in accordance with the Pocket Travel Guide published by the Office of Administrative Services, Accounts Payable Unit of the Department of Consumer Affairs. Council members receive \$100 for each day actually spent in the discharge of official duties, as determined by the Board (Business and Professions Code section 103).

**OTHER TIME COMMITMENTS:** Council members shall be required to participate in Ethnic Orientation, Sexual Harassment Prevention Training and Board Member Orientation Training, and prepare and submit a financial disclosure statement that is filed with the Fair Political Practices Committee entitled "Form 700, Statement of Economic Interests."

**In order to assist the Board in determining eligibility for appointment to the Council, please answer the following questions:**

1. Have you received a recommendation from any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state? If so please, please indicate which organization in the space below and provide a copy of such recommendation with this application.

NB

2. Have you been a faculty member of a registered dental assisting educational program approved by the Board for the past 5 years? If so, please provide the name and address of the program and dates of employment in the space below.

NO

3. Are you currently employed in a clinical position in a private practice, public safety net clinic, or dental health care clinic? If so, please provide the name and address of the facility by which you are employed in the space below. YES

ST. John's  
808 W. 58th St  
Los Angeles CA 90037

4. Have you maintained a current and active RDA or RDAEF license for the past 5 years?  
Yes No
5. Are you employed by a current member of the Dental Board?  
Yes NO
6. Have you served on the Dental Assisting Forum?  
Yes No
7. Do you have a financial interest in any registered dental assisting school?  
Yes No  
If yes, please indicate the name of the school in the space below and describe the nature of the financial interest (attach additional sheets if necessary).

8. Are you willing to comply with conflict of interest requirements that apply to board members? Yes No

**In a cover letter, please write a brief statement indicating why you wish to serve as a member of the Council.**

**Employment references, not to exceed three (3), will be accepted but are not required.**

**A phone interview may be conducted as part of the application process.**

**Notice on Collection of Personal Information**

**Collection and Use of Personal Information.** The Dental Board of California collects the information requested on this form as authorized by Business and Professions Code Section 1742. The Board uses this information to evaluate applicants for appointment to the Dental Assisting Council of the Dental Board of California.

**Providing Personal Information Is Voluntary.** You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your address, home telephone number, or employment experience, you may do so. In that case, however, the Board may not be able to communicate with you regarding your qualifications for appointment or to consider your eligibility for appointment to the Council.

**YOUR INFORMATION.** You may review the records maintained by the Board that contain your personal information as permitted by the Information Practices Act (Civ. Code, §§ 1798 et seq.). See below for contact information.

**Possible Disclosure of Personal Information**

We make every effort to protect the personal information you provide us. In order to evaluate and verify your application information, however, we may need to share the information you give us with business or organizations you have referenced in your application.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant, or,
- In Board meeting materials, if selected as a final candidate for appointment (Bus. & Prof. Code, § 1742(c)).

**Contact Information.** For questions about this application, the Department's privacy policy, or access to your records, you may contact the Board's Executive Officer at the address and telephone number listed below.

I HAVE READ THIS APPLICATION AND HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT IF I AM SELECTED FOR APPOINTMENT I MUST EXECUTE AN OATH OF OFFICE AND WILL BE REQUIRED TO ABIDE BY THE LAWS AND RULES APPLICABLE TO OFFICERS OF THE STATE OF CALIFORNIA.

Signature



Date

8/16/16

**SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES TO:**

Karen M. Fischer, MPA, Executive Office  
Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300

# LINA PADILLA

J \_\_\_\_\_ 7  
[REDACTED]

**Objective**      **TO OBTAIN A POSITION WHERE I CAN  
BETTER MY KNOWLEDGE AND SKILLS**

**Hands-On Training**      EVEREST COLLEGE      City of Industry, CA  
Paralegal Program  
▪ Over 100 hours creating online court forms; researching, preparing and formatting legal documents using Microsoft Word; reseaching legal citations; and practicing legal office management skills.

**Experience**      St John's Well child      Los Angeles, CA  
2015 - Present  
▪ Coronal Polishing  
▪ Chairside Assistant for General Dentist  
▪ Instrument Sterilization

Hope Family Dentistry      Chino, CA  
**REG. DENTAL ASSISTANT (EXTENDED FUNCTIONS)**      2015 - 2015  
▪ Coronal Polishing  
▪ Temporary Crowns and Bridges  
▪ Chairside Assistant for General Dentist  
▪ Instrument Sterilization

Mid-Wilshire Dental      Los Angeles, CA  
**REG. DENTAL ASSISTANT (EXTENDED FUNCTIONS)**      2014 - 2014  
▪ Verified insurance PPO and HMO eligibility.  
▪ Traced unpaid insurance claims.  
▪ Sterilized instruments per California Infection Control Laws.  
▪ Answered phones and scheduled appointments.  
▪ Collected patients' co-payments and bill unpaid balances.  
▪ Made temporary crowns and bridges for patients.  
▪ Cleaned and polished patients' teeth.  
▪ Assisted dentist in surgical and other procedures.

Puente Hills Dental Group      Hacienda Heights, CA  
**REG. DENTAL ASSISTANT (EXTENDED FUNCTIONS)**      2009 - 2014  
▪ Admisnistrative Assistant  
▪ Answere Phones  
▪ Schedule Appointments  
▪ Accounts Payable  
▪ Accounts Recievable  
▪ Insurance Tracing  
▪ Insurance Verification  
▪ Collection Letters  
▪ Chairside Assistant for Perio Endo, Pedro, and General Dentistry

Lakewood Dental Arts      City, CA

**REG. DENTAL ASSISTANT (EXTENDED FUNCTIONS)**

2008 - 2008

- Chairside Assistant for Ortho, Endo, and General Dentistry

**Education**

EVEREST COLLEGE

City of Industry, CA

- Paralegal Major
  - Certificates, awards or other achievements.

COLLEGE, UNIVERSITY OR TRADE SCHOOL

City, CA

- Degree, Major or Program.
  - Certificates, awards or other achievements.

CENTRAL ADULT HIGH SCHOOL

Los Angeles, CA

- Diploma
  - Certificates, awards or other achievements.

**Skills and Abilities**

- Typing: 35 to 40 wpm.
- Computer Software: Microsoft Word, Excel, PowerPoint and Access; Internet researching and email.
- Literate in English and
- Bilingual: English and
- Speak, read, write and translate English and Spanish



JENNIFER RODRIGUEZ

To whom it may concern

I am applying for the position as a Dental Assisting council member. In my 28 years as a dental professional I have worked as a DA, RDA, RDAEF, Dental Assisting Instructor and clinic manager. I am excited about the potential of working with the DBC and feel like my experience would be an asset. I really have passion for the Dental Assisting career and would love to be part of the council.

Thank you for your consideration,

A handwritten signature in black ink that reads "Jennifer Rodriguez". The signature is written in a cursive style with a large, prominent initial "J".

Jennifer Rodriguez, RDAEF



## APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

**PLEASE PRINT**

NAME Jennifer Rodriguez \_\_\_\_\_

ADDRESS\* \_\_\_\_\_

PHONE NOS. (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

California License Type and Number: RDAEF 854 Expiration date: 5/2018

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**PLEASE READ THIS APPLICATION IN ITS ENTIRETY.**

**COUNCIL COMPOSITION:** The Dental Assisting Council is a seven member council created pursuant to Section 1742 of the Business and Professions Code. The members of the Council are appointed by the Board and shall include the registered dental assistant member of the Board, another member of the Board, and five registered dental assistants.

**RESPONSIBILITIES:** The Council is to consider all matters relating to dental assistants in California and will make appropriate recommendations to the Board and the standing committees of the Board including, but not limited to, the following areas:

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- Allowable dental assistant duties, settings, and supervision levels.
- Appropriate standards of conduct and enforcement for dental assistants.
- Requirements regarding infection control.

**QUALIFICATIONS:**

This recruitment is specifically for a registered dental assistant in extended functions who is employed clinically in private dental practice or public safety net or dental health care clinic and has possessed a current and active registered dental assistant in extended functions license for at least five years. The candidate cannot be employed by a current member of the Board.

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no

2. Have you been a faculty member of a registered dental assisting educational program approved by the Board for the past 5 years? If so, please provide the name and address of the program and dates of employment in the space below.

Blake Austin College March 2009-2015  
611 Orange Dr.  
Vacaville, CA 95687

3. Are you currently employed in a clinical position in a private practice, public safety net clinic, or dental health care clinic? If so, please provide the name and address of the facility by which you are employed in the space below.

Winters Healthcare  
31 Main ST  
Winters, CA 95694

4. Have you maintained a current and active RDA or RDAEF license for the past 5 years?

Yes  No

5. Are you employed by a current member of the Dental Board?

Yes  No

6. Have you served on the Dental Assisting Forum?

Yes  No

7. Do you have a financial interest in any registered dental assisting school?

Yes  No

If yes, please indicate the name of the school in the space below and describe the nature of the financial interest (attach additional sheets if necessary).

8. Are you willing to comply with conflict of interest requirements that apply to board members?  Yes  No

**In a cover letter, please write a brief statement indicating why you wish to serve as a member of the Council.**

**Employment references, not to exceed three (3), will be accepted but are not required.**

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**Possible Disclosure of Personal Information.**

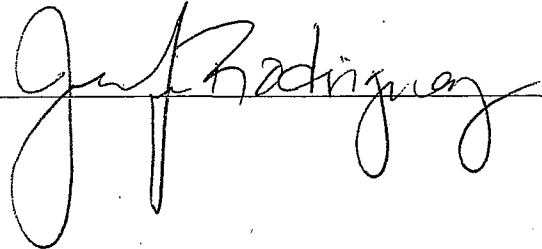
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Signature  Date 10/10/16

**SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES TO:**

Karen M. Fischer, MPA, Executive Officer  
Dental Board of California  
2005 Evergreen Street, Suite 1550  
Sacramento, CA 95815  
(916) 263-2300

Jennifer R. Rodriguez

---

**Education:**

Winters High School, graduated in 1988  
2 years on job training in a dental office  
Sacramento City College RDA preparation courses  
RDA license received in 1990  
3 years Solano Community College – General Education courses  
University of San Francisco – EF program  
EF license received in 2000

**Work History:**

Winters Healthcare, Dental Clinic Manager-RDAEF Winters, CA

March 2015-Present

My duties as dental clinic manager of a nonprofit FQHC include having knowledge of all dental services for both children and adults as well as other private insurance companies. My responsibilities include the supervision and management of the dental staff, ensuring that all OSHA and infection control standards are in place and being followed, adhering to the clinic budget for supplies and overseeing the schedule for our dentists and hygienist. I am part of the Quality Improvement team, am a member of a quality improvement project and have helped facilitate community outreach. My RDAEF and CPR licenses are current.

Blake Austin College, dental assisting instructor-RDAEF Vacaville, CA

March 2009-October 2015

Instructing students in all aspects of chairside dental assisting with the addition of front office duties that requires my knowledge of scheduling, treatment planning & treatment presentation. I manage and supervise clinical modules with the students and their patients during x-ray, pit & fissure and coronal polish. I prepare the students for the CA RDA exams. Teaching and following all current infection control guidelines, DPA, and OSHA compliance regulations. Ordering all supplies and performing equipment maintenance. My responsibilities also included assisting the Director in curriculum development and creating power-point presentations.

VacaValley Dental, RDAEF Vacaville, CA

September 1999 – 2011

September 2013-January 2014 ( part-time temporary help to cover someone on medical leave)

Duties include: Chair side assisting. setting up and cleaning rooms, sterilization, X-rays, taking alginate impressions, placing matrix bands, applying sealants, pouring up models, final impressions for permanent crowns, making temporary crowns and coronal polish. Experienced in assisting in endodontic treatment. Educating and informing patients on all dental treatment and dental procedures that are needed. Treatment Presentation, answering telephone lines and scheduling appointments if necessary. Digital x-rays and experience with Dentrix G4.

Dr. James Childress and Dr. Paul Johnson - RDA Davis, CA

September 1994 – 1999

Room sterilization, X-rays, fabricate mouth guards, and bleaching trays, Duties include: Chair side assisting for Dr. Kimberly Anderson, Associate. Setting up and cleaning impressions, pouring up models, making temporary crowns and coronal polish. Limited experience with Endo, Perio and Oral Surgery assisting. Answering telephone lines and scheduling appointments.

Dr. Dennis Hiramatsu - RDA

Winters, CA

June 1988 – September 1994

Duties included: Chair side assisting, sterilization, X-rays, coronal polishing, taking impressions.





## MEMORANDUM

<b>DATE</b>	December 2, 2016
<b>TO</b>	Dental Board of California Members
<b>FROM</b>	Karen Fischer, Executive Officer
<b>SUBJECT</b>	<b>Agenda Item 20:</b> Election of Board Officers for 2017

### **Background:**

Pursuant to Business and Professions Code Section 1606, the Dental Board of California (Board) is required to elect a president, vice president, and a secretary from its membership.

Pursuant to the Board's *Policy and Procedure Manual, Adopted August 2016*, it is the Board's policy to elect officers at the final meeting of the calendar year for service during the next calendar year, unless otherwise decided by the Board. The newly elected officers shall assume the duties of their respective offices on January 1<sup>st</sup> of the New Year.

### **Roles and Responsibilities of Board Officers and Committee Chairs:**

#### **President:**

- Acts as spokesperson for the Board (attends legislative hearings and testifies on behalf of the Board, attends meetings with stakeholders and Legislators on behalf of Board, talks to the media on behalf of the Board, and signs letters on behalf of the Board).
- Meets and/or communicates with the Executive Officer (EO) on a regular basis.
- Provides oversight to the Executive Officer in performance of the EO duties.
- Approves leave requests, verifies accuracy and approves timesheets, approves travel and signs travel expense claims for the EO.
- Coordinates the EO annual evaluation process including contacting DCA Office of Human Resources to obtain a copy of the Executive Officer Performance Evaluation Form, distributes the evaluation form to members, and collates the ratings and comments for discussion.
- Communicates with other Board Members for Board business.

- Authors a president's message for every quarterly board meeting and published newsletters.
- Approves Board Meeting agendas.
- Chairs and facilitates Board Meetings.
- Chairs the Executive Committee.
- Signs specified full board enforcement approval orders.
- Establishes Committees and appoints Chairs and members.
- Establishes 2-Person subcommittees to research policy questions when necessary.

Vice President:

- Is the Back-up for the duties above in the President's absence.
- Is a member of Executive Committee.
- Coordinates the revision of the Board's Strategic Plan.

Secretary:

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

Committee Chair:

- Reviews agenda items with EO and Board President prior to Committee meetings.
- Approves the Committee agendas.
- Chairs and facilitates Committee meetings.
- Reports the activities of the Committee to the full Board.

The following members have expressed an interest in serving in 2017:

Bruce Whitcher, DDS – President  
 Thomas Stewart, DDS – Vice President  
 Debra Woo, DDS - Secretary

I have asked the Board's Legal Counsel, Mr. Spencer Walker, to preside over the elections. At the onset of the election, Mr. Walker will explain the process and will call for nominations for each office.