



DENTAL BOARD OF CALIFORNIA

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

**DENTAL BOARD OF CALIFORNIA MEETING AGENDA
NOVEMBER 29, 2018**

Sacramento Marriott of Rancho Cordova
11211 Point East Drive, Rancho Cordova Room
Rancho Cordova, CA 95742
(844) 203-4954 (Reservations) or (916) 263-2300 (Board Office)

Members of the Board:

Thomas Stewart, DDS, President
Fran Burton, MSW, Public Member, Vice President
Yvette Chappell-Ingram, Public Member, Secretary

Steven Chan, DDS
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member

Steven Morrow, DDS, MS
Rosalinda Olague, RDA
Joanne Pacheco, RDH, MA
James Yu, DDS
Bruce Whitcher, 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 8:30 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. 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. To view the Webcast, please visit <https://thedcapage.wordpress.com/webcasts/>.

Thursday, November 29, 2018

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

1. Call to Order/Roll Call/Establishment of Quorum
2. Board President Welcome and Report
3. Approval of the August 23-24, 2018 Board Meeting Minutes
4. Approval of the October 5, 2018 Board Meeting Minutes
5. Budget Report
 - A. State Dentistry Fund
 - B. State Dental Assisting Fund

RECESS to CONVENE DENTAL ASSISTING COUNCIL MEETING – SEE ATTACHED AGENDA

RECESS to CONVENE COMMITTEE MEETINGS – SEE ATTACHED AGENDAS

- Licensing, Certification, and Permits Committee Meeting
See attached Licensure, Certification, and Permits Committee meeting agenda.
- Substance Use Awareness Committee Meeting
See attached Prescription Drug Abuse Committee meeting agenda.

RETURN TO FULL BOARD OPEN SESSION

6. Dental Assisting Council Meeting Report
The Board may take action on any items listed on the attached Dental Assisting Council agenda.
7. Update regarding the relationship between the State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova’s Faculty (School) of Dentistry and the University of Moldova USA Inc.
8. Discussion and Possible Action Regarding Appointment of New Registered Dental Assistant Extended Functions (RDAEF) Examiners

9. Discussion and Possible Action Regarding Compliance Issues Related to the Registered Dental Assistant Program Reevaluations and Provisional Approval of Dental Assisting Programs

RECESS TO CLOSED SESSION

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, it will also meet in closed session on November 30, 2018.

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

A. Issuance of New License(s) to Replace Cancelled License(s)

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

B. Grant, Deny or Request Further Evaluation for General Anesthesia Permit
Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6

The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate whether or not to grant, deny or request further evaluation for a General Anesthesia Permit as it Relates to an Onsite Inspection and Evaluation Failure.

C. Grant, Deny or Request Further Evaluation for Conscious Sedation Permit
Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6.

The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate on whether or not to grant, deny or request further evaluation for a Conscious Sedation Permit as it Relates to an Onsite Inspection and Evaluation Failure.

RETURN TO FULL BOARD OPEN SESSION

Recess Until Friday, November 30, 2018



MEMORANDUM

DATE	November 9, 2018
TO	Members of the Dental Board of California
FROM	Jeri Westerfeld, Executive Assistant Dental Board of California
SUBJECT	Agenda Item 2: Board President Welcome and Report

Background:

The President of the Dental Board of California, Thomas H. Stewart, DDS, will provide a verbal report.

Action Requested:

None.



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**DENTAL BOARD OF CALIFORNIA
QUARTERLY BOARD MEETING MINUTES**

AUGUST 23-24, 2018

Hyatt Regency San Francisco Airport
1333 Bayshore Highway, Sequoia B
Burlingame, CA 94010

Members Present:

Thomas Stewart, DDS, President
Fran Burton, MSW, Public Member, Vice President
Yvette Chappell-Ingram, Public Member, Secretary
Steven Chan, DDS
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS, MA
Meredith McKenzie, Public Member
Abigail Medina, Public Member
Steven Morrow, DDS, MS
Rosalinda Olague, RDA, BA
Joanne Pacheco, RDH
Bruce L. Witcher, DDS
James Yu, DDS, MS

Members Absent:

Friday:
Huong Le, DDS, MA

(Joined the meeting at 11:30 a.m. on Thursday, August 24th)

Staff Present:

Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Enforcement Chief
Tina Vallery, Dental Assisting Manager I
Jocelyn Campos, Associate Governmental Program Analyst
Jeri Westerfeld, Executive Assistant
Michael Santiago, Legal Counsel

Agenda Item 1: Call to Order/Roll Call/Establishment of Quorum

A regular meeting of the Dental Board of California (Board) was called to order by Dr. Stewart, at 9:02 a.m. on Thursday, August 23, 2018. Ms. Chappell-Ingram, Secretary, called roll and a quorum was established.

Agenda Item 2: Board President Welcome and Report

Dr. Stewart shared that he has requested Dr. Whitcher to chair the Dental Assisting Council (DAC) meeting today until elections can be held.

Dr. Stewart stated staff has been working hard on the Sunset Review report and is hopeful of a good discussion to assist with areas that need clarification for the legislative staff. The report is a good description of how the Board conducts its business. With our help, we will continue to refine the document.

He also stated that there have been some revisions to SB 501 and feels there will be robust discussion on these important amendments regarding Pediatric Anesthesia.

The DAC will be holding its meeting to educate their new members of the responsibilities and objectives for the Council. Dr. Stewart respectfully requests that all Board members be present during that meeting to hear that discussion.

Several weeks ago, the Department of Consumer Affairs (DCA) called and lead an important conference call for leadership. It provided updates on the Executive Salary Study, Legislation and Regulations, and Pro-Rata including the activities of the Pro-Rata Workgroup.

We will be looking for ways for the Board Members (particularly future Presidents) to participate with the American Association of Dental Boards (AADB).

Agenda Item 3: Approval of the May 16-17, 2018 Board Meeting Minutes

Motion/Second/Call to Question (M/S/C): (Burton/Chan) to approve the May 16-17, 2018, meeting minutes with the following corrections:

Ms. Burton requested that note be added on Page 1 showing when Dr. Yu joined the meeting and a correction on Page 2 showing Ms. Rosalinda Olague as a Registered Dental Assistant. Dr. Whitcher requested that additional information be added on Page 13-14 Agenda Item 9C to include Ms. Wallace's response to Dr. Reggiardo's question along with correcting motion for Item 9C to remove rulemaking note.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Yu	✓				

The motion passed, and the minutes were accepted with the requested changes.

Agenda Item 4: Report from the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Regarding Occupational Analysis for Dentists

Dr. Heidi Lincer, Chief of OPES reported Business and Professions Code Section 139 requires boards to submit an annual report stating the status of its occupational analysis schedule. An Occupational Analysis provides a description of current practice; and establishes examination validity through linking of the examination content to critical job competencies. The focus of an Occupational Analysis should identify tasks that entry-level licensees must perform safely and competently and should reflect situations commonly encountered by entry-level licensees.

The tasks listed in the Occupational Analysis (OA) can be utilized in all the decisions made by the Board including discipline. This information can also be utilized to see if there are some trends/changes in Dentistry like the increase in implants and implants restoration or the changes in primary work settings (ie: sole practice has decreased where corporation or group practice has increased.)

The next steps for the Board are to review the American Board of Dental Examiners (ADEX) and Western Regional Examining Board (WREB) examinations to ensure compliance with professional standards and guidelines by completing comparison studies to confirm content areas of these two examinations.

It takes about 6 months to complete an analysis of each examinations assuming all the data is provided. The expected report regarding the ADEX examination should come to the Board in early to mid-2019.

Dr. Chan asked if the California Dental Law and Ethics is required for all four pathways to licensure. Ms. Sarah Wallace, Assistant Executive Officer responded that only the Licensure by Credential pathway doesn't have requirement for the California Dental Law and Ethics examination.

Public Comment:

Dr. Guy Shampaine, ADEX, updated the Board that their Occupational Analysis (OA) has been completed. In their OA results, entry-level dentists do not complete Pediatric Dentistry. All exams are curriculum integrated formats except for exam for dentists who are in practice but moving to another State. The OA itself doesn't influence the format, it dictates what has to be tested.

Dr. Richard Sabal, California Society of Pediatric Dentistry, stated it noticed deficiencies related to children and their oral health needs. Since 61% of respondents (50% of dentists with 0-5 years of licensure) stated they provide services to children, there is no

mention of knowledge or tasks to be demonstrated for the care of children such as growth and development, restorative care for children, surgical treatment, occlusal, and space management. There are no best practices in behavior guidance in treating children. There is no mention of safety and care of children which needs to be included and the need for referrals when appropriate.

Anthony Lum, Executive Officer for the Dental Hygiene Committee of California (DHCC), pointed out that in the OA under Table 15 – Top Three Duties Performed by RDAs, it states Prophylaxis, but RDAs are not allowed to complete that function, so he requested that it be removed.

Maureen Titus, California Dental Hygienist Association (CDHA), expressed that in Table 12 it asks if the Dentists are familiar with the scope of practice of the different auxiliaries (unlicensed dentist assistants, registered dental assistants, and registered dental assistants extended functions). The response was yes but if prophylaxis was included in Table 15 she is not sure that is correct. Maybe there needs to be more education of dentists in that area. She also was confused why the OA included information regarding dental auxiliaries if this was an Occupational Analysis of Dentistry. She feels that the OA should use the legal definitions of terminology.

Dr. Lincer responded this was open ended question and although this was the dentist's response, the dentist meant the duties that RDAs can perform.

Claudia Pohl, California Dental Assistants Association (CDAA), stated it has concerns over the verbiage of prophylaxis and scope of practice for RDAs also. She expressed concern regarding T123: Comply with legal standards regarding scope of practice in the provision of service with the associated knowledge statement K323: Knowledge of laws and regulations that define dentist scope of practice. Ms. Pohl stated K323 that it should also include knowledge of scope of practice for dental auxiliaries.

Dr. Lincer stated that knowledge of scope of practice for dental auxiliaries is included in T132: Supervise auxiliaries to facilitate patient safety in accordance with Board regulations. Ms. Pohl felt this did not include knowing the scope of practice for dental auxiliaries.

Ms. Lisa Okamoto, CDHA, addressed that amalgam restorations are to be phased out due to an international agreement by 2020. Given that it is optional to use a non-amalgam, will there be an option in the WREB examination do utilize non-amalgam.

No comment was made due to no prior knowledge on international agreement.

Recess

Agenda Item 5: Discussion and Possible Action Regarding Renewal of Board's Approval of the University of DeLaSalle Bajio School of Dentistry

M/S/C: (Le/Chan) to approve the renewal of the Board's approval of the University of DeLaSalle Bajio School of Dentistry. The effective date of renewal is May 20, 2019, (the current expiration date) and will be good for seven (7) years.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed to accept the Subcommittee's report and grant renewal of the Board's approval for another seven (7) years.

Agenda Item 6: Introduction of the new Dental Assisting Council Members

Ms. Cindy Ovard and Ms. Pamela Peacock gave a brief summary of their personal /career experience.

Agenda Item 7: Dental Assisting Council (DAC) Meeting Report

Dr. Whitcher, acting as Chair for the Council meeting gave the DAC report. A quorum was established. The Council accepted the May 14, 2015, Dental Assisting Council Meeting Minutes. A presentation was given of the overview of the Dental Assisting Council. Updates on the Dental Assisting Program and Course Applications and RDA Program Re-evaluations was given. Reviews of the Dental Assisting Examination and Licensing Statistics were provided, and questions were answered. Then an update regarding the combining of the RDA Law and Ethics and General Written examinations was provided. Finally, the Council received a presentation from Joan Greenfield regarding the scope of practice for RDAEF2 by adding the administration of local anesthesia and nitrous oxide. The Council received the information and agreed to table this item and revisit at later meeting (the November meeting, if possible) after more information is provided. The Council received public comment and testimony for and against this proposal. See August 23, 2018, Dental Assisting Council meeting minutes for more information.

Agenda Item 8: Discussion and Possible Action Regarding Recommendations for Registered Dental Assistant Extended Functions (RDAEF) Examiners

Currently, there are eight (8) examiners participating in the RDAEF examinations that require reappointment and seven (7) that require new appointments. Ideally, the appointment or reappointment should take place annually, however, this has not been done since 2010. Staff included Curriculum Vitae (CV) for each of these examiners in the meeting materials and are requesting approval of appointments and reappointments.

M/S/C: (Whitcher/Larin) to appoint and reappointment of RDAEF examiners: Robert Bley, Wayne Del Carlo, Steven Fong, Richard Frieden, Rosellen Diehl Hong, Christian Kjeldsen, Kevin Kurio, William Kushner, Kent Madsen, Charles Newens, Norman Plotkin, Arthur Schultz, Marlene Schultz, Arturo Villanueva, and Ed Weiss.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion to appoint/reappoint was approved.

Agenda Item 9: Report on the June 19-20, 2018 Oral Health Summit hosted by the California Department of Public Health – Office of Oral Health

Ms. Burton and Dr. Le attended this meeting. It was an opportunity for persons from counties and programs who received funding, to collaborate in ways they haven't before. It was advantageous for representatives of the Dental Board to be in attendance because they were able to share the functions of the Board, especially licensing information. This was the roll-out meeting for the State Health Plan.

Agenda Item 10: Discussion and Possible Action Regarding the Draft of the Board's Sunset Review Report

The draft Sunset Review Report was reviewed by the Board. Comments and changes were noted by staff and Report was updated.

RECESS TO CLOSED SESSION

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, it will also meet in closed session on August 24, 2017.

CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE

A. Issuance of New License(s) to Replace Cancelled License(s)

The Committee will meet in closed session as authorized by Government Code §11126(c)(2) to deliberate on applications for issuance of new license(s) to replace cancelled license(s).

RETURN TO FULL BOARD OPEN SESSION

RECESS

Friday, August 24, 2018

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

Agenda Item 11: Call to Order/Roll Call/Establishment of Quorum

A regular meeting of the Dental Board of California (Board) was called to order by Dr. Stewart, at 9:00 a.m. on Friday, August 24, 2018. Ms. Chappell-Ingram, Secretary, called roll and a quorum was established.

Agenda Item 12: Executive Officer's Report

Ms. Fischer attended the following meetings since the May meeting: a meeting with OPES regarding exam contracts which are now in place; a training on Sunset Review for Executive Officers and staff; a meeting with the building owners (Sacramento office) and negotiations are underway. We will be taking over more space due to increase of staff, once lease is signed. The lease will be for 4-years with additional 4-year soft terms which will end approximately when DCA is planning to have all Boards and staff under one roof in 2024. Ms. Fischer also attended a meeting of the Substance Abuse Coordination Committee which includes Executive Officers. It is reviewing the number of tests required to participate in the Diversion Program; a SB 501 stakeholder meeting to see if a consensus could be found to move forward; and the Director's Quarterly meeting. She also participated in four settlement conferences and four informal conferences.

The Board received a Gold Star for their use of small business partners in the procurement process: 25% of our supplies were purchased from either a small business or disabled veteran's business. Thanks to Zachary Raske, our past budget analyst for meeting these requirements.

We hired two new legislative analysts who you will be meeting at the November meeting.

Lou Galiano, DCA webcaster is retiring next week.

Agenda Item 13: Report of Department of Consumers Affairs (DCA) Staffing and Activities

Patrick Le, Assistant Deputy Director of Board and Bureau Services within the Department of Consumer Affairs, gave a verbal report regarding the Director's Quarterly meeting and the conference call Dr. Stewart mentioned at the beginning of the meeting stating they were very successful. The conference call had 30 participants of board presidents and vice-presidents. He stated the office has reviewed and initiated a new regulatory review process.

The Licensing and Enforcement workgroups are an opportunity for multiple board staff to discuss best practices to improve enforcement and licensing processes and concerns.

The Substance Abuse Coordination Committee's last meeting was in June and it heard from experts in toxicology and rehabilitation. The next Substance Abuse Coordination Committee meeting is October 30, 2018.

Agenda Item 14A: 2018 Tentative Legislative Calendar

Today, August 24th is the last day to amend a bill on the floor. Next Friday, August 31st is the last day for each house to pass a bill and recess starts upon adjournment. September 30th is the last day for the Governor to sign or veto a bill.

Agenda Item 14B: Discussion and Possible Action Regarding the Following Legislation

AB 18 (Garcia) Healing arts: Licensed Physicians and Dentists from the Mexico Pilot Program

This bill is held in Senate Appropriations Committee. The bill failed to pass out of Appropriations Committee and make it to the floor by deadline. Staff is recommending to Watch.

AB 224 (Thurmond) Dentistry: anesthesia and sedation

This bill has been amended and no longer relates to the Dental Board.

Assembly Bill 2078 (Daly) - Sex Offenses: Professional Services

This bill is held in Senate Appropriations Committee. The bill failed to pass out of Appropriations Committee and make it to the floor by deadline. Staff is recommending to Watch.

AB 2086 (Gallagher) Controlled substances: CURES database

M/S/C (Morrow/Burton) continue to support AB 2086, as amended.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Larin	✓				
Le				✓	
McKenzie				✓	
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

Motion passed to support AB 2086, as amended. Staff will send an updated letter stating support as amended.

AB 2138 (Chiu) Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction

M/S/C (Morrow/Chan) to accept staff's recommendation to oppose AB 2138.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le				✓	
McKenzie				✓	
Medina		✓			
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

Ms. Wallace expressed this bill will change the way we receive applications and fiscally impact the Board. Candidates would not be required to disclose convictions on applications; provide letter of explanation; or submit copies of their arrest court documents. Essentially staff would need to follow up with police departments or courts to get arrest information when they receive conviction hits from wrap sheets. Applications are reviewed case by case.

Motion passed to oppose AB 2138.

Public Comment:

Tony Lum, Executive Officer of DHCC, it opposes AB 2138.

AB 2483 (Voepel) Indemnification of public officers and employees: antitrust awards.

This bill was cancelled by Author's office yesterday.

AB 2643 (Irwin) Dentistry: general anesthesia: health care coverage
This bill is held in Assembly Appropriations.

AB 2789 (Wood) Health care practitioners: prescriptions: electronic data transmission
This bill is pending on the Assembly Floor. Continue to watch AB 2789.

AB 2958 (Quirk) Health care practitioners: state bodies: Meeting: Teleconference
This bill is pending on the Assembly Floor. This bill would require eight members to be located in one location. Continue to watch AB 2958.

SB 501 (Glazer) Dentistry: anesthesia and sedation: report
M/S/C (Burton/Morrow) to support the bill with our concerns about meeting the timelines and implementation including some fiscal concerns and clean up items.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le				✓	
McKenzie			✓		
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The motion passed in support.

This bill is to implement some of the Board's recommendations in the Pediatric Anesthesia Study. There was a version amended August 20, 2018, and then amended August 24, 2018. A presentation was given regarding the current changes of this bill. In the amended August 20, 2018 version, we can implement it but not in the time frame included in this version and it is going to be very costly. The presentation is showing what the changes are going to be to the General Anesthesia, the Medical General Anesthesia, the Moderate Sedation, the Pediatric Minimal Sedation, and the Oral Conscious Sedation for Adults permits. The presentation covered permit structure, educational requirements, patient monitoring changes. The effective date will be January 1, 2019. There will be an increase in staffing and facility needs. The earliest staff is anticipating being able to implement is Spring 2024. Staff will need to develop regulations, which will require a policy analyst. A Budget Change Proposal will need to be submitted so staff can be hired. Staff would not have the hiring authority until July 2019. The development of the proposed regulations and initiation of rulemaking would be from July 2019 – January 2021. Pre-approval of rulemaking would take a year and then it can be filed with the Office of Administrative Law. The public rulemaking takes

place between January 2022 – January 2023. Rulemaking approval takes place quarterly, so approval of the Rulemaking will take place Spring of 2023, most likely April 1, 2023. BreZE cannot implement any of the changes until the rulemaking has been approved so it will probably be operative in Spring of 2024. Additionally, the Board's current fund condition cannot sustain these costs; so a fee audit and increase of funds would need to be completed.

Additional amendments to SB 501 went across the desk yesterday and should be in print on Monday.

SB 501 does include all of the Board's recommendations outlined in its letter to Senator Hill dated December 2016, but it is a start.

Dr. Morrow believes that the Board's first responsibility is to address safety above the concern of access to care.

Dr Chan stated another potential barrier could be the "not to exceed the manufacturer's recommended dose." A lot of the time these drugs are not administered under manufacturer's dose but are used off label supported by literature/studies.

Dr. Whitcher stated this was a daunting challenge because the Board was asked to come up with recommendations to improve a process that was already relatively safe. The Board's Pediatric Anesthesia Report was based on outcomes of literature and data from all reported deaths. It was found that deaths/injuries occurred in equal proportion in equal numbers, in all practice models, at all sedation levels and in all settings. It is generally recognized that most complications from sedation are due to airway problems, followed by medication errors, and equipment failures. Human errors are generally a significant component.

Ms. Burton, Chair of the Legislative & Regulatory Committee recommended to "support with a note of our concerns": 1) fiscal as of last year was not sustainable with the Board; 2) study does not contain the safety concerns; 3) timeline concern that the Board would require to put in place before we could implement. The Board wants to work collaboratively to be part of clean-up legislation that needs to be addressed.

Public Comment:

Gary Cooper, CalAMOS, sponsor of SB 501, noted that the Board's report showed there is not a huge problem, but there is a concern that needed to be addressed. He also shared that capnography has been introduced in this bill. Mr. Cooper committed that CalAMOS is prepared to work on clean-up to try to work on some of the glitches and asked the Board to support this legislation.

Mary McCune, CDA, regarding the amendment last night which is in line with the AAPD recommendations regarding minimal sedation. CDA is in support of the bill.

Dr. Richard Sobal, California Society Pediatric Dentistry (CSPD), is in strong support of this bill and is prepared to be part of the clean up to this bill.

SB 1109 (Bates) Controlled substances: Schedule II drugs: opioids

This bill is currently pending on the Assembly Floor. Staff recommends support.

SB 1137 (Vidak) Veterans: Professional licensing benefits

This bill is on the Governor's desk. This bill would require the Department of Consumer Affairs and Department of Veterans Affairs, in consultation with each other, to take appropriate steps to increase awareness regarding professional licensing benefits available to veterans, and their spouses. Staff recommends continuing to watch this bill.

SB 1148 (Pan) Medi-Cal: restorative dental services

This bill is pending on the Assembly Floor and would allow silver diamine fluoride (SDF) to be authorized as a Denti-Cal option for taking care of decay as part of a comprehensive treatment plan.

Ms. Medina would like to have a discussion regarding access to care issue.

Dr. Stewart and Dr. Morrow would like to consider the Board support this legislation because SDF use is not only preventive but protective for a small child. 28% of preschool children in the US have extensive childhood caries. SDF slows down the decay.

Public Comment:

Dr. Richard Sobal, CSPD, stated that SDF is usually used with younger patients to delay young children from going under general to moderate anesthesia until they are of an older age. So, this could be an issue regarding safety. He asked that it be supported.

Mary McCune, CDA, the use of SDF could prevent the need for children under 7 from going under anesthesia. It urges the Board to support this bill.

M/S/C (Medina/Stewart) to support this bill.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton			✓		
Chan	✓				
Chappell-Ingram			✓		
Lai	✓				
Larin	✓				
Le				✓	
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Whitcher			✓		
Yu	✓				

Motion passed to support SB 1148.

SB 1238 (Roth) Patient records: maintenance and storage
Held in Appropriations and no longer needs position.

SB 1298 (Skinner) Increasing Access to Employment Act
Held in Appropriations and no longer needs position.

SB 1480 (Hill) Professions and Vocations
Amendment made this week and no longer pertains to the Board.

SB 1482 (Hill) Dental hygienists
Sunset Review bill for dental hygienists and will make them their own board. Continuing to watch.

SB 1491 (Committee on Business Professions and Economic Development/Hill) Healing Arts

The Omnibus Bill contains non-controversial language for various healing arts boards. Many of the provisions of this bill are minor, technical, and updating changes. Support the provisions that effect the Dental Board.

Agenda Item 14C: Discussion of Prospective Legislative Proposals

Dr. Morrow would like to have placed on a future agenda to have a discussion regarding a requirement for Faculty teaching permit/licensees. CODA requires that faculty teaching in a Dental School maintain an active license (not necessarily California but could be in another State or another Country.) The Board would then have knowledge of who and where these individuals are and could include requirement for continuing education as required for California licensed dentist. Referred to LCP Committee for initial discussion.

Agenda Item 15: Licensing, Certifications, and Permits Committee Report on Closed Session

Dr. Lai request that the Board accept the recommendations of the LCP Committee.

Four candidates to issue new license to replace cancelled license:

JK and SJY: reinstatement with DDS Law and Ethics.

DS: denied on recommendation from Enforcement

MAR: reinstatement with DDS Law and Ethics, and WREB clinical unless the Board receives proof of clinical experience within the last 8 years.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan	✓				
Chappell-Ingram	✓				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Lai	✓				
Larin	✓				
Le				✓	
McKenzie	✓				
Medina	✓				
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

LCP Committee's recommendations were accepted.

Agenda Item 16: Public Comment on Items Not on the Agenda

None

Agenda Item 17: Board Member Comments on Items Not on the Agenda

Ms. Medina is asking at a future meeting if Access to Care Committee could meet to discuss access to care issues and state loan repayment program.

Agenda Item 18: Adjournment

The meeting adjourned at 2:49 p.m.



**DENTAL BOARD OF CALIFORNIA MEETING AGENDA
OCTOBER 5, 2018**

Dental Board of California
2005 Evergreen Street, Suite 1150, 1st Floor, Hearing Room
Sacramento, CA 95815

Members Present:

Thomas Stewart, DDS, President
Fran Burton, MSW, Vice President
Yvette Chappell-Ingram, Secretary
Ross Lai, DDS
Lilia Larin, DDS
Huong Le, DDS
Meredith McKenzie
Steven Morrow, DDS
Rosalinda Olague, RDA
Joanne Pacheco, RDH
Bruce Whitcher, DDS
James Yu, DDA

Members Absent:

Steven Chan, DDS
Abigail Medina

Friday, October 5, 2018

10:00 A.M. FULL BOARD MEETING – OPEN SESSION

Agenda Item 1: Call to Order/Roll Call/Establishment of Quorum

A special meeting of the Dental Board of California (Board) was called to order by Dr. Stewart, at 10:05 a.m. on Friday, October 5, 2018. Ms. Chappell-Ingram, Secretary, called roll and a quorum was established.

Agenda Item 2: Discussion and Possible Action to Approve the Board's Sunset Review Report and Submit to Legislature by December 1, 2018

The draft Sunset Review Report was reviewed by the Board. Changes were noted by staff and the report was updated.

M/S/C: (Morrow/Chappell-Ingram) to approve the Sunset Review Report with the changes requested by the Board.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Burton	✓				
Chan				✓	
Chappell-Ingram	✓				
Lai	✓				
Larin	✓				
Le	✓				

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
McKenzie	✓				
Medina				✓	
Morrow	✓				
Olague	✓				
Pacheco	✓				
Stewart	✓				
Whitcher	✓				
Yu	✓				

The Sunset Review Report was approved with the changes requested by the Board.

Agenda Item 3: Public Comment on Items Not on the Agenda

None

Agenda Item 4: Board Member Comments on Items Not on the Agenda

None

RECESS TO CLOSED SESSION

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).

RETURN TO OPEN SESSION

Agenda Item 5: Adjournment

Meeting adjourned at 2:40 p.m.



MEMORANDUM

DATE	November 9, 2018
TO	Members of the Dental Board of California
FROM	Michael Chen, Legislative and Regulatory Analyst; Dental Board of California
SUBJECT	Agenda Item 5: Budget Report

Background:

The Board manages two separate funds: 1) the State Dentistry Fund, and 2) the State Dental Assisting Fund. The funds are not comingled. The following is intended to provide a summary of expenses from July 1, 2018 to September 30, 2018 of Fiscal Year (FY) 2018-19 for both funds.

A. State Dentistry Fund

Summary of Expenditures from July 1, 2018 to September 30, 2018

The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in October 2018. This report reflects actual expenditures from July 1, 2018 to September 30, 2018. The Board spent roughly \$2.2 million or 16% of its total Dentistry Fund appropriation for FY 2018-19. Of that amount, approximately \$1.7 million of the expenditures were for Personnel Services and \$500,000 were for Operating Expense & Equipment (OE&E) for this time period.

Fund Title	Appropriation	Total Expenditures July 1, 2018-September 30, 2018
Dentistry Fund	\$13,766,000	\$2,182,348

Attachment 1 displays year-to-date expenditures for the State Dentistry Fund.

Analysis of Fund Condition

Attachment 1a displays an analysis of the State Dentistry Fund's condition.

B. State Dental Assisting Fund*Summary of Expenditures from July 1, 2018 to September 30, 2018*

The expenditures in this report are based upon the budget report released by the DCA in October 2018. This report reflects actual expenditures from July 1, 2018 to September 30, 2018. The Board spent roughly \$250,000 or 10% of its total Dental Assisting Fund appropriation for this time period. Of that amount, approximately \$150,000 of the expenditures were for Personnel Services and \$100,000 were for OE&E for this time period.

Fund Title	Appropriation	Total Expenditures July 1, 2018-September 30, 2018
Dental Assisting Fund	\$2,496,000	\$253,944

Attachment 2 displays year-to-date expenditures for the State Dental Assisting Fund.

Analysis of Fund Condition

Attachment 2a displays the State Dental Assisting Fund's condition.

Action Requested

None.

**DENTAL BOARD - FUND 0741
BUDGET REPORT
FY 2018-19 EXPENDITURE PROJECTION**

Preliminary FM 3

OBJECT DESCRIPTION	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19				
	ACTUAL	ACTUAL	ACTUAL	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	EXPENDITURES	ACT	EXPENDITURES	SPENT	TO YEAR END	BALANCE
	(MONTH 13)	(MONTH 13)	(PRELIM 12)	2018	9/30/2018			
PERSONNEL SERVICES								
Salary & Wages (Staff)	3,281,479	3,508,370	3,973,427	4,602,000	1,049,001	23%	4,226,981	375,019
Statutory Exempt (EO)	108,581	114,087	119,520	96,000	31,074	32%	124,296	(28,296)
Temp Help (Expert Examiners)	0	0	0	40,000	0	0%	0	40,000
Temp Help Reg (907)	142,959	40,395	67,074	199,000	16,307	8%	52,916	146,084
Temp Help (Exam Proctors)	0	0	0	45,000	0	0%	0	45,000
BL 12-03 Blanket	64,215	51,028	48,620	0	18,729	-	69,021	(69,021)
Board Member Per Diem (901, 920)	16,100	17,300	12,600	46,000	2,700	6%	12,900	33,100
Committee Members (911)	4,200	2,500	1,900	59,000	500	1%	2,100	56,900
Overtime	37,330	14,859	12,839	25,000	0	0%	12,000	13,000
Staff Benefits	1,804,708	1,992,049	2,343,757	2,615,000	558,097	21%	2,248,869	366,131
TOTALS, PERSONNEL SVC	5,459,572	5,740,588	6,579,737	7,727,000	1,676,408	22%	6,749,083	977,917
OPERATING EXPENSE AND EQUIPMENT								
General Expense	90,116	120,685	137,067	60,000	99,834	166%	120,000	(60,000)
Fingerprint Reports	15,894	16,889	11,581	26,000	0	0%	14,800	11,200
Minor Equipment	3,699	26,418	102,933	61,000	3,245	0%	61,000	0
Printing	80,185	84,508	112,439	43,000	10,330	24%	93,000	(50,000)
Communication	29,473	32,672	49,485	34,000	5,362	16%	38,000	(4,000)
Postage	62,527	39,697	92,580	60,000	0	0%	65,000	(5,000)
Insurance	8,056	11,115	37,334	2,000	0	0%	33,000	(31,000)
Travel In State	153,609	133,870	75,134	109,000	16,117	15%	121,000	(12,000)
Travel, Out-of-State	263	1,922	0	0	0	-	2,806	(2,806)
Training	6,594	4,216	5,825	8,000	16	0%	6,000	2,000
Facilities Operations	413,542	419,804	594,880	361,000	143,795	40%	595,000	(234,000)
C & P Services - Interdept.	7,886	12,835	25,896	77,000	6,181	8%	20,000	57,000
C & P Services - External	275,983	441,760	310,335	389,000	0	0%	343,000	46,000
DEPARTMENTAL SERVICES:								
Office of Information Services	1,081,773	1,161,403	1,082,900	1,059,000	0	0%	1,059,000	0
Administration Services	795,161	837,743	951,583	1,018,000	0	0%	1,018,000	0
Interagency Services	0	0	0	1,000	0	0%	0	1,000
Interagency Services w/ Office of Professional Examination Services	61,551	0	48,360	0	0	-	0	0
Division of Investigation - Internal	21,629	21,158	23,001	29,000	0	0%	29,000	0
Communications Division	51,000	142,533	60,390	71,000	1,056	1%	71,000	0
Program and Policy Review Division	0	4,577	66,330	71,000	0	0%	71,000	0
INTERAGENCY SERVICES:								
Consolidated Data Center	32,856	19,326	39,626	19,000	1,316	7%	31,000	(12,000)
DP Maintenance & Supply	21,802	12,211	14,355	11,000	695	6%	16,000	(5,000)
EXAMS EXPENSES:								
Exam Supplies	0	0	0	43,000	0	0%	0	43,000
Exam Site Rental	0	0	0	69,000	0	0%	0	69,000
C/P Svcs-External Expert Administration	77,774	1,000	0	7,000	0	0%	0	7,000
C/P Svcs-External Expert Examiners	0	0	125,003	238,000	0	0%	125,000	113,000
C/P Svcs-External Subject Matter	46,171	105,116	277,658	0	87,514	0%	143,000	(143,000)
Other Items of Expense	7,707	12,154	9,245	0	0	0%	10,000	(10,000)
Tort Pymts-Punitive	56,427	0	0	0	0	0%	0	0
ENFORCEMENT:								
Attorney General	1,056,537	1,090,876	846,620	1,778,000	112,005	6%	1,074,000	704,000
Office Admin. Hearings	227,114	284,403	202,528	407,000	6,947	2%	238,000	169,000
Court Reporters	11,215	14,968	12,072	0	0	0%	13,000	(13,000)
Evidence/Witness Fees	371,666	304,211	223,746	244,000	2,060	1%	300,000	(56,000)
DOI - Investigative	0	0	0	6,000	0	0%	0	6,000
Vehicle Operations	51,529	48,556	41,916	5,000	0	0%	47,000	(42,000)
Major Equipment	0	23,531	131,660	0	9,468	-	10,000	(10,000)
TOTALS, OE&E	5,726,933	5,430,157	5,712,481	6,306,000	505,939	8%	5,767,606	538,394
TOTAL EXPENSE	11,186,505	11,170,745	12,292,218	14,033,000	2,182,348	16%	12,516,689	1,516,311
Sched. Reimb. - Fingerprints	(15,365)	(16,366)	(16,660)	(53,000)	(931)	2%	(53,000)	0
Sched. Reimb. - Other	(8,000)	(7,756)	(5,875)	(214,000)	(1,175)	1%	(214,000)	0
Unsched. Reimb. - External/Private	(25,313)	0	0	0	0	-	0	0
Probation Monitoring Fee - Variable	(115,886)	(102,020)	(110,324)	0	(4,225)	-	0	0
Invest Cost Recover FTB Collection	0	0	(4,660)	0	0	-	0	0
Unsched. - DOI ICR Civil Case Only	0	(1,450)	0	0	0	-	0	0
Unsched. - Investigative Cost Recovery	(362,177)	(497,832)	(514,365)	0	(32,441)	-	0	0
NET APPROPRIATION	10,659,764	10,545,321	11,640,334	13,766,000	2,143,575	16%	12,249,689	1,516,311
SURPLUS/(DEFICIT):								11.0%

0741 - State Dentistry Fund

Analysis of Fund Condition

Prepared 10.26.18

(Dollars in Thousands)

2018 Budget Act

	ACTUALS 2016-17	CY 2017-18	BY 2018-19
BEGINNING BALANCE	\$ 6,327	\$ 6,389	\$ 5,106
Prior Year Adjustment	\$ 164	\$ -	\$ -
Adjusted Beginning Balance	\$ 6,491	\$ 6,389	\$ 5,106
REVENUES AND TRANSFERS			
Revenues:			
4121200 Delinquent fees	\$ 89	\$ 124	\$ 162
4127400 Renewal fees	\$ 9,697	\$ 11,076	\$ 12,555
4129200 Other regulatory fees	\$ 54	\$ 64	\$ 98
4129400 Other regulatory licenses and permits	\$ 1,134	\$ 1,934	\$ 2,083
4143500 Miscellaneous services to the public	\$ 64	\$ -	\$ -
4163000 Income from surplus money investments	\$ 54	\$ 17	\$ 19
4171400 Escheat of unclaimed checks and warrants	\$ 7	\$ 4	\$ 4
4171500 Escheat of unclaimed property	\$ 5	\$ -	\$ -
4172500 Miscellaneous revenues	\$ 3	\$ 5	\$ 5
Total Revenues	\$ 11,107	\$ 13,224	\$ 14,926
Total Revenues, Transfers, and Other Adjustments	\$ 11,107	\$ 13,224	\$ 14,926
Total Resources	\$ 17,598	\$ 19,613	\$ 20,032
EXPENDITURES			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 10,545	\$ 13,703	\$ 13,766
8880 Financial Information System of California (State Operations)	\$ 17	\$ 17	\$ 1
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ -	\$ 161
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 647	\$ 787	\$ 814
Total Expenditures and Expenditure Adjustments	\$ 11,209	\$ 14,507	\$ 14,742
FUND BALANCE			
Reserve for economic uncertainties	\$ 6,389	\$ 5,106	\$ 5,290
Months in Reserve	5.3	4.2	4.3

DENTAL ASSISTING PROGRAM - FUND 3142
BUDGET REPORT
FY 2018-19 EXPENDITURE PROJECTION

Preliminary FM 3

OBJECT DESCRIPTION	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19				
	ACTUAL	ACTUAL	ACTUAL	BUDGET	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	EXPENDITURES	ACT	EXPENDITURES	SPENT	TO YEAR END	BALANCE
	(MONTH 13)	(MONTH 13)	(PRELIM 12)	2018	9/30/2018			
PERSONNEL SERVICES								
Salary & Wages (Staff)	390,798	404,432	429,537	516,000	77,232	15%	493,739	22,261
Temp Help Reg (907)	0	33,448	38,903	0	11,834	0%	71,004	(71,004)
Board Member Per Diem (901, 920)	4,200	2,600	600	0	0	-	2,500	(2,500)
Overtime	3,466	12,255	9,508	0	0	-	8,500	(8,500)
Staff Benefits	257,393	292,318	311,350	330,000	60,932	18%	389,534	(59,534)
TOTALS, PERSONNEL SVC	655,857	745,053	789,897	846,000	149,997	18%	965,277	(119,277)
OPERATING EXPENSE AND EQUIPMENT								
General Expense	8,400	8,988	9,122	36,000	0	0%	9,000	27,000
Fingerprint Reports	54	27	77	8,000	0	0%	100	7,900
Minor Equipment	6,369	0	0	0	5,366	-	6,000	(6,000)
Printing	5,573	3,893	60	20,000	0	0%	4,000	16,000
Communication	30	0	0	13,000	294	2%	500	12,500
Postage	14,689	0	1	37,000	0	0%	0	37,000
Insurance	0	11	3,274	0	0	-	3,600	(3,600)
Travel In State	43,566	36,037	14,975	49,000	4,565	9%	39,800	9,200
Training	0	36	0	4,000	0	0%	0	4,000
Facilities Operations	82,391	45,737	72,335	64,000	12,668	20%	77,000	(13,000)
Utilities	0	0	0	1,000	0	0%	0	1,000
C & P Services - Interdept.	0	0	0	288,000	0	0%	0	288,000
C & P Services - External	0	25,000	46,601	32,000	23,000	72%	33,000	(1,000)
DEPARTMENTAL SERVICES:								
Office of Information Services	579,091	655,397	568,400	518,000	0	0%	518,000	0
Administration Services	134,858	137,466	157,348	167,000	0	0%	167,000	0
Interagency Services	0	0	0	73,000	0	0%	0	73,000
Interagency Services w/ Office of Professional Examination Services	0	39,728	64,415	0	0	-	41,840	(41,840)
Division of Investigation - Internal	3,933	3,680	3,286	5,000	0	0%	5,000	0
Communications Division	9,000	16,372	8,820	11,000	0	0%	11,000	0
Program and Policy Review Division	0	654	7,840	8,000	0	0%	8,000	0
INTERAGENCY SERVICES:								
Consolidated Data Center	0	0	0	3,000	0	0%	0	3,000
Information Technology	909	0	720	1,000	0	0%	900	100
Statewide ProRata	91,663	0	0	0	0	0%	0	0
EXAMS EXPENSES:								
Exam Supplies	15,232	13,832	0	4,000	0	0%	14,500	(10,500)
Exam Site Rental - State Owned	37,685	56,756	0	0	0	-	57,000	(57,000)
Exam Site Rental - Non State Owned	37,550	30,000	0	70,000	0	0%	34,000	36,000
C/P Svcs-External Expert Administration	2,983	200	0	31,000	0	0%	0	31,000
C/P Svcs-External Expert Examiners	0	0	0	47,000	0	0%	0	47,000
C/P Svcs-External Expert Examiners	0	0	0	0	0	-	0	0
C/P Svcs-External Subject Matter	209,934	136,891	96,975	0	28,791	-	174,000	(174,000)
Other Items of Expense	0	5,610	0	0	8,448	-	8,448	(8,448)
ENFORCEMENT:								
Attorney General	120,885	137,406	144,981	173,000	20,815	12%	148,500	24,500
Office Admin. Hearings	0	0	0	3,000	0	0%	0	3,000
Court Reporters	0	83	0	0	0	-	0	0
Evidence/Witness Fees	5,019	0	7,628	0	0	-	8,000	(8,000)
Vehicle Operations	0	0	20	0	0	-	0	0
Major Equipment	568	0	0	0	0	-	0	0
TOTALS, OE&E	1,410,382	1,353,804	1,206,876	1,666,000	103,946	6%	1,369,188	296,812
TOTAL EXPENSE	2,066,239	2,098,857	1,996,773	2,512,000	253,944	10%	2,334,465	177,535
Sched. Reimb. - Fingerprints	(948)	(1,323)	(622)	(13,000)	0	0%	(1,100)	(1,100)
Sched. Reimb. - Other	(705)	(705)	0	(3,000)	0	0%	(700)	(700)
NET APPROPRIATION	2,064,586	2,096,829	1,996,151	2,496,000	253,944	10%	2,332,665	175,735
SURPLUS/(DEFICIT):								7.0%

3142 - State Dental Assistant Fund

Analysis of Fund Condition

Prepared 10.26.2018

(Dollars in Thousands)

2018 Budget Act

	ACTUAL 2016-17	CY 2017-18	BY 2018-19
BEGINNING BALANCE	\$ 2,634	\$ 2,120	\$ 1,413
Prior Year Adjustment	\$ 22	\$ -	\$ -
Adjusted Beginning Balance	\$ 2,656	\$ 2,120	\$ 1,413
REVENUES AND TRANSFERS			
Revenues:			
4121200 Delinquent fees	\$ 69	\$ 79	\$ 94
4127400 Renewal fees	\$ 1,245	\$ 1,540	\$ 1,868
4129200 Other regulatory fees	\$ 11	\$ 27	\$ 30
4129400 Other regulatory licenses and permits	\$ 312	\$ 371	\$ 497
4140000 Sales of documents	\$ 3	\$ -	\$ -
4143500 Miscellaneous services to the public	\$ 1	\$ 1	\$ 1
4163000 Income from surplus money investments	\$ 19	\$ 4	\$ 4
4172500 Miscellaneous revenues	\$ 1	\$ 1	\$ 1
Total Revenues	\$ 1,661	\$ 2,023	\$ 2,495
Total Revenues, Transfers, and Other Adjustments	\$ 1,661	\$ 2,023	\$ 2,495
Total Resources	\$ 4,317	\$ 4,143	\$ 3,908
EXPENDITURES			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 2,097	\$ 2,542	\$ 2,496
8880 Financial Information System for California (State Operations)	\$ 3	\$ 4	\$ -
9892 Supplemental Pension Payments (State Operations)	\$ -	\$ -	\$ 17
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 97	\$ 184	\$ 202
Total Expenditures and Expenditure Adjustments	\$ 2,197	\$ 2,730	\$ 2,715
FUND BALANCE			
Reserve for economic uncertainties	\$ 2,120	\$ 1,413	\$ 1,193
Months in Reserve	9.3	6.2	5.2



DENTAL BOARD OF CALIFORNIA

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

**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL AGENDA
NOVEMBER 29, 2018**

Upon Conclusion of Agenda Item 5

Sacramento Marriott of Rancho Cordova
11211 Point East Drive, Rancho Cordova Room
Rancho Cordova, CA 95742
(844) 203-4954 (Reservations) or (916) 263-2300 (Board Office)

Members of the Dental Assisting Council:

Anne Contreras, RDA,
Pamela Davis-Washington, RDA
Cindy Ovard, RDA
Pamela Peacock, RDA

Jennifer Rodriguez, RDAEF
Rosalinda Olague, RDA
Bruce Whitcher, DDS

Public comments will be taken on agenda items at the time the specific item is raised. The Council may take action on any item listed on the agenda, unless listed as informational only. All times are approximate and subject to change. Agenda items may be taken out of order to accommodate speakers and to maintain a quorum. The meeting may be cancelled without notice. Time limitations for discussion and comment will be determined by the Council Chair. For verification of the meeting, call (916) 263-2300 or access the Board's website at www.dbc.ca.gov. This Committee meeting is open to the public and is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Karen M. Fischer, MPA, Executive Officer, at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by phone at (916) 263-2300. Providing your request at least five business days before the meeting will help to ensure availability of the requested accommodation. While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise. To view the Webcast, please visit <https://thedcapage.wordpress.com/webcasts/>.

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the August 23, 2018, Dental Assisting Council Meeting Minutes
3. Update on Dental Assisting Program and Course Applications and RDA Program Re-evaluations
4. Update on Dental Assisting Examination Statistics
 - A. Registered Dental Assistant (RDA) General Written Examination
 - B. Registered Dental Assistant (RDA) Law and Ethics Examination

- C. Registered Dental Assistant (RDA) General Written and Law and Ethics Examination
 - D. Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations
 - E. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
 - F. Orthodontic Assistant (OA) Written Examination
 - G. Dental Sedation Assistant (DSA) Written Examination
5. Update on Dental Assisting Licensing Statistics
 - A. Registered Dental Assistant (RDA)
 - B. Registered Dental Assistant in Extended Functions (RDAEF)
 - C. Orthodontic Assistant (OA)
 - D. Dental Sedation Assistant (DSA)
 6. Discussion and Possible Action Regarding the Use of an Alternative Examination Resource to Administer the Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations
 7. Discussion and Possible Action Regarding the Development of a Legislative Proposal Relating to the Requirements for Certification in Coronal Polishing and Pit and Fissure Sealants in the Registered Dental Assistant (RDA) Profession
 8. Discussion and Possible Action Regarding Proposed Statutory Changes as Requested by the Foundation for Allied Dental Education (FADE) Relating to
 - A. Addition of Statutory Provisions Relating to the Use of Materials and Devices Authorized for Use in the Performance of RDAEF Scope of Practice;
 - B. Amendments to Business and Professions Code Sections 1752.1 and 1753 to Allow RDA and RDAEF Programs the Ability to Keep Students Enrolled Until Such Time they Successfully Complete all Licensure Requirements
 9. Discussion and Possible Action Regarding the Scope of Practice for the RDAEF2 as submitted by Joan Greenfield, representative of RDAEF Association and J Productions Dental Seminar's Inc
 - A. Addition of the Administration of Local Anesthesia
 - B. Addition of the Administration of Nitrous Oxide
 10. Public Comment on Items Not on the Agenda
 The Council may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

11. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
12. Council Member Comments on Items Not on the Agenda
The Council may not discuss or take action on any matter raised during the Council Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
13. Adjournment



DENTAL BOARD OF CALIFORNIA

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**DENTAL BOARD OF CALIFORNIA
DENTAL ASSISTING COUNCIL MINUTES
AUGUST 23, 2018**

Hyatt Regency San Francisco Airport
1333 Bayshore Highway, Sequoia B
Burlingame, CA 9401092840

Members Present:

Anne Contreras, RDA
Pamela Davis-Washington, RDA
Cindy Ovard, RDA
Pamela Peacock, RDA
Rosalinda Olague, RDA
Bruce Whitcher, DDS

Members Absent:

Jennifer Rodriguez, RDAEF

Agenda Item 1: Call to Order/Roll Call/Establishment of Quorum

A regular meeting of the Dental Assisting Council (Council) was called to order by Dr. Whitcher, appointed as interim chair by Dr. Stewart President of the Dental Board of California, at 10:45 a.m. on Thursday, August 23, 2018. Jeri Westerfeld called roll and a quorum was established.

Agenda Item 2: Introductions of Dental Assisting Council Members

Dr. Whitcher asked the Council members to give a one- to two- minute introduction. All members shared a brief summary of their personal/professional experience.

Agenda Item 3: Acceptance of the May 14, 2015 Dental Assisting Council Meeting Minutes

M/S/C (Whitcher/Davis-Washington) to accept the May 14, 2015 Dental Assisting Council Meeting minutes. The meeting minutes are dated so long ago because that is when the last Council meeting was held. For the previous several years, the Council has been holding their meetings as a joint meeting with the Board. No vote was necessary.

Agenda Item 4: Overview of the Dental Assisting Council

Ms. Sarah Wallace, Assistant Executive Officer introduced Ms. Tina Vallery, Dental Assisting Program Manager. Ms. Vallery took over the unit in June 2018 and has been very busy. She is very acclimated to the program and has served in many positions in the unit even when it was still under the Commission on Dental Auxiliaries (COMDA). An overview of the Board and Council, what their responsibilities are, their missions, and their objectives was provided.

Agenda Item 5: Update on Dental Assisting Program and Course Applications and RDA Program Re-evaluations

There are 50 RDA programs requiring a re-evaluation of their curriculum. The status of each program that has been notified is provided in the meeting packet for Board and Council members. The remaining programs are still awaiting the initial re-evaluation letters. These letters inform the program of their re-evaluation along with an application and a request for a copy of their curriculum. Five (5) letters are being sent out monthly until November 2018. One program has been approved and six applications are under review by staff and subject matter experts. Eight programs have been notified of deficiencies and staff are working with them for correction of deficiencies.

Ms. Vallery then reviewed the Dental Assisting Program and Course Applications statistics.

Agenda Item 6: Update on Dental Assisting Examinations Statistics

Currently there are four examinations in the Dental Assisting program: Registered Dental Assistant (RDA) General/Law and Ethics Written (RDAC), Registered Dental Assistant Extended Functions (RDAEF) Clinical/Practical, Orthodontic Assistant (OA) Written, and Dental Sedation Assistant (DSA) Written. The meeting packet provides the written examination pass and fail statistics for candidates who took the examinations from July 2017 to June 2018. This information is also available on the website.

Public Comment:

Dr. Molly Newlon, University of California, San Francisco (UCSF) and University of the Pacific (UOP), asked if administration of the RDAEF Clinical/Practical examination will ever be offered in different languages. She stated that candidates who speak other languages other than English as their first language, could have problems with conceptually understanding concepts not in their language.

Ms. Wallace stated that there is a statute that requires all dental examinations be in English. Staff is verifying if the Board has the authority to offer the exams in different languages. This potentially will be discussed at future Board meetings.

Ms. Joan Greenfield expressed agreement with Dr. Newlon's request.

Agenda Item 7: Update on Dental Assisting Licensing Statistics

An update on the Dental Assisting Licensing statistics was provided.

Agenda Item 8: Update regarding the Combining of the Registered Dental Assistant (RDA) Law and Ethics and General Written Examinations

At the May Board meeting, staff reported that the combining of the two examinations was in process from May 15th through May 23rd. May 24th through July 8th candidates, would receive a letter stating their results were being held for the period of four to six weeks and they would receive their examination scores by mail, so staff could complete a quality assurance assessment. The staff experienced a slight delay in getting the

results from PSI due to an issue with the BreEZE interface but started to issue licenses on July 16, 2018. The pass rate for the RDAC remains consistent with the two previous examinations at 54%. The Council expressed concern with the 54% pass rate.

Agenda Item 9: Discussion and Possible action Regarding the Scope of Practice for the RDAEF2 as submitted by Joan Greenfield, representative of RDAEF Association and J Productions Dental Seminar's Inc.

The discussion is for the addition of the administration of Local Anesthesia and administration of Nitrous Oxide to the scope of practice for RDAEF2.

Ms. Joan Greenfield, representative of the RDAEF Association, advocates the utilization of local anesthesia by the EF2s as an optional post-licensure permit, with conditions determined by the Board.

Ms. Greenfield stated that a major concern is for patient safety. When local anesthesia wears off, the RDAEF2 does not have the ability to directly control pain levels and anxiety. At this time, they must go find a Registered Dental Hygienist (RDH) or dentist to adjust the local anesthesia or nitrous oxide. Thereby, interrupting not only their patient's procedure but interrupting the other patient.

The proposed program length for the post-secondary level education is 150 hours of instruction including 118 hours of didactic instruction and 32 hours of pre-clinical and clinical instructions. This is proposed because the education content would be developed by the Board if it agrees to increase scope of practice for RDAEF2s.

M/S/C (Davis-Washington/Peacock) to table for discussion and further review.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Davis-Washington	✓				
Olague	✓				
Ovard	✓				
Peacock	✓				
Rodriguez				✓	
Whitcher	✓				

The motion to table this agenda item passed.

Public Comment:

Ms. Julie Cisneros, RDAEF2, stated it is a normal everyday occurrence to have anesthesia wear off and have to get RDH or Dentist to come back and apply more anesthesia. The overall bases for this increase of scope is for the quality of care for the patient.

Ms. Lisa Okamoto, California Dental Hygienists' Association, is opposed to increasing the scope of practice to include administration of local anesthesia. The dentist is required to be present not only to ensure patient safety but the proper delivery of care and to provide pain management. The dentist's or RDAEF2's inconvenience is not really

relevant; safety and improved care for the patient is. With the on the job career pathway, an RDAEF2 might only have the equivalent of one semester/quart of formal college education.

Ms. Lori McDonald, California Dental Hygiene Educators' Association (CDHEA), is opposed to increasing the scope of practice to include administration of local anesthesia. This proposal is not supported by members of the CDHEA due to the lack of education in the basic sciences and dental hygiene core courses and insufficient patient experiences of administration of local anesthesia.

Dr. Vicki Kimbrough, Taft College and Purple Pen Seminars, is opposed to the proposal of increasing the scope of practice to include administration of local anesthesia.

Ms. Linda Brookman, USC Ostrow Dental School, is opposed to the proposal increasing the scope of practice to include administration of local anesthesia. Brought in letters of opposition.

Mr. Anthony Lum, Dental Hygiene Committee in California, is opposed to increasing the scope of practice to include administration of local anesthesia. No reported incidence throughout the states of injection problems. The only reporting requirement he was able to find is that it would be unprofessional conduct if it was not reported if the patient died or if the patient had to be admitted to the hospital for at least 24 hours because of the injection problems.

Ms. Suzy Jordon, RDAEF2, stated this is all about patients being able to be comfortable during their procedure.

Ms. Dana Tubbs, RDAEF2, works in a Rural Health Clinic. When completing quadrant dentistry, they become unnumbed so she has to stop, waiting for the dentist to come back and reapply anesthetic.

Ms. Denise Dessert, RDAEF2, requests that this proposal be addressed again at the November meeting, so Council members have the ability to get the information they need.

Ms. Melodi Randolph, California Dental Assistants Association, stated that education is the main issue after listening to all the public comment. She stated that if we address this issue and compromise to what is necessary, maybe even an Associate Degree, then we can make this happen so patient safety and access to care issues can be addressed.

Dr. Witcher stated since the Council has already agreed to table the local anesthesia piece. He requested that the Council receive the Nitrous Oxide and Local Anesthesia information given by Ms. Greenfield by email.

Agenda Item 10: Public Comment on Items Not on the Agenda
None

Agenda Item 11: Future Agenda Items
None

Agenda Item 12: Board and Council Members Comments on Items not on the Agenda
None

Agenda Item 13: Adjournment
Meeting adjourned at 2:01 p.m.



MEMORANDUM

DATE	October 26, 2018
TO	Members of the Dental Assisting Council
FROM	Maria Collins, Educational Program Coordinator Laura Fisher, Lead Educational Program Coordinator
SUBJECT	DAC Agenda Item 3: Update on Dental Assisting Program and Course Applications and RDA Program Re-Evaluations

Update on Dental Assisting Program and Course Applications

Table 1 identifies the total number of DA Program/Course curriculum applications approved in 2018 to date. Table 2 lists the number of RDA or RDAEF Program site visits conducted in 2018 to date. Table 3 lists the DA Program and Course application status to date. Table 4 provides the total number of approved DA programs and courses. Table 5 identifies approved DA program or course providers by name and type of program. Table 6 identifies the DA approved program and course trends for 2018.

Table 1 Total DA Program and Course Applications Approved in 2018											
	RDA Programs	RDAEF Programs	RDAEF-ITR	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant	Ultrasonic Scaler	Infection Control	Ortho Assistant	Dental Sedation Assistant	Grand Total
Course Totals	5	3	2	6	4	5	2	6	9	6	48

Table 2 Total RDA or RDAEF Program Site Visits in 2018				
	RDA Programs		RDAEF	Grand Total
	Provisional	Full		
Totals	5	4	2	11

Table 3
DA Program & Course Application Status 2018

Program or Course	Approved	Denied	Curriculum Approved- Pending Provisional Site Visit	In the Review Process	Deficient
RDA Program/Curriculum	5	0	2	0	0
RDAEF Program/Curriculum	3	0	0	0	0
RDAEF-ITR	2	0	N/A	0	0
Radiation Safety	6	0	N/A	0	5
Coronal Polish	4	0	N/A	0	4
Pit & Fissure Sealant	5	0	N/A	0	3
Ultrasonic Scaler	2	0	N/A	0	0
Infection Control	6	0	N/A	0	7
OA Permit	9	0	N/A	0	1
DSA Permit	6	0	N/A	1	0
Total Applications	48	0	2	1	20

Table 4
Total Approved DA Programs and Courses

RDA Programs	RDAEF Programs	RDAEF- ITR Programs	Radiation Safety Course	Coronal Polish Course	Pit and Fissure Sealants Course	Ultrasonic Scaler Course	Infection Control Course	Orthodontic Assistant Course	Dental Sedation Assistant Course
101	13	4	139	91	124	32	124	155	31

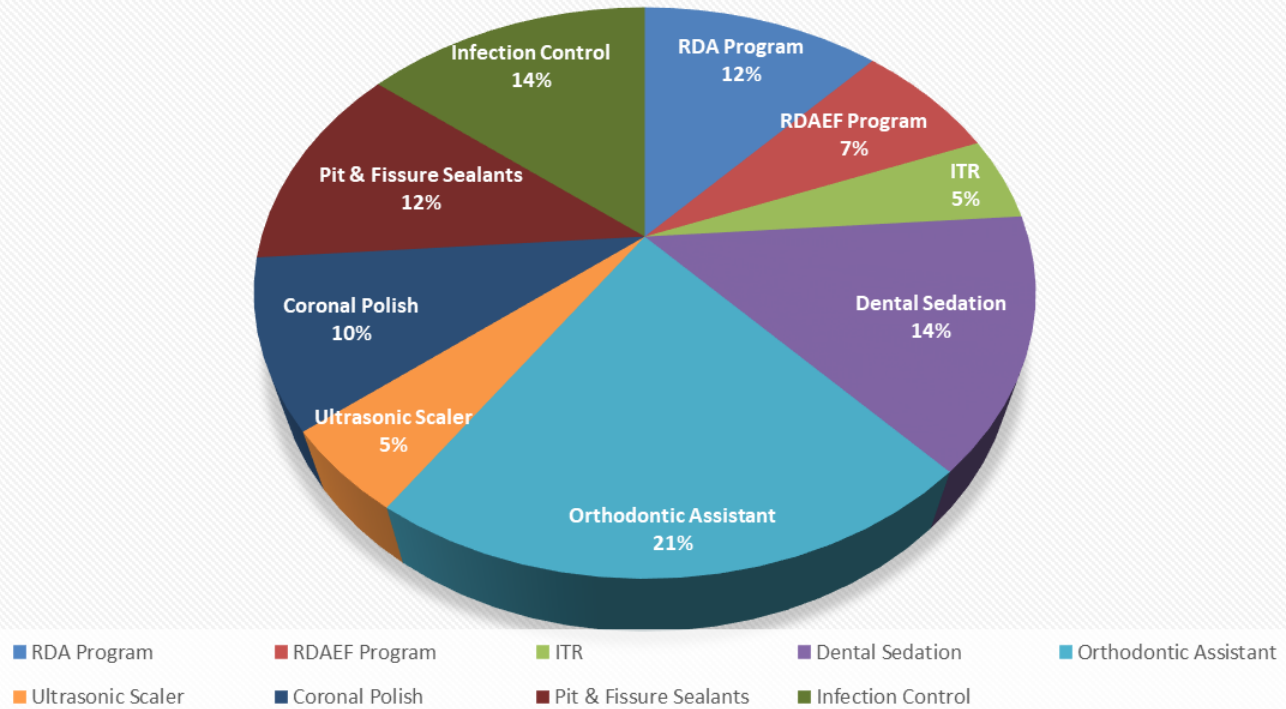
Table 5
Approved DA Program & Course by Name

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Weideman Pediatric Dentistry & Orthodontics	1/14/18										X
Dental Career Institute	1/19/18	X									
Gold Coast Dental Academy	1/27/18		X								
Central Calif. Dental Academy	2/8/18						X				
Gurnick Academy of Medical Arts	2/14/18								X		
Gurnick Academy of Medical Arts	2/14/18					X					
Palo Alto Orthodontics	2/25/18										X
Wheeler and Seul Oral Surgery	2/25/18									X	
Dental Specialties Institute	2/28/18		X								
West Los Angeles College	3/3/18	X									
Ralph Callender III, DDS	3/16/18										X
WDS - Bakersfield	3/19/18										X
Dental Educators	3/26/18								X		
Kairos College	3/28/18	X									
Silicon Valley Orthodontics	4/3/18										X
S. Cal. Orthodontic Assisting School	4/3/18							X			
Ordemy	4/3/18						X				
S. Cal. Orthodontic Assisting School	4/5/18										X
University of the Pacific	4/10/18				X						
Dental Career Institute	4/16/18									X	
Dental Specialties Institute	4/23/18									X	
Dental Career Institute	4/23/18			X							
Los Angeles School of Dental Assisting	4/23/18						X				
Tzu Chi Dental Institute	4/23/18								X		
Jin Kim, DDS	4/23/18				X						
Howard Healthcare Academy	4/26/18									X	

Table 5
Approved DA Program & Course by Name Cont'd

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Healthcare Skills Development Institute	4/30/18								X		
Matthew Molitor, DDS	5/3/18										X
George Maranon, DDS	5/8/18									X	
S. Cal. Orthodontic Assisting School	5/17/18								X		
Frontier Dental	5/18/18					X					
Frontier Dental	5/21/18				X						
Esthetic Partners Dental Group	5/23/18							X			
Frontier Dental	6/4/18						X				
Dental Educators	6/5/18						X				
Dental Specialties Institute	6/5/18			X							
Monterey Bay Orthodontics	6/25/18										X
Marla Rocha	6/25/18					X					
Norwalk-La Mirada Adult School	6/29/18								X		
CBD College	7/11/18	X									
RDA4U	8/14/18					X					
Pima Medical Institute	8/15/18	X									
Ordemy	8/25/18		X								
Chapa-De Indian Health Program	8/31/18										X
Tzu Chi Dental Institute	9/8/18				X						
J. Alex Tomaich, DDS, Inc	10/12/18									X	
RDA4U	10/15/18				X						
National Career College, Inc	10/15/18				X						
INDIVIDUAL PROGRAM/COURSE TOTALS		5	3	2	6	4	5	2	6	6	9
TOTAL APPROVALS = 48											

Table 6
Trend in Approved Programs and Courses for 2018



Update on RDA Program Re-Evaluations

The Dental Board of California (Board) is in the process of evaluating the RDA programs. The Board has the authority to audit programs and courses for compliance with regulations in the event the Board deems it necessary.

California Code of Regulations (CCR), section 1070 (a)(2), states; the Board may approve, provisionally approve, or deny approval of any program or course for which an application to the Board for approval is required. All Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF) programs and dental assisting educational courses shall be re-evaluated approximately every seven years, but may be subject to re-evaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). Re-evaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of re-evaluation shall be reported to the Board or its designee for final consideration and continuance of program or course approval, provisional approval or denial of approval.

The RDA programs were chosen based on the findings of the Law and Ethics and the RDA Written Examination school statistics; the overall students pass/fail percentage and the year

the program was given full approval. It was decided that 50 RDA programs required a re-evaluation of their curriculum during this first stage.

A strategic timeframe was set forth to effectively request, re-evaluate, and monitor the evaluation process. On February 6, 2018 the first (5) five re-evaluation letters were mailed out and another (5) five will be mailed out on the first week of each month.

Upon the receipt of letter, the programs will have (6) six weeks to return the enclosed applications and all exhibits to the Board. We have found that most program directors have requested extensions due to the extensive amount of paperwork required for the evaluation. Board staff are considering the requests for extensions on a case by case basis.

Once the board receives the re-evaluation curriculum, it is forwarded to a subject matter expert (SME) for evaluation. The evaluation process can take between 60 to 90 days to conclude, depending on the program's compliance with the Board's regulations. Based on the findings of the re-evaluation, the Board has the discretion to include a site visit to ensure the location of the program is also in compliance with the Board's regulations.

To date, Board staff has mailed out 45 RDA program re-evaluation notification letters and received responses from thirty-seven (37) programs.

- Eight (8) programs have notified the Board that their RDA programs have closed,
- Eight (8) programs have requested extensions for various reasons, which Board staff have granted,
- Five (5) programs have gone through the re-evaluation process and have obtained re-approval,
- Five (5) programs have submitted their applications and curriculum for review and this information has been forwarded to our SME's for review,
- Eleven (11) programs have submitted applications and curriculum for review and have outstanding deficiencies. These deficiencies are primarily due to a variety of documents that were not included in their original submissions and/or documents that need to be revised and resubmitted,
- Three (3) programs have not responded to the re-evaluation letter, and
- Five (5) new re-evaluation notification letters were sent in October 2018.

The information specific to each program has been provided on the following table.

PROGRAM	DATE INITIAL RE-EVALUATION LETTER WAS SENT	STATUS
SJVC-Visalia	February 6, 2018	Approved 9/24/18
SJVC- Bakersfield	February 6, 2018	Approved 9/24/18
Grossmont Community College	February 6, 2018	Being reviewed by SME 9/5/18
Contra Costa	N/A	Program Closed 12/1/13
SJVC - Fresno	February 6, 2018	Approved on 9/24/18

Table Continued

PROGRAM	DATE INITIAL RE-EVALUATION LETTER WAS SENT	STATUS
Hacienda La Puente	March 5, 2018	Deficient – pending corrections
Carrington - San Leandro	March 5, 2018	Deficient – pending corrections
Allan Hancock	March 5, 2018	Deficient – pending corrections
College of the Redwoods	March 5, 2018	Deficient – pending corrections
Pima - Chula Vista	March 5, 2018	Deficient – pending review of corrections
Shasta/Trinity ROP	N/A	Program Closed 6/29/18
Butte County ROP	April 2, 2018	Extension granted until 11/5/18
Concorde Career - San Diego	April 2, 2018	Deficient – pending corrections
Concorde Career - North Hollywood	April 2, 2018	Deficient – pending corrections
Concorde Career - San Bernardino	April 2, 2018	Deficient – pending review of corrections
Concorde Career - Garden Grove	May 7, 2018	Deficient – pending corrections
Riverside ROP - Riverside	May 7, 2018	Approved 7/26/18
Brightwood-Stockton	N/A	Program Closed 9/17/18
Anthem College	N/A	Program Closed
San Bernardino City ROP-Hesperia	June 12, 2018	Being reviewed by SME 10/4/18
North Orange County ROP	June 12, 2018	Being reviewed by SME 10/5/18
UEI-Chula Vista	June 12, 2018	Approved 9/14/18
Southern California ROC	July 23, 2018	No response received
UEI - Ontario	July 23, 2018	Deficient – pending review of corrections
UEI - Huntington Park	July 23, 2018	Being reviewed by SME 10/5/18
Brightwood – Sacramento	N/A	Program Closed 9/17/18
Brightwood - Bakersfield	N/A	Program Closed 9/17/18
Brightwood - Modesto	August 27, 2018	Extension granted until 11/5/18
Intercoast College El Cajon	August 27, 2018	No response received
Chaffey College	August 27, 2018	Extension granted until 11/8/18
Mt. Diablo/Loma Vista	August 27, 2018	Extension granted until 11/15/18
Eden ROP	August 27, 2018	Deficient – pending corrections
Baldy View ROP	August 27, 2018	Being reviewed by SME 10/9/18
American Career - Anaheim	September 7, 2018	Extension granted until 11/1/18
Blake Austin College	September 7, 2018	Extension granted until 11/30/18
Carrington - San Jose	September 7, 2018	Extension granted until 11/28/18
Brightwood - Clovis	N/A	Program Closed 9/17/18
Tri Cities ROP	September 7, 2018	Extension granted until 12/10/18
Carrington - Antioch	September 7, 2018	No response received
Carrington - Sacramento	October 30, 2018	Re-evaluation notice sent
Brightwood - Palm Springs	N/A	Program Closed 9/17/18
Brightwood - San Diego	October 30, 2018	Re-evaluation notice sent
Carrington - Citrus Heights	October 30, 2018	Re-evaluation notice sent
Brightwood - Riverside	October 30, 2018	Re-evaluation notice sent
Moreno Valley College	October 30, 2018	Re-evaluation notice sent

MEMORANDUM

DATE	October 29, 2018
TO	Members of the Dental Assisting Council
FROM	Rikki Parks, Management Services Technician Dental Board of California
SUBJECT	Agenda Item 4: Update on Dental Assisting Examination Statistics

Background:

The following table provides the written examination pass and fail statistics for candidates who took the examinations from October 2017 to September 2018.

Written Examination Statistics:

Oct 2017 – Sep 2018 - All Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Candidates Passed	% Candidates Failed
RDA Combined	1501	809	692	54%	46%
RDAEF	137	83	54	61%	39%
Orthodontic Assistant	622	304	318	49%	51%
Dental Sedation Assistant	3	3	0	100%	0%

As of January 2018, Board Staff has been able to extract the First Time and Repeat test takers, by examination type, from BreEze. The following tables provide the written examination pass and fail statistics by First Time and Repeat candidates that took examinations from January 2018 to September 2018.

Written Examination Statistics:

Jan 2018 – Sep 2018 - First Time Candidates

Written Exam	Total Candidates Tested	# of Examinee Passed	# of Examinee Failed	% Candidates Passed	% Candidates Failed
RDA Combined	1237	674	563	54%	46%
RDAEF	77	60	17	78%	22%
Orthodontic Assistant	229	144	85	63%	37%
Dental Sedation Assistant	1	1	0	100%	0%

Written Examination Statistics:

Jan 2018 – Sep 2018 - Repeat Candidates

	Total	# of	# of	%	%
RDA Combined	248	126	122	51%	49%
RDAEF	55	22	35	39%	61%
Orthodontic Assistant	242	82	160	34%	66%
Dental Sedation Assistant	N/A	N/A	N/A	N/A	N/A

The following table provides the RDAEF clinical and practical examination statistics for the months of October 2017 through September 2018.

RDAEF Clinical/Practical Examination Statistics:

Oct 2017 – Sep 2018 - All Candidates

Clinical Exam Date/Site	Total Candidates Tested	% Candidates Passed	% Candidates Failed
RDAEF – Oct 2017- UCLA/ UCSF	31	74%	26%
RDAEF – Feb 2018- FADE	2	50%	50%
RDAEF – May 2018- UCSF/ UCLA	73	71%	29%
RDAEF – Aug 2018- UCLA/ UCSF	34	59%	41%
Total for Year	96	69%	31%

Practical Exam Date/Site	Total Candidates Tested	% Candidates Passed	% Candidates Failed
RDAEF – Oct 2017- UCLA/ UCSF	36	58%	42%
RDAEF – Feb 2018- FADE	5	100%	0%
RDAEF – May 2018- UCSF/ UCLA	77	79%	21%
RDAEF – Aug 2018- UCLA/ UCSF	27	81%	19%
Total for Year	109	75%	25%

The following tables provide the clinical and practical examination pass and fail statistics by First Time and Repeat candidates, for candidates that took examinations from February 2018 – September 2018.

RDAEF Clinical/Practical Examination Statistics:

Feb 2018 – Sep 2018 - First Time Candidates

Clinical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
RDAEF	80	71%	29%
Total for Year	80	71%	29%

Practical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
RDAEF	82	83%	17%
Total for Year	82	83%	17%

RDAEF Clinical/Practical Examination Statistics:
Feb 2018 – Sep 2018 - Repeat Candidates

Clinical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
RDAEF	29	55%	45%
Total for Year	29	55%	45%

Practical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
RDAEF	27	74%	26%
Total for Year	27	74%	26%

Action Requested:

No action requested at this time.

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Program	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total	YTD First Time Testers	YTD Repeat Testers
4D College - Victorville (914)	N/A	N/A	0%	0%	0%	N/A	0%	0%
pass						0	0	0
fail						0	0	0
Allan Hancock (508)	N/A	92%	100%	71%	50%	84%	86%	67%
pass		11	4	5	1	21	19	2
fail		1	0	2	1	4	3	1
American Career - Anaheim (896)	N/A	100%	50%	0%	0%	31%	40%	0%
pass		2	2	0	0	4	4	0
fail		0	2	5	2	9	6	3
American Career - Long Beach (997)	N/A	100%	0%	56%	0%	100%	100%	0%
pass		1		1		2	2	0
fail		0		0		0	0	0
American Career - Los Angeles (867)	N/A	20%	50%	56%	0%	43%	35%	67%
pass		1	4	5	0	10	6	4
fail		4	4	4	1	13	11	2
American Career - Ontario (905)	N/A	50%	0%	100%	100%	83%	80%	100%
pass		1		3	1	5	4	1
fail		1		0	0	1	1	0
Anthem College (503)	N/A	0%	0%	0%	100%	50%	50%	0%
pass		0			1	1	1	0
fail		1			0	1	1	0
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
Baldy View Regiona Occupational Program (590)	N/A	0%	0%	100%	N/A	50%	50%	0%
pass		0	0	2		2	2	0
fail		1	1	0		2	2	0
Blake Austin College (897)	N/A	67%	100%	67%	50%	67%	75%	0%
pass		2	1	2	1	6	6	0
fail		1	0	1	1	3	2	1
Brightwood - Bakersfield (884)	N/A	50%	0%	0%	50%	21%	18%	33%
pass		1	0	0	2	3	2	1
fail		1	5	3	2	11	9	2

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Brightwood - Clovis (885)	100%	50%	0%	100%	60%	65%	77%	33%
pass	1	3	0	4	3	11	10	1
fail	0	3	1	0	2	6	3	2
Brightwood - Modesto (499)/(890)	N/A	43%	33%	50%	50%	43%	35%	67%
pass		3	2	2	3	10	6	4
fail		4	4	2	3	13	11	2
Brightwood - Palm Springs (901)	N/A	100%	100%	0%	50%	60%	60%	0%
pass		1	1	0	1	3	3	0
fail		0	0	1	1	2	2	0
Brightwood - Riverside (898)	N/A	100%	0%	N/A	100%	67%	67%	0%
pass		1	0		1	2	2	0
fail		0	1		0	1	1	0
Brightwood - Sacramento (888)	N/A	40%	100%	50%	80%	67%	50%	0%
pass		2	3	1	4	10	4	0
fail		3	0	1	1	5	4	1
Brightwood - San Diego (899)	N/A	0%	100%	0%	N/A	25%	25%	0%
pass		0	1	0		1	1	0
fail		1	0	2		3	3	0
Brightwood - Stockton (611)	N/A	50%	N/A	0%	N/A	33%	33%	0%
pass		1		0		1	1	0
fail		1		1		2	2	0
Brightwood - Vista (900)	N/A	100%	100%	0%	40%	60%	67%	0%
pass		1	3	0	2	6	6	0
fail		0	0	1	3	4	3	1
Butte County Regional Occupational Program (605)	N/A	67%	89%	100%	100%	88%	87%	100%
pass		2	8	4	1	15	13	2
fail		1	1	0	0	2	2	0
Cabrillo College (001)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
CA College of Vocational Careers (878)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
Carrington - Antioch (886)	N/A	100%	N/A	N/A	N/A	100%	100%	0%
pass		1				1	1	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

	fail		0			0
Carrington - Citrus Heights (882)		100%	60%	100%	100%	83%
	pass	1	3	1	1	10
	fail	0	2	0	0	2
Carrington - Emeryville (904)		N/A	N/A	N/A	N/A	N/A
	pass					0
	fail					0
Carrington - Pleasant Hill (868)		N/A	100%	100%	50%	67%
	pass		3	2	1	8
	fail		0	0	1	2
Carrington - Pomona (908)		N/A	N/A	N/A	N/A	N/A
	pass					0
	fail					0
Carrington - Sacramento (436)		N/A	53%	45%	69%	53%
	pass		8	5	9	8
	fail		7	6	4	7
Carrington - San Jose (876)		N/A	50%	50%	50%	N/A
	pass		1	2	2	
	fail		1	2	2	
Carrington - San Leandro (609)		N/A	0%	0%	17%	45%
	pass		0	0	2	5
	fail		4	4	10	6
Carrington - Stockton (902)		N/A	100%	40%	33%	43%
	pass		1	2	1	3
	fail		0	3	2	4
Cerritos College (511)		N/A	N/A	0%	N/A	50%
	pass			0		1
	fail			1		1
Chabot College (513)		N/A	N/A	N/A	N/A	0%
	pass					0
	fail					0
Chaffey College (514)		N/A	100%	0%	100%	50%
	pass		1	0	1	1
	fail		0	2	0	1
Charter College - Canyon Country (401)		N/A	100%	0%	0%	67%

0	0
83%	0%
10	0
2	0
0%	0%
0	0
0	0
80%	0%
8	0
2	0
0%	0%
0	0
0	0
52%	75%
24	6
22	2
50%	50%
4	1
4	1
13%	57%
3	4
21	3
38%	50%
3	1
5	1
50%	0%
1	0
1	1
0%	0%
0	0
0	0
50%	50%
2	1
2	1
50%	0%

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

	pass		1	0	0	2	3
	fail		0	1	1	1	3
Citrus College (515)		N/A	N/A	100%	100%	60%	71%
	pass			1	1	3	5
	fail			0	0	2	2
City College of San Francisco (534)		N/A	100%	100%	89%	100%	94%
	pass		1	2	8	5	16
	fail		0	0	1	0	1
College of Alameda (506)		N/A	N/A	67%	100%	N/A	83%
	pass			2	3		5
	fail			1	0		1
College of Marin (523)		N/A	N/A	0%	75%	100%	77%
	pass			0	6	4	10
	fail			1	2	0	3
College of San Mateo (536)		N/A	N/A	75%	N/A	33%	57%
	pass			3		1	4
	fail			1		2	3
College of the Redwoods (838)		N/A	100%	100%	N/A	50%	82%
	pass		4	3		2	9
	fail		0	0		2	2
Concorde Career - Garden Grove (425)		N/A	100%	20%	100%	67%	55%
	pass		2	2	5	2	11
	fail		0	8	0	1	9
Concorde Career - North Hollywood (435)		N/A	0%	0%	N/A	0%	0%
	pass		0	0		0	0
	fail		2	2		3	7
Concorde Career - San Bernardino (430)		100%	0%	20%	46%	38%	38%
	pass	1	0	1	6	3	11
	fail	0	2	4	7	5	18
Concorde Career - San Diego (421)		N/A	67%	50%	56%	50%	54%
	pass		2	4	5	2	13
	fail		1	4	4	2	11
Concorde Career - San Jose (400)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0

3	0
3	0
71%	0%
5	0
2	0
94%	100%
15	1
1	0
75%	100%
3	2
1	0
80%	100%
8	2
2	0
57%	0%
4	0
3	0
90%	0%
9	0
1	1
80%	30%
8	3
2	7
0%	0%
0	0
6	1
30%	67%
7	4
16	2
58%	40%
11	2
8	3
0%	0%
0	0
0	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Contra Costa (745)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
Cypress College (518)	N/A	N/A	33%	100%	100%	60%	60%	0%
pass			1	1	1	3	3	0
fail			2	0	0	2	2	0
Diablo Valley College (516)	N/A	N/A	88%	75%	100%	85%	83%	100%
pass			7	3	1	11	10	1
fail			1	1	0	2	2	0
East Los Angeles Occupational Center (855)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
Eden Area Regional Occupational Program (608) (856)	N/A	100%	N/A	N/A	0%	50%	50%	0%
pass		2			0	2	2	0
fail		0			2	2	2	0
Everest - Alhambra (406)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
Everest - Anaheim (403)/(600)	N/A	N/A	N/A	N/A	0%	0%	0%	0%
pass					0	0	0	0
fail					1	1	1	0
Everest - City of Industry (875)	N/A	100%	N/A	50%	0%	40%	40%	0%
pass		1		1	0	2	2	0
fail		0		1	2	3	3	0
Everest - Gardena (870)	N/A	100%	N/A	N/A	N/A	100%	100%	0%
pass		1				1	1	0
fail		0				0	0	0
Everest - Los Angeles (410)	N/A	N/A	N/A	100%	N/A	100%	100%	0%
pass				1		1	1	0
fail				0		0	0	0
Everest - Ontario (501)	N/A	100%	100%	N/A	67%	83%	83%	0%
pass		1	2		2	5	5	0
fail		0	0		1	1	1	0
Everest - Reseda (404)	N/A	0%	33%	60%	N/A	44%	43%	50%
pass		0	1	3		4	3	1

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

	fail		1	2	2		5
Everest - San Bernardino (881)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
Everest - San Francisco (407)		N/A	N/A	100%	0%	0%	40%
	pass			2	0	0	2
	fail			0	1	2	3
Everest - San Jose (408)		N/A	0%	0%	100%	100%	33%
	pass		0	0	1	1	2
	fail		2	2	0	0	4
Everest - Torrance (409)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
Everest - W Los Angeles (874)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
Foothill College (517)		N/A	0%	100%	100%	75%	75%
	pass		0	1	2	3	6
	fail		1	0	0	1	2
Galen - Fresno (413)		N/A	50%	50%	100%	N/A	57%
	pass		1	2	1		4
	fail		1	2	0		3
Galen - Modesto (497)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
Galen - Visalia (445)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
Grossmont Community College - El Cajon (519)		N/A	100%	100%	71%	17%	59%
	pass		3	1	5	1	10
	fail		0	0	2	5	7
Hacienda La Puente (776)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
Heald - Concord (891)		N/A	N/A	N/A	N/A	0%	0%

4	1
0%	0%
0	0
0	0
40%	0%
2	0
3	0
0%	100%
0	2
4	0
0%	0%
0	0
0	0
0%	0%
75%	0%
6	0
2	0
75%	100%
3	1
1	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
59%	0%
10	0
7	0
0%	0%
0	0
0	0
0%	0%

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

	pass				0	0
	fail				1	1
Heald - Hayward (889)		N/A	N/A	0%	100%	N/A 67%
	pass			0	2	2
	fail			1	0	1
Heald - Roseville (911)		N/A	N/A	N/A	N/A	N/A
	pass					0
	fail					0
Heald - Salida (910)		N/A	N/A	100%	0%	N/A 50%
	pass			1	0	1
	fail			0	1	1
Heald - Stockton (887)		N/A	N/A	N/A	0%	100% 50%
	pass				0	1 1
	fail				1	0 1
Intercoast College - El Cajon (883)		N/A	N/A	N/A	N/A	0% 0%
	pass				0	0
	fail				1	1
Intercoast College - Riverside (923)		N/A	100%	N/A	N/A	N/A 100%
	pass		1			1
	fail		0			0
Milan Institute - Merced (928)		N/A	100%	0%	N/A	0% 20%
			1	0		0 1
			0	2		2 4
Milan Institute - Palm Desert/Indio (906)		N/A	50%	100%	50%	0% 44%
	pass		2	1	1	0 4
	fail		2	0	1	2 5
Milan Institute - Visalia (907)		N/A	33%	60%	0%	50% 38%
	pass		1	3	0	2 6
	fail		2	2	4	2 10
Modesto Junior College (526)		N/A	N/A	N/A	N/A	N/A
	pass					0
	fail					0
Monterey Peninsula (527)		N/A	100%	67%	80%	100% 80%
	pass		1	2	4	1 8
	fail		0	1	1	0 2

0	0
1	0
50%	100%
1	1
1	0
0%	0%
0	0
0	0
50%	0%
1	0
1	0
0%	100%
0	1
1	0
0%	0%
0	0
1	0
1	0
100%	0%
1	0
0	0
25%	0%
1	0
3	1
44%	0%
4	0
5	0
36%	40%
4	2
7	3
0%	0%
0	0
0	0
89%	0%
8	0
1	1

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Moreno Valley College (903)	N/A	N/A	100%	75%	100%	82%	82%	0%
pass			2	6	1	9	9	0
fail			0	2	0	2	2	0
Mt. Diablo/Loma Vista (500)	N/A	100%	100%	50%	100%	89%	89%	0%
pass		2	2	1	3	8	8	0
fail		0	0	1	0	1	1	0
National Education Center (604)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
North Orange County Regional Occupational Program (495)	N/A	N/A	100%	50%	100%	80%	80%	0%
pass			2	1	1	4	4	0
fail			0	1	0	1	1	0
North-West College - Pomona (420)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
North-West College - West Covina (419)	N/A	50%	0%	0%	N/A	25%	25%	0%
pass		1	0	0		1	1	0
fail		1	1	1		3	3	0
Orange Coast (528)	N/A	100%	100%	50%	0%	73%	70%	100%
pass		1	5	2	0	8	7	1
fail		0	0	2	1	3	3	0
Palomar College (721)	N/A	N/A	100%	100%	100%	100%	100%	0%
pass			6	10	1	17	17	0
fail			0	0	0	0	0	0
Pasadena City College (529)	N/A	N/A	100%	100%	100%	100%	100%	0%
pass			1	1	3	5	5	0
fail			0	0	0	0	0	0
Pima Medical Center- Chula Vista (871)	N/A	100%	0%	0%	33%	15%	11%	25%
pass		1	0	0	1	2	1	1
fail		0	4	5	2	11	8	3
Reedley College (530)	N/A	0%	75%	40%	50%	59%	67%	40%
pass		0	6	2	2	10	8	2
fail		0	2	3	2	7	4	3
Riverside County Office of Education (921)	N/A	N/A	0%	50%	100%	50%	0%	100%
pass			0	1	1	2	0	2

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

	fail		1	1	0	2	2	0
Riverside County Regional Occupational Program (498)	N/A	0%	N/A	67%	80%	67%	67%	67%
	pass	0		4	4	8	6	2
	fail	1		2	1	4	3	1
Sacramento City College (532)	N/A	N/A	100%	94%	100%	96%	96%	0%
	pass		4	15	4	23	23	0
	fail		0	1	0	1	1	0
San Bernardino County Regional Occupational Program - Hesperia (454)	N/A	N/A	33%	71%	60%	56%	50%	67%
	pass		2	5	3	10	6	4
	fail		4	2	2	8	6	2
San Bernardino County Regional Occupational Program - Morongo USD (913)	N/A	N/A	100%	N/A	N/A	100%	100%	0%
	pass		1			1	1	0
	fail		0			0	0	0
San Diego Mesa College (533)	N/A	N/A	100%	100%	N/A	100%	100%	0%
	pass		2	3		5	5	0
	fail		0	0		0	0	0
San Joaquin Valley College - Bakersfield (601)	N/A	0%	100%	0%	100%	40%	25%	100%
	pass	0	1	0	1	2	1	1
	fail	1	0	2	0	3	3	0
San Joaquin Valley College - Fresno (602)	N/A	50%	50%	67%	0%	50%	53%	0%
	pass	3	3	2	0	8	8	0
	fail	3	3	1	1	8	7	1
San Joaquin Valley College - Rancho Cordova (880)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
	pass					0	0	0
	fail					0	0	0
San Joaquin Valley College - Temecula (919)	N/A	0%	60%	80%	75%	70%	63%	100%
	pass	0	3	8	3	14	10	4
	fail	1	2	2	1	6	6	0
San Joaquin Valley College - Visalia (446)	N/A	50%	100%	100%	67%	80%	89%	0%
	pass	1	3	2	2	8	8	0
	fail	1	0	0	1	2	1	1
San Jose City College (535)	100%	67%	100%	N/A	100%	86%	86%	0%
	pass	1	2	1		6	6	0
	fail	0	1	0		1	1	0
Santa Barbara City College (537)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

	pass						0
	fail						0
Santa Rosa Junior College (538)		N/A	0%	N/A	N/A	N/A	0%
	pass		0				0
	fail		1				1
Shasta/Trinity Regional Occupational Program (455)		N/A	N/A	60%	100%	100%	70%
	pass		1	3	1	2	7
	fail		1	2	0	0	3
Simi Valley Adult School (866)		N/A	0%	100%	100%	50%	50%
	pass		0	2	1	1	4
	fail		3	0	0	1	4
Southern California Regional Occupational Center - Torrance (612)		N/A	N/A	100%	75%	50%	67%
	pass			2	3	3	8
	fail			0	1	3	4
Southland College (428)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
The FADE Institute, Inc. (999)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
The Valley School of Dental Assisting (920)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
Tri Cities Regional Occupational Program (877)		N/A	N/A	N/A	N/A	N/A	N/A
	pass						0
	fail						0
United Education Institute - Anaheim (916)		N/A	N/A	0%	67%	N/A	40%
	pass			0	2		2
	fail			2	1		3
United Education Institute - Bakersfield (926)		N/A	20%	0%	50%	100%	47%
	pass		1	0	3	3	7
	fail		4	1	3	0	8
United Education Institute - Chula Vista (879)		N/A	50%	17%	0%	67%	33%
	pass		1	1	0	2	4
	fail		1	5	1	1	8

0	0
0	0
0%	0%
0	0
1	0
70%	0%
7	0
3	0
43%	100%
3	1
4	0
67%	0%
8	0
4	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
50%	0%
2	0
2	1
33%	100%
4	3
8	0
20%	100%
2	2
8	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

United Education Institute - El Monte (909)	N/A	0%	0%	100%	33%	20%	13%	50%
pass		0	0	1	1	2	1	1
fail		4	2	0	2	8	7	1
United Education Institute - Encino (453)	N/A	33%	40%	33%	33%	35%	38%	25%
pass		2	2	1	2	7	6	1
fail		4	3	2	4	13	10	3
United Education Institute - Fresno (927)	N/A	0%	50%	0%	14%	17%	13%	25%
pass		0	1	0	1	2	1	1
fail		1	1	2	6	10	7	3
United Education Institute - Gardena (915)	N/A	0%	N/A	N/A	100%	67%	67%	0%
pass		0			2	2	2	0
fail		1			0	1	1	0
United Education Institute - Huntington Park (448)	N/A	100%	0%	83%	33%	53%	54%	50%
pass		2	0	5	1	8	7	1
fail		0	4	1	2	7	6	1
United Education Institute - Los Angeles (449)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
United Education Institute - Ontario (450)	N/A	N/A	0%	0%	100%	17%	17%	0%
pass			0	0	1	1	1	0
fail			3	2	0	5	5	0
United Education Institute - Riverside (917)	0%	50%	50%	50%	60%	50%	47%	67%
pass	0	1	2	3	3	9	7	2
fail	1	1	2	3	2	9	8	1
United Education Institute - San Diego (451)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0
fail						0	0	0
United Education Institute - San Marcos (918)	N/A	0%	33%	100%	67%	44%	29%	100%
pass		0	1	1	2	4	2	2
fail		2	2	0	1	5	5	0
United Education Institute - Stockton (925)	N/A	N/A	50%	0%	100%	50%	50%	0%
pass			1	0	1	2	2	0
fail			1	1	0	2	2	0
United Education Institute - Van Nuys (453)	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass						0	0	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

fail						0
Unitek - Concord (994)	N/A	0%	N/A	0%	0%	0%
pass		0		0	0	0
fail		2		2	1	5
Unitek - Sacramento (924)	N/A	N/A	0%	100%	100%	75%
pass			0	1	2	3
fail			1	0	0	1
Unitek - San Jose (995)	N/A	N/A	0%	0%	N/A	0%
pass				0		0
fail				1		1
National (ADA) Out of State	N/A	N/A	100%	N/A	0%	33%
pass			1		0	1
fail			0		2	2
Work Experience	50%	51%	48%	45%	48%	47%
pass	1	44	41	57	58	201
fail	1	43	44	71	64	223
Mixed Education and Work Experience	100%	53%	43%	52%	56%	52%
pass	1	8	6	11	9	35
fail	0	7	8	10	7	32
PERCENT PASS	75%	52%	52%	56%	53%	54%
TOTAL PASS	6	147	190	258	208	809
TOTAL FAIL	2	135	172	199	184	692

0	0
0%	0%
0	0
2	3
67%	100%
2	1
1	0
0%	0%
0	0
1	0
50%	0%
1	0
1	1
48%	46%
163	38
178	45
56%	38%
30	5
24	8
54%	51%
674	126
563	122

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics
July 2018**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
American Career College - Anaheim (896)	4	2	50%	2	50%	4	2	50%	2	50%	0	0	0%	0	0%
American Career College - Los Angeles (867)	8	4	50%	4	50%	8	4	50%	4	50%	0	0	0%	0	0%
Baldy View Regional Occupational Program (590)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Blake Austin College (897)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Bakersfield (884)	5	0	0%	5	100%	5	0	0%	5	100%	0	0	0%	0	0%
Brightwood - Clovis (885)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Modesto (499)/(890)	6	2	33%	4	67%	6	2	33%	4	67%	0	0	0%	0	0%
Brightwood - Palm Springs (901)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Riverside (898)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Sacramento (888)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Brightwood - San Diego (899)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Vista (900)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Butte County Regional Occupational Center (605)	9	8	89%	1	11%	9	8	89%	1	11%	0	0	0%	0	0%
Carrington College - Citrus Heights (882)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington College - Pleasant Hill (868)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Carrington College - Sacramento (436)	11	5	45%	6	55%	11	5	45%	6	55%	0	0	0%	0	0%
Carrington College - San Jose (876)	4	2	50%	2	50%	4	2	50%	2	50%	0	0	0%	0	0%
Carrington College - San Leandro (609)	4	0	0%	4	100%	3	0	0%	3	100%	1	0	0%	1	100%
Carrington College - Stockton (902)	5	2	40%	3	60%	5	2	40%	3	60%	0	0	0%	0	0%
Cerritos Community College - Norwalk (511)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Chaffey Community College (514)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Charter College (401)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Citrus College - Glendora (515)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
City College of San Francisco (534)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
College of Alameda - Alameda (506)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
College of Marin - Novato (523)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
College of San Mateo - San Mateo (536)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
College of the Redwoods (838)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Concorde Career College - Garden Grove (425)	10	2	20%	8	80%	9	2	22%	7	78%	1	0	0%	1	100%
Concorde Career College - North Hollywood (435)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Concorde Career College- San Bernardino (430)	5	1	20%	4	80%	4	1	25%	3	75%	1	0	0%	1	100%
Concorde Career College - San Diego (421)	8	4	50%	4	50%	8	4	50%	4	50%	0	0	0%	0	0%
Cypress College - Cypress (518)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
Diablo Valley College - Pleasant Hill (516)	8	7	88%	1	13%	8	7	88%	1	13%	0	0	0%	0	0%
Everest College - San Francisco (407)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Everest College - Ontario (501)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Everest College - Reseda (404)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
Everest College - San Jose (408)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Foothill Community College (517)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Galen College of Medical & Dental Assistants (413)	4	2	50%	2	50%	3	1	33%	2	67%	1	1	100%	0	0%
Grossmont Community College - El Cajon (519)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Heald College - Hayward (889)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Heald College - Salida (910)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Milan Institute - Merced (928)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Milan Institute - Palm Desert (906)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Milan Institute -Visalia (907)	5	3	60%	2	40%	5	3	60%	2	40%	0	0	0%	0	0%
Monterey Peninsula College (527)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
Moreno Valley College - Moreno Valley (903)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Mt. Diablo Adult Education - Concord (500)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%

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North Orange County ROP (495)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
North-West College - West Covina (419)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Orange Coast College (528)	5	5	100%	0	0%	5	5	100%	0	0%	0	0	0%	0	0%
Palomar College - San Marcos (721)	6	6	100%	0	0%	6	6	100%	0	0%	0	0	0%	0	0%
Pasadena City College (529)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pima Medical Institute - Chula Vista (871)	4	0	0%	4	100%	3	0	0%	3	100%	1	0	0%	1	100%
Reedley College (530)	8	6	75%	2	25%	8	6	75%	2	25%	0	0	0%	0	0%
Riverside County Office of Education - Indio (921)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Sacramento City College (532)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
San Bernardino County ROP - Hesperia (454)	6	2	33%	4	67%	6	2	33%	4	67%	0	0	0%	0	0%
San Bernardino County ROP - Twenty Nine Palms (913)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Diego Mesa College - San Diego (533)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Bakersfield (601)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Fresno (602)	6	3	50%	3	50%	6	3	50%	3	50%	0	0	0%	0	0%
San Joaquin Valley College - Temecula (919)	5	3	60%	2	40%	5	3	60%	2	40%	0	0	0%	0	0%
San Joaquin Valley College - Visalia (446)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Rancho Cordova (880)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Jose City College (535)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Shasta Trinity Regional Occupational Program (455)	5	3	60%	2	40%	5	3	60%	2	40%	0	0	0%	0	0%
Simi Valley Adult School (866)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Southern California ROC - Torrance (612)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
United Education Institute - Anaheim (916)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
United Education Institute - Bakersfield (926)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Chula Vista (879)	6	1	17%	5	83%	6	1	17%	5	83%	0	0	0%	0	0%
United Education Institute - El Monte (909)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
United Education Institute - Encino (453)	5	2	40%	3	60%	5	2	40%	3	60%	0	0	0%	0	0%
United Education Institute - Fresno (927)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
United Education Institute - Huntington Park (448)	4	0	0%	4	100%	4	0	0%	4	100%	0	0	0%	0	0%
United Education Institute - Ontario (450)	3	0	0%	3	100%	3	0	0%	3	100%	0	0	0%	0	0%
United Education Institute - Riverside (927)	4	2	50%	2	50%	4	2	50%	2	50%	0	0	0%	0	0%
United Education Institute - San Marcos (918)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
United Education Institute - Stockton (925)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Unitek College - Sacramento (924)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
TOTALS	263	144	55%	119	45%	255	142	56%	113	44%	8	2	25%	6	75%
NATIONAL (ADA)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	85	41	48%	44	52%	79	39	49%	40	51%	6	2	0%	4	67%
MIXED EDUCATION AND WORK EXPERIENCE	14	6	43%	8	57%	14	6	43%	8	57%	0	0	0%	0	0%
GRAND TOTALS	363	192	53%	171	47%	349	188	54%	161	46%	14	4	29%	10	71%

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Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	7	5	71%	2	29%	6	4	67%	2	33%	1	1	100%	0	0%
American Career College - Anaheim (896)	5	0	0%	5	100%	3	0	0%	3	100%	2	0	0%	2	100%
American Career College - Los Angeles (867)	9	5	56%	4	44%	3	1	33%	2	67%	6	4	67%	2	0%
American Career College - Ontario (905)	3	3	100%	0	0%	2	2	100%	0	0%	1	1	100%	0	0%
American Career College - Long Beach (997)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Baldy View Regional Occupational Program (590)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Blake Austin College (897)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Brightwood - Stockton (611)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Bakersfield (884)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
Brightwood - Clovis (885)	4	4	100%	0	0%	3	3	100%	0	0%	1	1	100%	0	0%
Brightwood - Modesto (499)/(890)	4	2	50%	2	50%	2	1	50%	1	50%	2	1	50%	1	50%
Brightwood - Palm Springs (901)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Sacramento (888)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Brightwood - San Diego (899)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Brightwood - Vista (900)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Butte County Regional Occupational Center (605)	4	4	100%	0	0%	2	2	100%	0	0%	2	2	100%	0	0%
Carrington College - Citrus Heights (882)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington College - San Jose (876)	4	2	50%	2	50%	2	1	50%	1	50%	2	1	50%	1	50%
Carrington College - Stockton (902)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
Carrington College - Pleasant Hill (868)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Carrington College - Sacramento (436)	13	9	69%	4	31%	7	4	57%	3	43%	6	5	83%	1	17%
Carrington College - San Leandro (609)	12	2	17%	10	83%	11	1	9%	10	91%	1	1	100%	0	0%
Chaffey Community College (514)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Charter College (401)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Citrus College - Glendora (515)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
City College of San Francisco (534)	9	8	89%	1	11%	9	8	89%	1	11%	0	0	0%	0	0%
College of Alameda - Alameda (506)	3	3	100%	0	0%	1	1	100%	0	0%	2	2	100%	0	0%
College of Marin - Novato (523)	8	6	75%	2	25%	7	5	71%	2	29%	1	1	100%	0	0%
Concorde Career College - Garden Grove (425)	5	5	100%	0	0%	3	3	100%	0	0%	2	2	100%	0	0%
Concorde Career College - San Bernardino (430)	13	6	46%	7	54%	12	5	42%	7	58%	1	1	100%	0	0%
Concorde Career College - San Diego (421)	9	5	56%	4	44%	6	4	67%	2	33%	3	1	33%	2	67%
Cypress College - Cypress (518)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Diablo Valley College - Pleasant Hill (516)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
Everest College - City of Industry (875)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Everest College - Los Angeles (874)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - Reseda (404)	5	3	60%	2	40%	3	2	67%	1	33%	2	1	50%	1	50%
Everest College - San Francisco (407)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest College - San Jose (408)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Foothill Community College (517)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Galen College of Medical & Dental Assistants (413)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Grossmont Community College - El Cajon (519)	7	5	71%	2	29%	7	5	71%	2	29%	0	0	0%	0	0%
Heald College - Hayward (889)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Heald College - Salida (910)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Heald Collete - Stockton (887)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Milan Institute - Palm Desert (906)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Milan Institute -Visalia (907)	4	0	0%	4	100%	2	0	0%	2	100%	2	0	0%	2	100%
Monterey Peninsula College (527)	5	4	80%	1	20%	5	4	80%	1	20%	0	0	0%	0	0%

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Moreno Valley College - Moreno Valley (903)	8	6	75%	2	25%	8	6	75%	2	25%	0	0	0%	0	0%
Mt. Diablo Adult Education - Concord (500)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
North Orange County ROP (495)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
North-West College - West Covina (419)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Orange Coast College (528)	4	2	50%	2	50%	3	1	33%	2	67%	1	1	100%	0	0%
Palomar College - San Marcos (721)	10	10	100%	0	0%	10	10	100%	0	0%	0	0	0%	0	0%
Pasadena City College (529)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pima Medical Institute - Chula Vista (871)	5	0	0%	5	100%	3	0	0%	3	100%	2	0	0%	2	100%
Reedley College (530)	5	2	40%	3	60%	2	1	50%	1	50%	3	1	33%	2	67%
Riverside County Office of Education - Indio (921)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Riverside County Office of Education - Riverside (498)	6	4	67%	2	33%	4	3	75%	1	25%	2	1	50%	1	50%
Sacramento City College (532)	16	15	94%	1	6%	16	15	94%	1	6%	0	0	0%	0	0%
San Bernardino County ROP - Hesperia (454)	7	5	71%	2	29%	5	4	80%	1	20%	2	1	50%	1	50%
San Diego Mesa College - San Diego (533)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Bakersfield (601)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
San Joaquin Valley College - Fresno (602)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
San Joaquin Valley College - Temecula (919)	10	8	80%	2	20%	8	6	75%	2	25%	2	2	100%	0	0%
San Joaquin Valley College - Visalia (446)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Shasta Trinity Regional Occupational Program (455)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Simi Valley Adult School (866)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Southern California ROC - Torrance (612)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
United Education Institute - Anaheim (916)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
United Education Institute - Bakersfield (926)	6	3	50%	3	50%	6	3	50%	3	50%	0	0	0%	0	0%
United Education Institute - Chula Vista (879)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - El Monte (909)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
United Education Institute - Encino (453)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
United Education Institute - Fresno (927)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
United Education Institute - Huntington Park (448)	6	1	17%	5	83%	5	0	0%	5	100%	1	1	100%	0	0%
United Education Institute - Ontario (450)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
United Education Institute - Riverside (927)	6	3	50%	3	50%	5	2	40%	3	60%	1	1	100%	0	0%
United Education Institute - San Marcos (918)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Stockton (925)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Educaiton Istitute - Gardena (915)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Unitek Collete - Concord (994)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Unitek College - Sacramento (924)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Unitek Collete - San Jose (995)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
West Losa Angeles Collete (1001)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
TOTALS	312	188	60%	124	40%	247	150	61%	97	39%	65	38	58%	27	42%
NATIONAL (ADA)	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
WORK EXPERIENCE	128	57	45%	71	55%	93	42	45%	51	55%	35	15	0%	20	57%
MIXED EDUCATION AND WORK EXPERIENCE	21	11	52%	10	48%	16	9	56%	7	44%	5	2	0%	3	60%
GRAND TOTALS	461	256	56%	205	44%	356	201	56%	155	44%	105	55	52%	50	48%

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics
September 2018**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
American Career College - Anaheim (896)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
American Career College - Los Angeles (867)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
American Career College - Ontario (905)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Anthem College- Sacramento- Formerly High-Tech (503)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Blake Austin College (897)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Brightwood - Bakersfield (884)	4	2	50%	2	50%	2	1	50%	1	50%	2	1	50%	1	50%
Brightwood - Clovis (885)	5	3	60%	2	40%	3	3	100%	0	0%	2	0	0%	2	100%
Brightwood - Modesto (499)/(890)	6	3	50%	3	50%	2	0	0%	2	100%	4	3	75%	1	25%
Brightwood - Palm Springs (901)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Brightwood - Riverside (898)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Brightwood - Sacramento (888)	5	4	80%	1	20%	0	4	80%	1	20%	0	0	0%	0	0%
Brightwood - Vista (900)	5	2	40%	3	60%	4	2	50%	2	50%	1	0	0%	1	100%
Butte County Regional Occupational Center (605)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington College - Citrus Heights (882)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
Carrington College - San Jose (876)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Carrington College - Stockton (902)	7	3	43%	4	57%	5	2	40%	3	60%	2	1	50%	1	50%
Carrington College - Pleasant Hill (868)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Carrington College - Sacramento (436)	15	8	53%	7	47%	13	7	54%	6	46%	2	1	50%	1	50%
Carrington College - San Leandro (609)	11	5	45%	6	55%	6	2	33%	4	67%	5	3	60%	2	40%
Cerritos Community College (511)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Chaffey Community College (514)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Charter College (401)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
Citrus College - Glendora (515)	5	3	60%	2	40%	5	3	60%	2	40%	0	0	0%	0	0%
City College of San Francisco (534)	5	5	100%	0	0%	4	4	100%	0	0%	1	1	100%	0	0%
College of Marin - Novato (523)	4	4	100%	0	0%	3	3	100%	0	0%	1	1	100%	0	0%
College of San Mateo (536)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
College of the Redwoods (838)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
Concorde Career College - Garden Grove (425)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Concorde Career College - Noth Hollywood (435)	3	0	0%	3	100%	2	0	0%	2	100%	1	0	0%	1	100%
Concorde Career College - San Bernardino (430)	8	3	38%	5	63%	4	0	0%	4	100%	4	3	75%	1	25%
Concorde Career College - San Diego (421)	4	2	50%	2	50%	2	1	50%	1	50%	2	1	50%	1	50%
Cypress College - Cypress (518)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Diablo Valley College - Pleasant Hill (516)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Eden Area ROC (608)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Everest College - City of Industry (875)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Everest College - Ontario (501)	3	2	67%	1	33%	0	2	67%	1	33%	0	0	0%	0	0%
Everest College - Anaheim (403)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Everest College - San Francisco (407)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Everest College - San Jose (408)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Foothill Community College (517)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
Grossmont Community College - El Cajon (519)	6	1	17%	5	83%	6	1	17%	5	83%	0	0	0%	0	0%
Heald College - Concord (891)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Heald College - Stockton (887)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Intercoast College - El Cajon (883)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Milan Institute - Merced (928)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Milan Institute - Palm Desert (906)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%

Registered Dental Assistant General and Law and Ethics Written Examination Statistics
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Milan Institute - Visalia (907)	4	2	50%	2	50%	1	0	0%	1	100%	3	2	67%	1	33%
Monterey Peninsula College (527)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Moreno Valley College - Moreno Valley (903)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Mt. Diablo Adult Education - Concord (500)	3	3	100%	0	0%	0	3	100%	0	0%	0	0	0%	0	0%
North Orange County ROP (495)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Orange Coast College (528)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Palomar College - San Marcos (721)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pasadena City College (529)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Pima Medical Institute - Chula Vista (871)	3	1	33%	2	67%	2	0	0%	2	100%	1	1	100%	0	0%
Reedley College (530)	4	2	50%	2	50%	2	1	50%	1	50%	2	1	50%	1	50%
Riverside County Office of Education - Indio (921)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Riverside County Office of Education - Riverside (498)	5	4	80%	1	20%	4	3	75%	1	25%	1	1	100%	0	0%
Sacramento City College (532)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
San Bernardino County ROP - Hesperia (454)	5	3	60%	2	40%	1	0	0%	1	100%	4	3	75%	1	25%
San Joaquin Valley College - Bakersfield (601)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
San Joaquin Valley College - Fresno (602)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
San Joaquin Valley College - Temecula (919)	4	3	75%	1	25%	2	1	50%	1	50%	2	2	100%	0	0%
San Joaquin Valley College - Visalia (446)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
San Jose City College - (535)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Shasta Trinity Regional Occupational Program (455)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Simi Valley Adult School (866)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Southern California ROC - Torrance (612)	6	3	50%	3	50%	6	3	50%	3	50%	0	0	0%	0	0%
United Education Institute - Bakersfield (926)	3	3	100%	0	0%	0	0	0%	0	0%	3	3	100%	0	0%
United Education Institute - Chula Vista (879)	3	2	67%	1	33%	1	0	0%	1	100%	2	2	100%	0	0%
United Education Institute - El Monte (909)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
United Education Institute - Encino (453)	6	2	33%	4	67%	3	1	33%	2	67%	3	1	33%	2	67%
United Education Institute - Fresno (927)	7	1	14%	6	86%	3	0	0%	3	100%	4	1	25%	3	75%
United Education Institute - Huntington Park (448)	3	1	33%	2	67%	2	0	0%	2	100%	1	1	100%	0	0%
United Education Institute - Ontario (450)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Riverside (927)	5	3	60%	2	40%	3	2	67%	1	33%	2	1	50%	1	50%
United Education Institute - San Marcos (918)	3	2	67%	1	33%	1	0	0%	1	100%	2	2	100%	0	0%
United Education Institute - Stockton (925)	1	1	100%	0	0%	1	1	0%	0	0%	0	0	0%	0	0%
United Educaiton Istitute - Gardena (915)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Unitek College - Concord (994)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Unitek College - Sacramento (924)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
TOTALS	253	141	56%	112	44%	165	96	55%	80	45%	77	45	58%	32	42%
NATIONAL (ADA)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
WORK EXPERIENCE	122	58	48%	64	52%	80	37	46%	43	54%	42	21	0%	21	50%
MIXED EDUCATION AND WORK EXPERIENCE	16	9	56%	7	44%	8	6	75%	2	25%	8	3	0%	5	63%
GRAND TOTALS	393	208	53%	185	47%	254	139	52%	126	48%	128	69	54%	59	46%

RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

	Oct-17	Feb-18	May-18	Aug-18	Total
Dental Career Institute (008)					
Amalgam and Composite	N/A	N/A	0%	0%	0%
pass			0	0	0
fail			1	1	2
Cord Retraction & Final Impression	N/A	N/A	0%	0%	0%
pass			0	0	0
fail			1	1	2
Expanded Functions Dental Assistants Association (004)					
Amalgam and Composite	82%	100%	82%	100%	84%
pass	9	1	9	2	21
fail	2	0	2	0	4
Cord Retraction & Final Impression	93%	N/A	70%	67%	81%
Pass	13		7	2	22
Fail	1		3	1	5
FADE (010)					
Amalgam and Composite	67%	100%	N/A	90%	83%
pass	4	2		9	15
fail	2	0		1	3
Cord Retraction & Final Impression	75%	100%	100%	100%	93%
pass	3	1	1	9	14
fail	1	0	0	0	1
Howard Healthcare Academy (009)					
Amalgam and Composite	50%	N/A	100%	N/A	67%
pass	1		1		2
fail	1		0		1
Cord Retraction & Final Impression	50%	N/A	100%	N/A	67%
pass	2		2		4
fail	2		0		2
J Production (005)					

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
1	1
0%	0%
0	0
1	1
67%	100%
8	4
4	0
N/A	N/A
6	3
3	1
90%	100%
9	2
1	0
100%	100%
9	2
0	0
0%	100%
0	1
0	0
0%	100%
0	2
0	0

RDAEF CLINICAL PRACTICAL EXAMINATION SCHOOL STATISTICS

Amalgam and Composite	0%	N/A	96%	100%	92%
pass	0		23	1	24
fail	1		1	0	2
Cord Retraction & Final Impression	N/A	N/A	91%	33%	84%
pass			20	1	21
fail			2	2	4
Loma Linda University (007)					
Amalgam and Composite	N/A	N/A	90%	0%	82%
pass			9	0	9
fail			1	1	2
Cord Retraction & Final Impression	N/A	N/A	40%	20%	33%
pass			4	1	5
fail			6	4	10
University of California, Los Angeles (002)					
Amalgam and Composite	40%	100%	22%	75%	46%
pass	4	1	2	6	13
fail	6	0	7	2	15
Cord Retraction & Final Impression	25%	N/A	75%	60%	59%
pass	1		6	3	10
fail	3		2	2	7
University of the Pacific (006)					
Amalgam and Composite	50%	100%	81%	100%	78%
pass	3	1	17	4	25
fail	3	0	4	0	7
Cord Retraction & Final Impression	80%	0%	63%	50%	61%
pass	4	0	12	4	20
fail	1	1	7	4	13
AMALGAM AND COMPOSITE					
TOTAL PASS	21	5	61	22	109
TOTAL FAIL	15	0	16	5	36
CORD RETRACTION & FINAL					
TOTAL PASS	23	1	52	20	96
TOTAL FAIL	8	1	21	14	44

96%	100%
22	2
1	0
87%	50%
20	1
3	1
90%	0%
9	0
1	1
40%	20%
4	1
6	4
25%	70%
2	7
6	3
75%	60%
6	3
2	2
90%	67%
18	4
2	2
0%	50%
12	4
8	4
83%	74%
68	20
14	7
71%	55%
57	16
23	13

*The totals for the First Time and Repeat Test Takers only includes those that tested in **2018**

RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total	
Dental Care Institute (007)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	
pass													0	0
fail													2	2
Expanded Functions Dental Assistants Association (004)	75%	N/A	N/A	0%	N/A	N/A	N/A	100%	100%	N/A	0%	60%	74%	
pass	9			0				6	2		0	3	20	
fail	3			1				0	0		1	2	7	
Howard University (009)	50%	0%	50%	N/A	100%	50%	0%	0%	0%	50%	N/A	N/A	33%	
pass	2	0	1		1	1	0	0	0	1			6	
fail	2	2	1		0	1	1	3	1	1			12	
J Production (005)	0%	N/A	N/A	N/A	0%	N/A	67%	76%	25%	0%	67%	N/A	62%	
pass	0				0		8	13	1	0	2		24	
fail	1				1		4	4	3	1	1		15	
Loma Linda University (007)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	N/A	N/A	100%	
pass								5	3	1			9	
fail								0	0	0			0	
The FADE Institute, Inc. (009)	N/A	100%	50%	N/A	0%	100%	N/A	N/A	100%	100%	N/A	100%	87%	
pass		2	1		0	1			4	2		3	13	
fail		0	1		1	0			0	0		2		
University of California, Los Angeles (001)	100%	N/A	N/A	N/A	N/A	0%	N/A	50%	0%	50%	75%	0%	44%	
pass	1							2	0	1	3	0	7	
fail	0							1	2	3	1	1	1	9
University of California, San Francisco (002)	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	
pass					0								0	
fail					1								3	
University of the Pacific (006)	100%	0%	100%	0%	N/A	67%	40%	86%	0%	50%	50%	N/A	54%	
pass	1	0	1	0		2	4	12	0	1	1		22	
fail	0	2	0	1		1	6	2	5	1	1		19	
PERCENT PASS	68%	33%	60%	0%	25%	57%	52%	78%	45%	60%	55%	50%	61%	
TOTAL PASS	13	2	3	0	1	4	12	38	10	6	6	6	83	
TOTAL FAIL	6	4	2	2	3	3	11	11	12	4	5	6	54	

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
2	0
91%	25%
10	1
1	3
100%	14%
1	1
0	6
76%	47%
16	8
5	9
100%	0%
9	0
0	0
100%	50%
9	1
0	1
43%	38%
3	3
4	5
0%	0%
0	0
0	1
63%	44%
12	8
7	10
78%	39%
60	22
17	35

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
July 2018

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Howard Healthcare Academy (009E)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
J Productions (005E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Loma Linda University (007E)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
The FADE Institute, Inc. (010E)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
University of California, Los Angeles (001E)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
University of the Pacific (006E)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
TOTALS	10	6	60%	4	40%	3	3	100%	0	0%	7	3	43%	4	57%

Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
August 2018

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Expanded Functions Dental Assistants Assoc. (004E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
J Productions (005E)	3	2	67%	1	33%	0	0	0%	0	0%	3	2	67%	1	33%
University of California, Los Angeles (001E)	4	3	75%	1	25%	1	1	100%	0	0%	3	2	67%	1	33%
University of the Pacific (006E)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
TOTALS	10	6	60%	4	40%	1	1	100%	0	0%	9	5	56%	4	44%

Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics
September 2018

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Career Institute (08E)	0	0	0%	0	0%	2	0	0%	2	100%	0	0	0%	0	0%
Expanded Functions Dental Assistants Assoc. (04E)	5	3	60%	2	40%	3	2	67%	1	33%	2	1	50%	1	50%
FADE-The Foundation of Allied Dental Education, Inc (10E)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
University of California, Los Angeles (01E)	1	0	0%	1	100%	0	0	0%	0	0%	0	0	0%	1	100%
TOTALS	9	6	67%	3	33%	8	5	63%	3	38%	2	1	33%	2	67%

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD Total
American Canyon Orthodontics (092)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass													0
fail													0
Andrea DeLurgio, DDS (032)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass							1						1
fail							0						0
Bakersfield Orthodontic Dental group (126)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%
pass							0						0
fail							1						1
Baird Orthodontics (108)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%
pass							0						0
fail							1						1
Bakersfield Orthodontics (047)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%
pass							0						0
fail							1						1
Bart R. Boulton, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Bella Smile (016)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Bernstein Orthodontics (047)	N/A	N/A	N/A	50%	N/A	N/A	N/A	100%	N/A	N/A	0%	0%	67%
pass				1				1					2
fail				1				0					1
Braces - San Diego (113)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Brent Sexton, DDS (136)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass							1						1
fail							0						0
Brian H Bergh, DDS (111)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
California Institute of Dental Education (127)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%
pass										1			1
fail										0			0
Cameron Mashouf, DDS (066)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
1	0
0%	0%
0	0
0	1
0%	0%
0	0
0	0
0%	0%
50%	100%
1	1
1	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD Total
fail													0
Dental Advantage (123)	N/A	N/A	67%	50%	0%	50%	100%	33%	0%	29%	0%	100%	44%
pass			2	1	0	2	3	1	0	2	0	1	12
fail			1	1	1	2	0	2	2	5	1	0	15
Dental Career Institute (006)	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	33%	0%	50%
pass		1						2			1	0	4
fail		0						0			2	2	4
Dental Pros (007)	100%	33%	0%	100%	0%	25%	0%	100%	100%	0%	0%	33%	41%
pass	4	2	0	1	0	1	0	1	2	0	0	1	12
fail	0	4	3	0	1	3	1	0	0	1	2	2	17
Dental Specialties Institute Inc. (015)	17%	42%	50%	20%	40%	67%	50%	50%	40%	100%	0%	N/A	42%
pass	1	5	2	1	2	4	1	2	2	2	0		22
fail	5	7	2	4	3	2	1	2	3	0	1		30
Diablo Orthodontic Specialities (096)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	#DIV/0!
pass													0
fail													0
Downey Adult School (004)	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	0%	100%	0%	33%
pass					0			1		0	1	0	2
fail					1			0		2	0	1	4
Dr. Brian C Crawford (086)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	2												2
fail	0												0
Dr. Christopher C. Cruz (081)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	100%
pass								1			1		2
fail								0			0		0
Dr. Douglas Nguyen (012)	N/A	N/A	N/A	N/A	50%	0%	N/A	50%	N/A	N/A	N/A	0%	33%
pass					1	0		1				0	2
fail					1	1		1				1	4
Dr. Efstatios Righellis (029)	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	1	1											2
fail	0	0											0
Dr. Jasmine Gordon (008)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Dr. Jason M. Cohen (085)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass				1					1				2
fail				0					0				0
Dr. Jeffrey Kwong (083)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

YTD First Time Testers	YTD Repeat Testers
0	0
55%	18%
6	2
5	9
33%	0%
1	0
2	2
71%	11%
5	1
2	8
56%	43%
5	9
4	12
0%	0%
0	0
0	0
50%	25%
1	1
1	3
0%	0%
0	0
0	0
100%	0%
2	0
0	0
0%	50%
0	2
2	2
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	0%
2	0
0	0
0%	0%

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD Total
pass													0
fail													0
Dr. Joel Brodskey (013)	N/A	0%	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	40%
pass		0		0				2					2
fail		1		2				0					3
Dr. Joseph Gray (009)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Dr. Kathleen Nuckles, Specialist in Orthodontics (019)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass											1		1
fail											0		0
Dr. Kurt Stromberg (014)	N/A	N/A	N/A	0%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	33%
pass				0	0	1							1
fail				1	1	0							2
Dr. Lili Mirtorabi Orthodontics (021)	N/A	0%	100%	100%	50%		N/A	100%	N/A	100%	N/A	N/A	82%
pass		0	1	1	1	3		2		1			9
fail		1	0	0	1	0		0		0			2
Dr. Michael Payne/Cao (005)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass									1				1
fail									0				0
Dr. Paul J. Styrt (067)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Dr. Waleed Soliman Brite Dental Group (020)	N/A	N/A	100%	0%	N/A	0%	0%	100%	N/A	100%	100%	0%	50%
pass			1	0		0	0	1		1	1	0	4
fail			0	1		1	1	0		0	0	1	4
Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)	N/A	N/A	100%	0%	N/A	0%	0%	0%	0%	N/A	N/A	N/A	17%
pass			1	0		0	0	0	0				1
fail			0	1		1	1	1	1				5
Elite Orthodontics (031)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Expanded Functions Dental Assistant Assoc (001)	75%	63%	20%	40%	42%	55%	40%	58%	56%	N/A	75%	67%	55%
pass	9	5	1	2	5	12	4	7	5	0	9	6	65
fail	3	3	4	3	7	10	6	5	4	3	3	3	54
Garrett Orthodontics (017)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass						1							1
fail						0							0

YTD First Time Testers	YTD Repeat Testers
0	0
0	0
100%	33%
1	1
0	2
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	50%
0	1
1	1
83%	100%
5	3
1	0
100%	0%
1	0
0	0
0%	0%
0	0
0	0
50%	33%
2	1
2	2
0%	0%
0	0
2	3
0%	0%
0	0
0	0
65%	40%
32	18
17	27
100%	0%
1	0
0	0

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD Total
Hamid Barkhovdar, DDS (124)	100%	50%	67%	50%	83%	100%	71%	75%	50%	83%	33%	50%	68%
pass	1	1	2	1	5	2	5	3	3	5	1	1	30
fail	0	1	1	1	1	0	2	1	3	1	2	1	14
Howard Healthcare Academy, LLC (084)	N/A	N/A	N/A	0%	N/A	0%	N/A	N/A	50%	100%	N/A	50%	43%
pass				0				0	1	1			3
fail				1				1	1	0			4
Image Orthodontics (114)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Irvine Children's Dentistry (97)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
J Productions (003)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Joseph K. Buchanan DDS, Inc (036)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Kairos Career College (117)	N/A	0%	N/A	0%	N/A	0%	100%	N/A	0%	N/A	N/A	N/A	17%
pass			0			0	1			0			1
fail			2			1	0			1			5
Kanwar Sachdeva, DDS (070)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%
pass										1			1
fail										0			0
Karrisham B Jumani, Inc (112)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	0%	0%	0%	50%
pass					1				1	0	0	0	2
fail					0				0	1	1	0	2
Kubisch A Dental Corporation (028)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Loma Linda University (090)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
M. John Redmond, DDS (024)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A	50%
pass										1			1
fail										1			1
Mark Holt Orthodontics (060)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%
pass											1	2	3

YTD First Time Testers	YTD Repeat Testers
80%	46%
20	6
5	7
100%	0%
3	0
0	4
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	25%
0	1
0	3
100%	0%
1	0
0	0
67%	0%
2	0
1	1
0%	0%
0	0
0	0
0%	0%
0	0
0	0
50%	0%
1	0
1	0
100%	0%
3	0

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD Total
fail										0		0	0
Milde Family Orthodontics (120)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass											1		1
fail											0		0
Melanie Parker, DDS (049)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass		1											1
fail		0											0
OC Dental Specialists (128)	N/A	N/A	0%	N/A	N/A	N/A	0%	50%	100%	N/A	N/A	100%	43%
pass			0				0	1	1			1	3
fail			1				2	1	0			0	4
Orthoworks Dental Group, Dr. David Shen (043)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	50%	N/A	N/A	0%	33%
pass								0	1			0	1
fail								1	1			0	2
Parkside Dental (041)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Pasadena City College (011)	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	100%	N/A	N/A	N/A	67%
pass						0		1	1				2
fail						1		0	0				1
Raymond J. Kieffer, DDS (069)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass		1											1
fail		0											0
Riverside County Office of Education (087)	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	N/A	N/A	N/A	67%
pass	1				1				0				2
fail	0				0				1				1
Robert Sheffield, DDS Inc. (018)	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass			1				2						3
fail			0				0						0
Sacramento City College (002)	N/A	N/A	N/A	N/A	0%	N/A	N/A	50%	N/A	N/A	N/A	N/A	33%
pass					0			1					1
fail					1			1					2
Susan S. So, DDS (121)	50%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	60%
pass	2	1											3
fail	2	0											2
Tal D. Jeregensen, DDS (042)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Thao Nguyen, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

YTD First Time Testers	YTD Repeat Testers
0	0
100%	0%
1	0
0	0
0%	0%
0	0
0	0
67%	33%
2	1
1	2
0%	50%
0	1
1	1
0%	0%
0	0
0	0
50%	100%
1	1
1	0
0%	0%
0	0
0	0
50%	0%
1	0
1	0
100%	0%
2	0
0	0
0%	33%
0	1
0	2
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD Total	
pass														0
fail														0
The FADE Institute, Inc. (137)	N/A	67%	80%	100%	67%	75%	75%	67%	75%	75%	25%	71%	72%	
pass		2	4	5	2	3	3	2	3	3	1	5	33	
fail		1	1	0	1	1	1	1	1	1	3	2	13	
Thompson Tom, DDS (030)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
pass														0
fail														0
Toth and Torossian Partnership (110)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
pass														0
fail														0
Touni Orthodontics Dental Practice (134)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	
pass								1					1	
fail								0					0	
Tri-Valley Orthodontics (101)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	
pass			1									1	2	
fail			0									0	0	
Tsai & Snowden Esthetic Partners Dental Group (106)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	33%	17%	
pass								0			0	1	1	
fail								1			2	2	5	
Valley School of Dental Assisting (027)	33%	0%	0%	0%	50%	50%	67%	0%	25%	67%	0%	0%	29%	
pass	1	0	0	0	1	1	2	0	1	2	0	0	8	
fail	2	1	2	1	1	1	1	4	3	1	2	1	20	
Weideman Pediatric Dentistry & Orthodontics (144)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	100%	100%	0%	80%	
pass									1	2	1	0	4	
fail									1	0	0	0	1	
Western Career College (025)	N/A	0%	N/A	N/A	0%	0%	N/A	N/A	N/A	N/A	N/A	0%	0%	
pass		0			0	0						0	0	
fail		1			1	1						2	5	
Western Dental - Corona (102)	0%	N/A	0%	100%	0%	100%	N/A	N/A	0%	N/A	100%	100%	50%	
pass	0		0	1	0	1			0		2	1	5	
fail	1		2	0	1	0			1		0	0	5	
Western Dental - Fresno (131)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	0%	N/A	33%	
pass									0	1	0		1	
fail									1	0	1		2	
Western Dental - Oxnard (103)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	0%	N/A	33%	
pass								0		1	0		1	
fail								1		0	1		2	
Western Dental - Sacramento (104)	0%	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	0%	
pass	0			0			0							0

YTD First Time Testers	YTD Repeat Testers
0	0
0	0
81%	45%
22	5
5	6
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
100%	0%
1	0
0	0
0%	25%
0	1
2	3
44%	23%
4	3
5	10
75%	100%
3	1
1	0
0%	0%
0	0
0	4
67%	75%
2	3
1	1
0%	100%
0	1
2	0
50%	0%
1	0
1	1
0%	0%
0	0

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD Total
	fail	1		2			1						4
Western Dental & Orthodontics - Lodi (130)	0%	N/A	50%	0%	0%	100%	100%	N/A	N/A	N/A	N/A	N/A	38%
	pass	0	1	0	0	1	1						3
	fail	1	1	1	2	0	0						5
Western Dental Services - Bakersfield (053)	N/A	0%	0%	N/A	N/A	N/A	0%	100%	50%	N/A	50%	50%	38%
	pass		0	0			0	1	1		2	1	5
	fail		1	2			1	0	1		2	1	8
Western Dental Services - Banning (078)	N/A	N/A	100%	0%	N/A	50%	N/A	0%	100%	N/A	0%	N/A	38%
	pass		1	0		1		0	1		0		3
	fail		0	1		1		2	0		1		5
Western Dental Services - Fontana (079)	0%	N/A	0%	0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	100%	14%
	pass	0	0	0			0					1	1
	fail	2	1	2			1					0	6
Western Dental Services - Fresno (131)	N/A	100%	0%	0%	50%	N/A	N/A	33%	N/A	N/A	N/A	N/A	38%
	pass		1	0	0	1		1					3
	fail		0	1	1	1		2					5
Western Dental Services - Los Angeles (052)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
	pass		1										1
	fail		0										0
Western Dental Services - Manteca (062)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	50%
	pass										0	1	1
	fail										1	0	1
Western Dental Services - Modesto (064)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass												0
	fail												0
Western Dental Services - Oceanside (055)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
	pass										1		1
	fail										0		0
Western Dental Services - Orange (044)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
	pass											0	0
	fail											1	1
Western Dental Services - Oxnard (103)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass												0
	fail												0
Western Dental Services - Redwood City (076)	N/A	N/A	0%	0%	0%	0%	0%	N/A	N/A	100%	N/A	N/A	14%
	pass		0	0	0	0	0			1			1
	fail		1	1	1	2	1			0			6
Western Dental Services - Riverside (057)	50%	N/A	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	25%
	pass	1			0			0					1
	fail	1			1			1					3

YTD First Time Testers	YTD Repeat Testers
0	3
0%	50%
0	2
1	2
50%	50%
2	3
2	3
0%	33%
0	2
1	4
0%	25%
0	1
0	3
0%	50%
0	2
2	2
0%	0%
0	0
0	0
50%	0%
1	0
1	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
0	1
0%	0%
0	0
0	0
0%	17%
0	1
0	5
0%	0%
0	0
0	2

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	YTD Total
Western Dental Services - N. Sacramento (020)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Western Dental Services - Sacramento (051)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	0%	0%	N/A	N/A	50%
pass							1		0	0			1
fail							0		1	0			1
Western Dental Services - Salinas (088)	0%	50%	100%	33%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	30%
pass	0	1	1	1	0								3
fail	1	1	0	2	3								7
Western Dental Services - San Leandro (050)	N/A	0%	33%	100%	N/A	N/A	N/A	0%	N/A	0%	N/A	N/A	29%
pass		0	1	1				0		0			2
fail		1	2	0				1		1			5
Western Dental Services - Santa Ana (056)	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	0%	0%	100%	50%	25%
pass						0	0		0	0	1	1	2
fail						1	1		2	1	0	1	6
Western Dental Services - Santa Clara (054)	0%	0%	100%	0%	N/A	0%	100%	0%	100%	0%	67%	25%	30%
pass	0	0	1	0		0	1	0	1	0	2	1	6
fail	2	2	0	2		1	0	1	0	2	1	3	14
Western Dental Services - Salinas (088)	N/A	N/A	N/A	N/A	N/A	67%	N/A	N/A	N/A	50%	0%	0%	60%
pass						2				1			3
fail						1				1			2
Western Dental Services - Tracy (063)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A
pass													0
fail													0
Zhi Meng, DDS (044)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	N/A
pass													0
fail													0
PERCENT PASS	52%	45%	47%	36%	40%	52%	54%	52%	49%	57%	50%	51%	49%
TOTAL PASS	23	22	22	17	20	35	26	33	28	26	26	26	304
TOTAL FAIL	21	27	25	30	30	32	22	31	29	20	26	25	318

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
50%	0%
1	0
1	0
100%	0%
1	0
0	5
0%	100%
0	1
2	0
50%	17%
1	1
1	5
50%	14%
4	1
4	6
0%	60%
0	3
0	2
0%	0%
0	0
0	0
0%	0%
0	0
0	0
63%	34%
144	82
85	160

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

Orthodontic Assistant Written Examination Statistics
July 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
California Institute of Dental Education (127)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dental Advantage (123)	7	2	29%	5	71%	2	1	50%	1	50%	5	1	20%	4	80%
Dental Pros (007)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dental Specialties Institute Inc. (015)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	0%	0	0%
Downey Adult School (004)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Dr. Lili Mirtorabi Orthodontics (021)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dr. Waleed Soliman, Brite Dental Group (020)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Expanded Functions Dental Assistant Assoc (001)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
Hamid Barkhovdar, DDS (124)	6	5	83%	1	17%	4	4	100%	0	0%	2	1	50%	1	50%
Howard Healthcare Academy (084)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Kanwar Sachdeva, DDS (070)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Karrisham B Jumani, Inc. (112)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Mark Holt Orthodontics (060)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
The FADE Institute, Inc (137)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Tsai & Snowden Esthetic Partners Dental Group (106)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Valley School of Dental Assisting (027)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
Weideman Pediatric Dentistry & Orthodontics (144)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Western Dental - Oxnard (103)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Western Dental Services - Fresno (131)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Redwood City (076)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - San Leandro (050)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Santa Ana (056)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Santa Clara (054)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Western Dental Services, Inc. Salinas (088)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
TOTALS	48	27	56%	21	44%	26	18	69%	8	31%	22	9	41%	13	59%

Orthodontic Assistant Written Examination Statistics
August 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Advantage (123)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Dental Career Institute (006)	3	1	0%	2	0%	2	1	0%	1	0%	1	0	0%	1	0%
Dental Pros (007)	2	0	0%	2	0%	1	0	0%	1	0%	1	0	0%	1	0%
Dental Specialties Institute Inc. (015)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Downey Adult School (004)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dr. Christopher C. Cruz (081)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dr. Kathleen Nuckles, Specialist in Orthodontics (019)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dr. Waleed Soliman, Brite Dental Group (020)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Expanded Functions Dental Assistant Assoc (001)	12	9	75%	3	25%	7	6	86%	1	14%	5	3	60%	2	40%
Hamid Barkhovdar, DDS (124)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Karrisham B Jumani, Inc. (112)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Milde Family Orthodontics (120)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
The FADE Institute, Inc (137)	4	1	25%	3	75%	1	1	100%	0	0%	3	0	0%	3	100%
Tri-Valley Orthodontics (101)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Tsai & Snowden Esthetic Partners Dental Group (106)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Valley School of Dental Assisting (027)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Weideman Pediatric Dentistry & Orthodontics (144)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Western Dental - Corona (102)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Western Dental - Oxnard (103)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Fresno (131)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Bakersfield (053)	4	2	50%	2	50%	3	1	33%	2	67%	1	1	100%	0	0%
Western Dental Services - Banning (078)	1	0	0%	1	0%	0	0	0%	0	0%	1	0	0%	1	0%
Western Dental Services - Manteca (062)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Oceanside (055)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Western Dental Services - Santa Ana (056)	1	1	0%	0	0%	0	0	0%	0	0%	1	1	0%	0	0%
Western Dental Services - Santa Clara (054)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
TOTALS	54	28	52%	26	48%	30	20	67%	10	33%	24	8	33%	16	67%

Orthodontic Assistant Written Examination Statistics
September 2018

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Advantage (123)	1	1	100%	0	0%	0	1	100%	0	0%	0	0	0%	0	0%
Dental Career Institute (006)	2	0	0%	2	0%	0	0	0%	1	0%	0	0	0%	1	0%
Dental Pros (007)	3	1	0%	2	0%	0	1	0%	0	0%	0	0	0%	2	0%
Downey Adult School (004)	1	0	0%	1	100%	0	0	0%	0	0%	0	0	0%	1	100%
Dr. Dougle Nguyen (012)	1	0	0%	1	100%	0	0	0%	0	0%	0	0	0%	1	100%
Dr. Waleed Soliman, Brite Dental Group (020)	1	0	0%	1	100%	0	0	0%	0	0%	0	0	0%	1	100%
Expanded Functions Dental Assistants Assoc (001)	9	6	67%	3	33%	0	4	67%	2	33%	0	2	0%	1	33%
Hamid Barkhovdar, DDS (124)	2	1	50%	1	50%	0	0	0%	0	0%	0	1	50%	1	50%
Howard Heathcare Academy, LLC (084)	2	1	50%	1	50%	0	1	100%	0	0%	0	0	0%	1	100%
Karrisham B Jumani, Inc. (112)	1	1	100%	0	0%	0	1	100%	0	0%	0	0	0%	0	0%
Mark Holt Orthodontics (060)	2	2	100%	0	0%	0	2	100%	0	0%	0	0	0%	0	0%
Markhan Orthodontics (093)	1	1	100%	0	0%	0	1	100%	0	0%	0	0	0%	0	0%
OC Dental Specialists (128)	1	1	100%	0	0%	0	1	100%	0	0%	0	0	0%	0	0%
Othoworks Dental Group, Dr. David Shen (043)	1	0	0%	1	100%	0	0	0%	1	100%	0	0	0%	0	0%
The FADE Institute, Inc (137)	7	5	71%	2	29%	0	3	75%	1	25%	0	2	67%	1	33%
Tri-Valley Orthodontics (101)	1	1	100%	0	0%	0	1	100%	0	0%	0	0	0%	0	0%
Tsai & Snowden Esthetic Partners Dental Group (106)	3	1	33%	2	67%	0	0	0%	0	0%	0	1	33%	2	67%
Valley School of Dental Assisting (027)	1	0	0%	1	100%	0	0	0%	0	0%	0	0	0%	1	100%
Weideman Pediatric Dentistry & Orthodontics (144)	2	2	100%	0	0%	0	2	100%	0	0%	0	0	0%	0	0%
Western Career College (025)	2	0	0%	2	100%	0	0	0%	0	0%	0	0	0%	2	100%
Western Dental - Corona (102)	1	1	100%	0	0%	0	1	100%	0	0%	0	0	0%	0	0%
Westerb Dental Services - Orange (044)	1	0	0%	1	100%	0	0	0%	0	0%	0	0	0%	1	100%
Western Dental Services - Bakersfield (053)	2	1	50%	1	50%	0	0	0%	0	0%	0	1	50%	1	50%
Western Dental Services - Fontana (079)	1	1	0%	0	0%	0	0	0%	0	0%	0	1	0%	0	0%
Western Dental Services - Manteca (062)	1	1	100%	0	0%	0	1	100%	0	0%	0	0	0%	0	0%
Western Dental Services - Santa Ana (056)	2	1	50%	1	50%	0	1	100%	0	0%	0	0	0%	1	100%
Western Dental Services - Santa Clara (054)	4	1	0%	3	0%	0	1	0%	2	0%	0	0	0%	1	0%
TOTALS	56	30	54%	26	46%	0	22	76%	7	24%	0	8	30%	19	70%

DSA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Total
Dr. Bruce Witcher (009)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass									1			1	2
fail									0			0	0
Pacific Oral and Maxillofacial Surgery (018)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass													0
fail													0
Robert E. Bell, DDS, Inc. (017)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass											1		1
fail											0		0
PERCENT PASS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	100%	100%	100%
TOTAL PASS									1	0	1	1	3
TOTAL FAIL									0	0	0	0	0

YTD First Time Testers	YTD Repeat Testers
100%	0%
2	0
0	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
100%	0%
1	0
0	0

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2018

**Dental Sedation Assistant Written Examination Statistics
August 2018**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Robert E. Bell, DDS, Inc	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
TOTALS	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%

**Dental Sedation Assistant Written Examination Statistics
September 2018**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dr. Bruce Whitcher	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
TOTALS	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%

MEMORANDUM

DATE	October 31, 2018
TO	Members of the Dental Assisting Council
FROM	Laura Fisher, Educational Program Coordinator Dental Board of California
SUBJECT	DAC Agenda Item 5: Update on Dental Assisting Licensing Statistics

The following table provides current license status statistics by license type as of **October 31, 2018**

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	30,105	1,486
Current & Inactive	4,566	76
Delinquent	11,203	209
Total Population (Current & Delinquent)	45,874	1,771
Total Cancelled Since Implementation	44,289	305

The following table provides current permit status statistics by permit type as of **October 31, 2018**

Current & Active	1,002	30	1,032
Current & Inactive	13	1	14
Delinquent	76	12	88
Total Population (Current & Delinquent)	1,091	43	1,177
Total Cancelled Since Implementation	0	0	0

Definitions

Current & Active	An individual who has an active status and has completed all renewal requirements receives this status.
Current & Inactive	An individual who has an inactive status; has paid the renewal fees but cannot perform the duties of the license unless the license is re-activated. Continuing education units are not required for inactive license renewal.
Delinquent	An individual who does not comply with renewal requirements receives this status until renewal requirements are met.
Cancelled	An individual who fails to comply with renewal requirements by a set deadline will receive this status.
Deficient	Application processed lacking one or more requirements

Delinquent License Aging Status as of October 31, 2018

License Type	Within 30 Days	30 - 60 Days	61 - 90 Days	90 Days – 1 Year	1 – 2 Years	2 – 3 Years	3 – 4 Years	4 – 5 Years
RDA	508	362	311	1,970	2,297	2,641	1,618	1,481
RDAEF	6	9	8	35	50	59	28	14
OA	10	5	2	23	13	17	3	3
DSA	0	0	1	2	3	3	2	1

Active Licensees by County as of October 31, 2018

County	RDA	Population	Population per RDA	DDS	RDA to DDS Ratio
Alameda	1,283	1,660,202	1,294	1,474	1:1
Alpine	0	1,154	N/A	0	N/A
Amador	58	38,094	657	22	3:1
Butte	278	227,621	819	141	2:1
Calaveras	62	45,157	728	15	4:1
Colusa	27	22,098	818	4	7:1
Contra Costa	1,327	1,149,363	866	1,095	1:1
Del Norte	30	27,221	907	15	2:1
El Dorado	228	188,399	826	161	1:1
Fresno	866	1,007,229	1,163	606	1:1
Glenn	45	28,796	640	12	4:1
Humboldt	178	136,002	764	72	2:1
Imperial	86	190,624	2,216	38	2:1
Inyo	12	18,577	1,548	11	1:1
Kern	609	905,801	1,487	336	2:1
Kings	126	151,662	1,204	70	2:1
Lake	73	65,081	892	47	2:1
Lassen	49	30,911	631	21	2:1
Los Angeles	4,707	10,283,729	2,185	8,397	1:2
Madera	135	158,894	1,177	49	3:1
Marin	188	263,886	1,404	319	1:2

Active Licensees by County - continued

County	RDA	Population	Population per RDA	DDS	Ratio of RDA to DDS
Mariposa	13	18,129	1,395	9	1:1
Mendocino	102	89,299	875	56	2:1
Merced	209	279,977	1,340	90	2:1
Modoc	6	9,612	1,602	5	1:1
Mono	5	13,822	2,764	5	1:1
Monterey	397	443,281	1,117	267	1:1
Napa	142	141,294	995	115	1:1
Nevada	91	99,155	1,090	88	1:1
Orange	1,856	3,221,103	1,736	3,880	1:2
Placer	540	389,532	721	457	1:1
Plumas	19	19,773	1,041	15	1:1
Riverside	1,987	2,415,955	1,216	1,061	2:1
Sacramento	1,729	1,529,501	885	1,108	2:1
San Benito	97	57,088	589	22	4:1
San Bernardino	1,548	2,174,938	1,405	1,356	1:1
San Diego	2,597	3,337,456	1,285	2,745	1:1
San Francisco	460	883,963	1,922	1,272	1:3
San Joaquin	745	758,744	1,018	372	2:1
San Luis Obispo	224	280,101	1,250	226	1:1
San Mateo	659	774,155	1,175	884	1:1
Santa Barbara	345	453,457	1,314	321	1:1
Santa Clara	1,690	1,956,598	1,158	2,287	1:1
Santa Cruz	226	276,864	1,225	183	1:1
Shasta	206	178,271	865	117	2:1
Sierra	4	3,207	802	1	4:1
Siskiyou	26	44,612	1,716	21	1:1
Solano	603	439,793	729	283	2:1
Sonoma	728	503,332	691	400	2:1
Stanislaus	598	555,624	929	284	2:1
Sutter	106	97,238	917	52	2:1
Tehama	78	64,039	821	26	3:1
Trinity	6	13,635	2,272	4	2:1
Tulare	431	475,834	1,104	215	2:1
Tuolumne	87	54,740	629	50	2:1
Ventura	542	859,073	1,585	675	1:1
Yolo	194	221,270	1,140	117	2:1
Yuba	94	74,727	795	12	8:1
TOTAL	29,757	39,809,693			

*Population data obtained from Department of Finance, Demographic Research Unit

**Ratios are rounded to the nearest whole number

The counties with the highest Population per RDA are:

1. Mono County (1:2,764)
2. Trinity County (1:2,272)
3. Imperial County (1:2,216)
4. Los Angeles County (1:2,185)
5. San Francisco County (1:1,922)

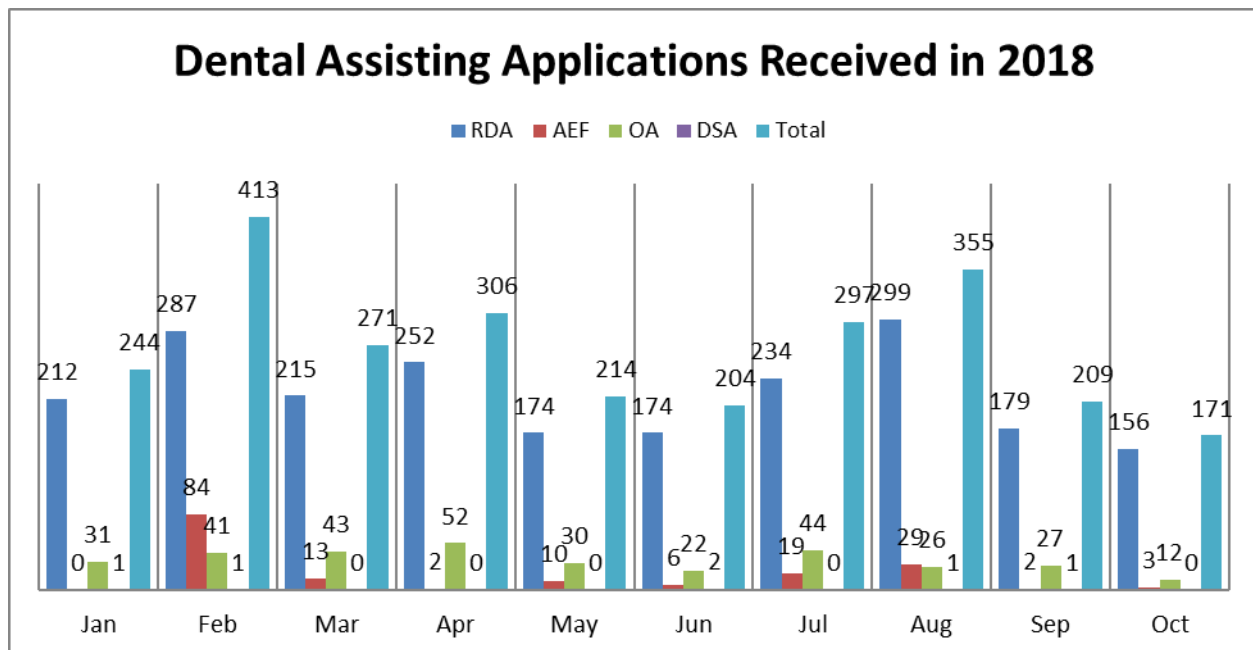
The counties with the lowest Population per RDA are:

1. Alpine County (No RDAs)
2. San Benito County (1:580)
3. Tuolumne County (1:629)
4. Lassen County (1:631)
5. Glenn County (1:640)

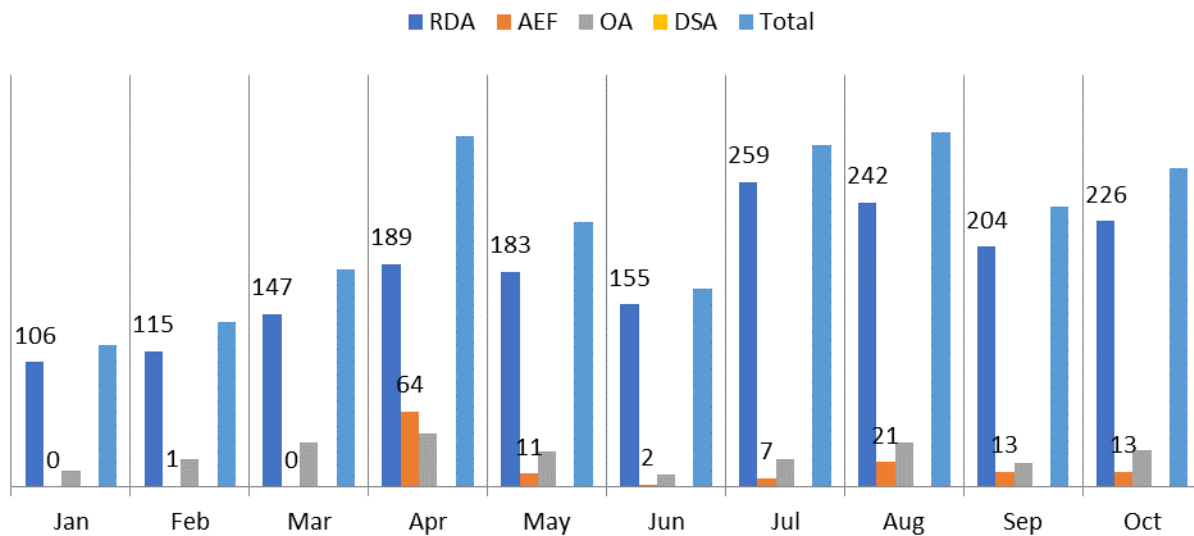
Following are monthly dental statistics by license type as of October 31, 2018

Dental Assistant Applications Received by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	212	287	215	252	174	174	234	299	179	156			2182
RDAEF	0	84	13	2	10	6	19	29	2	3			168
OA	31	41	43	52	30	22	44	26	27	12			328
DSA	1	1	0	0	0	2	0	1	1	0			4
Total	244	413	271	306	214	204	297	355	209	171	0	0	2684
Dental Assistant Applications Approved by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	106	115	147	189	183	155	259	242	204	226			1826
RDAEF	0	1	0	64	11	2	7	21	13	13			132
OA	14	24	38	45	30	10	24	38	20	31			274
DSA	1	0	0	0	1	1	1	1	1	1			7
Total	121	140	185	298	225	168	291	302	238	271	0	0	2239
Dental Assistant Licenses Issued by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	150	108	101	221	155	36	293	216	228	223			1731
RDAEF	1	0	7	0	37	5	3	24	4	3			84
OA	18	20	28	29	30	25	30	28	28	20			256
DSA	0	0	0	0	0	0	1	1	0	1			3
Total	169	128	136	250	222	66	327	269	260	247	0	0	2074
Cancelled Dental Assistant Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	37	31	29	15	27	14	5	12	6	1			177
RDAEF	1	7	0	1	6	1	0	0	0	0			16
OA	0	2	0	1	1	0	0	1	1	0			6
DSA	0	0	0	0	0	1	0	0	0	0			1
Total	38	40	29	17	34	16	5	13	7	1	0	0	200

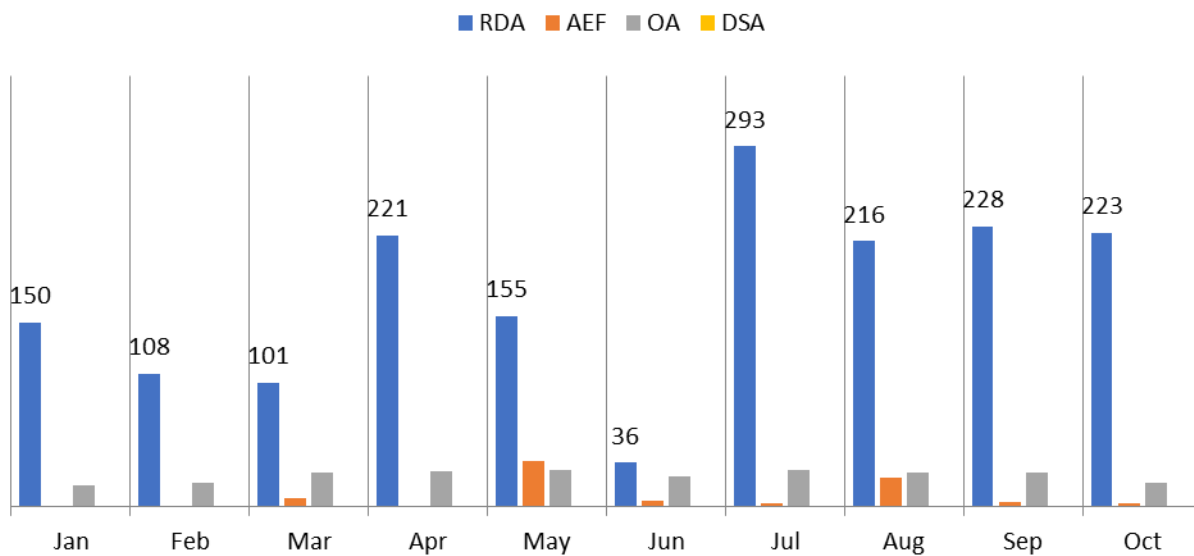
Withdrawn Dental Assistant Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	23	19	25	42	15	13	14	19	11	9			190
RDAEF	0	0	0	0	0	0	0	0	0	0			0
OA	00	1	0	1	1	1	0	1	1	1			7
DSA	0	0	0	0	0	1	0	0	0	0			1
Total	23	20	25	43	16	15	14	20	12	10	0	0	198
Denied Dental Assistant Applications by Month (2018)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0	0	0	0	0	0	0	0			0
RDAEF	0	0	0	0	0	0	0	0	0	0			0
OA	0	0	0	0	1	0	0	0	0	0			1
DSA	0	0	0	0	0	0	0	0	0	0			0
Total	0	0	0	0	1	0	0	0	0	0	0	0	1



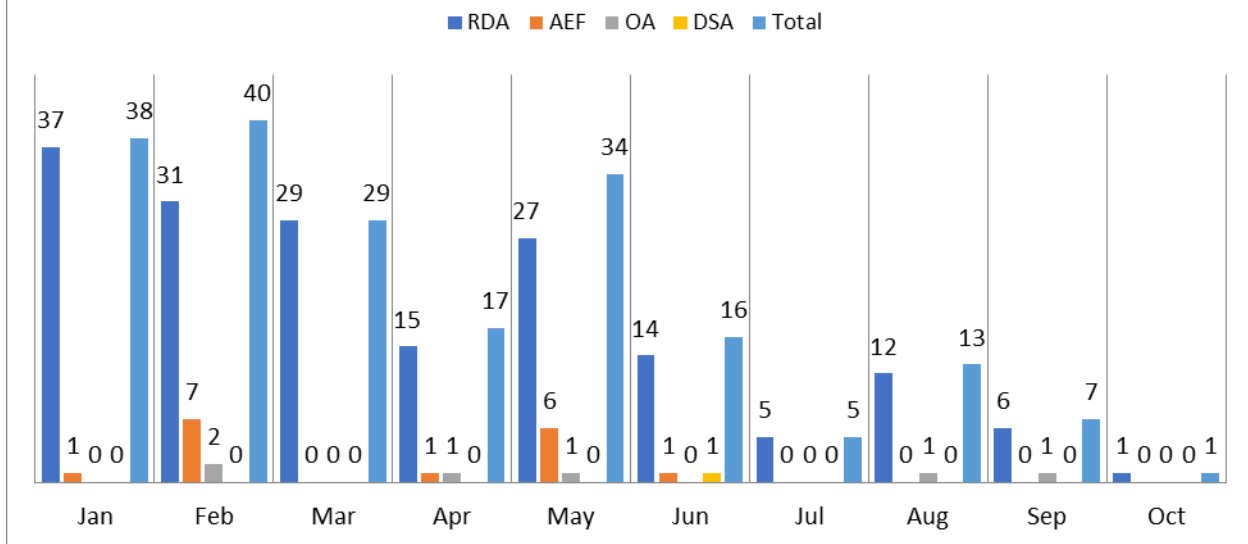
Dental Assisting Applications Approved in 2018



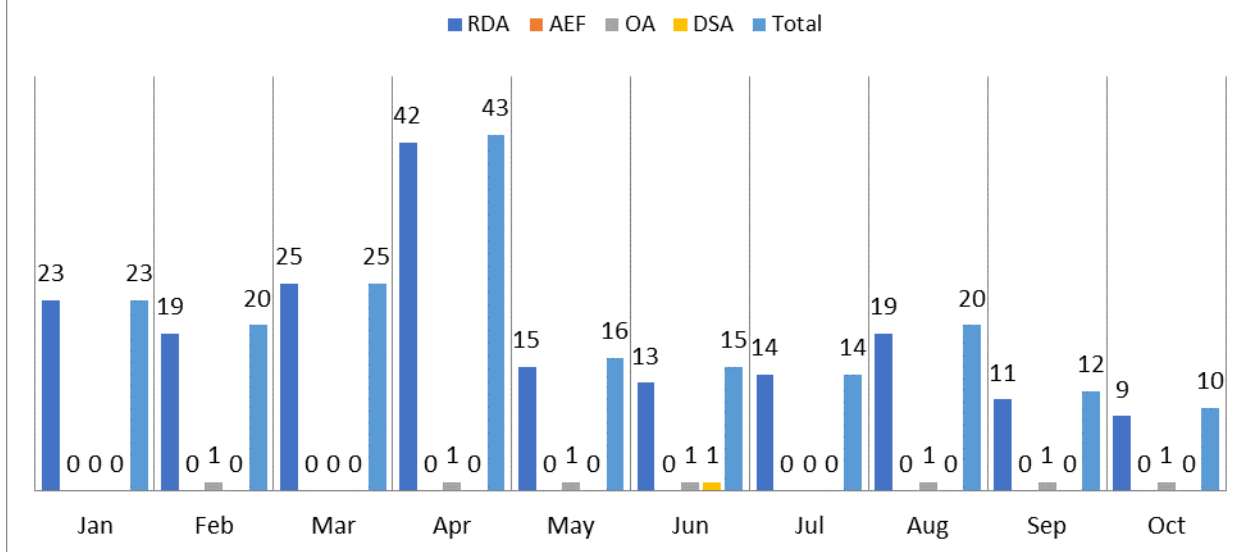
Dental Assisting Licenses Issued in 2018



Cancelled Dental Assisting Applications in 2018

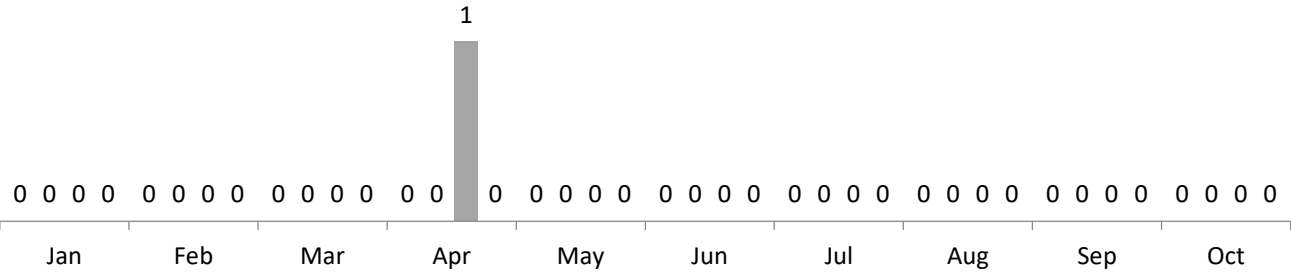


Withdrawn Dental Assisting Applications in 2018



Denied Dental Assisting Applications in 2018

■ RDA ■ AEF ■ OA ■ DSA





MEMORANDUM

DATE	October 31, 2018
TO	Members of the Dental Assisting Council Dental Board of California
FROM	Laura Fisher, Educational Program Coordinator Dental Board of California
SUBJECT	DAC Agenda Item 6: Discussion and Possible Action Regarding the Use of an Alternative Examination Resource to Administer the Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations

Background:

The Dental Board of California (Board) administers the Registered Dental Assistant in Extended Functions (RDAEF) clinical and practical examinations outlined in Business and Professions Code Section 1753.4. The examination is offered approximately eight (8) times per year; occasionally additional examinations are offered as needed. Approximately 25 candidates are tested at each examination administration.

Board staff is concerned that the administration of the RDAEF examination is becoming increasingly difficult to sustain due to the limited pool of Board Examiners, increasing number of Board-approved RDAEF programs, increasing costs for site rentals, and limited locations to offer the examination.

Although the Board has conducted recruitment of RDAEF examiners, interest is low. Examiner availability is limited due to practice obligations, health issues, etc., which can affect grading times and the overall length of the examination.

There are currently twelve (12) approved RDAEF programs; four (4) programs have been issued approval in the last two years. As the approved RDAEF program count increases so does the number of graduates and applicants to be tested.

The RDAEF examination consists of a clinical and practical examination, therefore, it must be held at a dental school which also must have enough space to accommodate the increasing number of applicants. There are only six (6) dental schools in California. Board staff attempts to secure the sites and alternate Northern and Southern

California examinations dates; however, the dental schools are also used by other testing agencies, continuing education course providers and the dental school's own dental students. The competition for dental school rental is high and costs have steadily increased over the years.

Board staff is aware that there may be alternative examination resources available that could offer RDAEF examinations to meet the needs of candidates. Board staff is requesting the Council's approval to research alternative examination resources, including regional testing vendors, to assist in the administration of the RDAEF clinical and practical examinations.

Once the research is complete, the findings would be presented to the Council and the Board for consideration and possible action.

Action Requested:

Direct staff to work with the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES) to research potential alternative examination resources to administer the RDAEF clinical and practical examinations for licensure in California.



MEMORANDUM

DATE	November 15, 2018
TO	Members of the Dental Assisting Council, Dental Board of California
FROM	Tina Vallery, Dental Assisting Unit Manager Dental Board of California
SUBJECT	DAC Agenda Item 7: Discussion and Possible Action Regarding the Development of a Legislative Proposal Relating to the Requirements for Certification in Coronal Polishing and Pit and Fissure Sealants in the Registered Dental Assistant (RDA) Profession

Background

In 2001, the California Legislature passed a Senate Bill that required each applicant for registered dental assistant (RDA) licensure on or after July 1, 2002 to provide evidence of having successfully completed board-approved course in coronal polishing as a condition of licensure.

Additionally, in 2008, the California Legislature passed a Senate Bill that required a RDA licensed on and after January 1, 2010, to provide evidence of successful completion of a board-approved course in the application of pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal.

To comply with the requirements set forth in these bills, board-approved RDA educational programs integrated these courses into their curriculum so that all graduates would earn certificates in coronal polish and pit and fissure sealants while enrolled in the program. In addition to the RDA educational programs providing instruction in these courses, there are stand-alone courses, approved by the Board, that provide instruction to applicants and issue certificates to those that complete the courses.

Applicants for RDA licensure must provide evidence of one of the following:

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

- For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board. "Satisfactory work experience" means performance of the duties specified in Business and Professions Code (BPC) Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.
- Graduation from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board. The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis.
- In addition to the requirements specified above, each applicant for RDA licensure is required to provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing, a board-approved course in the Dental Practice Act, a board-approved course in infection control, and a course in basic life support through the American Red Cross or the American Heart Association.
- Applicants must also provide evidence of having successfully completed a board-approved course in pit and fissure sealants prior to the first expiration of his or her license that requires the completion of continuing education as a condition of renewal.

Identification of Issue

It has been reported to the Board that the completion and issuance of certificates in coronal polish and pit and fissure sealants prior to licensure may be creating some confusion in dental offices. The fact that unlicensed dental assistants are being issued certificates in coronal polishing and pit and fissure sealants prior to licensure is reportedly giving the dental assistants' and their employer dentists the impression that they are able to perform these duties prior to licensure. This reported information lends itself to a strong presumption that individuals are performing duties that require licensure and pose a potential health and safety concern for consumers.

To ensure the public health and safety of the consumers of the State of California, California Code of Regulations Section 1086, outlines the duties that may be performed by a licensed RDA. Due to the nature of these duties, they should only be performed after a thorough review and evaluation of each applicant and successful passage of the examination process to ensure that each applicant meets the appropriate licensing requirements specified by statute and board regulations.

Staff Recommendation

To ensure the public health and safety of the consumers of the State of California, Board staff is asking the Council to discuss and possibly consider making a recommendation to remove the completion of courses in coronal polishing and pit and fissure sealants as a condition of licensure, and instead require the courses be completed after licensure.

As such, a RDA would be required to enroll in a board-approved coronal polish and pit and fissure sealants course and demonstrate as a condition of enrollment that they are licensed in California. Licensee's would be required to obtain these certifications and provide evidence of successful completion in the application of coronal polish and pit and fissure sealants prior to the first expiration date of his or her license that requires the completion of continuing education as a condition of renewal.

Action Requested:

The Committee may discuss the staff recommendation and may make a recommendation to the Board as to whether coronal polish and pit and fissure sealants should be required after licensure.



MEMORANDUM

DATE	November 14, 2018
TO	Members of the Dental Assisting Council, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer, Dental Board of California
SUBJECT	Agenda Item 8: Discussion and Possible Action Regarding Proposed Statutory Changes as Requested by the Foundation for Allied Dental Education (FADE) Relating to the Addition of Statutory Provisions Relating to the Use of Materials and Devices Authorized for Use in the Performance of RDAEF Scope of Practice; and, Amendments to Business and Professions Code Sections 1752.1 and 1753 to Allow RDA and RDAEF Programs the Ability to Keep Students Enrolled Until Such Time they Successfully Complete all Licensure Requirements

Background:

The Dental Board of California (Board) received a request from the Foundation for Allied Dental Education (FADE) relating to proposed statutory changes for the Dental Assisting Council's (Council) consideration. Specifically, the FADE is proposing:

- Addition of Statutory Provisions Relating to the Use of Materials and Devices Authorized for Use in the Performance of RDAEF Scope of Practice;
- Amendments to Business and Professions Code Sections 1752.1 and 1753 to Allow RDA and RDAEF Programs the Ability to Keep Students Enrolled Until Such Time they Successfully Complete all Licensure Requirements

Specific information relating to FADE's proposal is enclosed for the Council's review and consideration. A representative from FADE will be available to present the proposal to the Council at the meeting.



November 13, 2018

Dental Board of California
ATTN: Sarah Wallace – Asst. Executive Officer
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: Addition of Statutory Provisions Relating to the Use of Materials and Devices Authorized for Use in the Performance of RDAEF Scope of Practice

Dear Ms. Wallace:

Thank you for the opportunity to address the Dental Assisting Council and the Dental Board of California regarding the upcoming Sunset Review Legislative process. As you know, the Foundation has been actively involved in the legislative and regulatory process since 2009 and will continue to work toward progressive policies in furtherance of the profession as dental healthcare professionals.

During the 2016 Sunset process, a review of existing statutes garnered discussion and consideration for future action; specifically, those that might better address the emerging products, materials and techniques of the Registered Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF licensed after 1/1/2010). One pertinent example is as follows:

B&P Code §1914. A registered dental hygienist may use any material or device approved for use in the performance of a service or procedure within his or her scope of practice under the appropriate level of supervision, if he or she has the appropriate education and training required to use the material or device.

As materials and techniques associated with advanced restorative procedures emerge, the EF should be allowed to utilize such materials and techniques when it pertains to the existing scope of practice. It is, therefore, requested that the following proposed statutory language be considered and approved for inclusion in the 2020 Sunset legislation:

Proposed: B&P Code §1753.8. A registered dental assistant in extended functions, licensed on or after January 1, 2010, may use any material or device approved for use in the performance of a service or procedure within his or her scope of practice under the appropriate level of supervision, if he or she has the appropriate education and training required to use the material or device.

Thank you for your consideration and we look forward to speaking to the Council and the Board as you deem necessary.

LaDonna Drury-Klein, RDA, BS
The Foundation for Allied Dental Education



November 13, 2018

Dental Board of California
ATTN: Sarah Wallace – Asst. Executive Officer
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: Amendments to B&P Code §1752.1(a) and 1753(a) Allowing RDA and RDAEF Programs the Ability to Retain Examination Candidates as Enrolled Students Until Successful Completion of Licensing Examinations

Dear Ms. Wallace:

During the past two years of regulatory and statutory review, the Foundation has worked with Dental Board staff to identify ways in which programs might better serve the needs of their enrolled students in navigating the examination process. Where we often find challenges is in the manner in which programs must declare a student as having “graduated” from the program in order to qualify for state testing.

As it relates to the formal education pathway, it is worthy of consideration to allow for as many alternatives to successful completion of licensing examinations as possible; where institutions wishing to secure greater success in graduate-to-licensure statistics by requiring successful completion of state board examinations as a condition of graduation are prohibited from doing so based on the current statutory language, as follows:

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

- 1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written and practical examination administered by the board.*
- 2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.*
- 3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.*

B&P Code §1753. (a) On and after January 1, 2010, the board may license as a registered dental assistant in extended functions a person who submits written evidence, satisfactory to the board, of all of the following eligibility requirements:

- (1) Current licensure as a registered dental assistant or completion of the requirements for licensure as a registered dental assistant.*

(2) Successful completion of a board-approved course in the application of pit and fissure sealants.

(3) Successful completion of either of the following:

(A) An extended functions postsecondary program approved by the board in all of the procedures specified in Section 1753.5.

(B) An extended functions postsecondary program approved by the board to teach the duties that registered dental assistants in extended functions were allowed to perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board in the procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5.

(4) Passage of a written examination and a clinical or practical examination administered by the board. The board shall designate whether the written examination shall be administered by the board or by the board-approved extended functions program.

It is, therefore, proposed that a second option for formal education eligibility to apply for the state board examinations be amended, as follows:

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

1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written ~~and practical~~ examination administered by the board; or institutional verification of having met all eligibility requirements for graduation at the time of examination application to the board and satisfactory performance on a written ~~and practical~~ examination administered by the board as a condition of graduation from the program.

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

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

B&P Code §1753. (a) On and after January 1, 2010, the board may license as a registered dental assistant in extended functions a person who submits written evidence, satisfactory to the board, of all of the following eligibility requirements:

(1) Current licensure as a registered dental assistant or completion of the requirements for licensure as a registered dental assistant.

(2) Successful completion of a board-approved course in the application of pit and fissure sealants.

(3) Successful completion of either of the following:

~~(A) An extended functions postsecondary program approved by the board in all of the procedures specified in Section 1753.5.~~

~~(B) An extended functions postsecondary program approved by the board to teach the duties that registered dental assistants in extended functions were allowed to~~

~~perform pursuant to board regulations prior to January 1, 2010, and a course approved by the board in the procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5.~~

(3) Graduation from an extended functions post-secondary educational program approved by the board; or institutional verification of having met all educational requirements for graduation at the time of examination application to the board where satisfactory completion of state licensing examinations is a condition of graduation from the program.

(4) Passage of a written examination and a clinical or practical examination administered by the board. The board shall designate whether the written examination shall be administered by the board or by the board-approved extended functions program.

In this way, programs and institutions are able to select a validated eligibility pathway when the student applies for examinations without the need to submit additional documentation to the Board of graduating prior to receiving board permission to sit for examinations.

Thank you for your consideration and we look forward to speaking to the Council and the Board as you deem necessary.

A handwritten signature in cursive script, reading "LaDonna Drury-Klein".

LaDonna Drury-Klein, RDA, BS

The Foundation for Allied Dental Education



MEMORANDUM

DATE	November 14, 2018
TO	Members of the Dental Assisting Council, Dental Board of California
FROM	Sarah Wallace, Assistant Executive Officer, Dental Board of California
SUBJECT	Agenda Item 9: Discussion and Possible Action Regarding the Scope of Practice for the RDAEF2 as Submitted by Joan Greenfield, Representative of RDAEF Association and J Productions Dental Seminar's Inc.

Background:

At its August 2018 meeting, the Dental Board of California's (Board) Dental Assisting Council (Council) heard a presentation from Joan Greenfield, RDAEF, MS, regarding a proposal to add the administration of local anesthesia and nitrous oxide to the scope of practice of registered dental assistants in extended functions (RDAEF). At the end of the presentation, the Council tabled the item and requested additional information.

Ms. Greenfield has prepared the attached meeting materials for the Council's consideration in response to the information requested at the August meeting and will present this information to the Council at the meeting.

OPES Recommendations:

In response to the materials provided by Ms. Greenfield, Board staff requested the Department of Consumer Affairs' Office of Professional Examination Services (OPES) review the results of the survey launched on August 25, 2018 by the EF Association. The Board also asked OPES to evaluate the EF Association proposal based on the survey, and to make preliminary recommendations.

The EF Association proposed that the Board add local anesthesia and nitrous oxide administration to the scope of practice for the Registered Dental Assistant in Extended Functions (RDAEF). The proposal suggests a 150-hour competency course of instruction to obtain certification for administering local anesthesia and nitrous oxide. The EF Association reported that its survey requested information about the functions and practices of the RDAEF, including how often RDAEF patients need additional local anesthesia during composite, amalgam, and traditional impression procedures.

OPES reviewed the results of the survey and believes it is informative regarding the perspective of one group of RDAEFs. However, even though the proposal concerns

administration of both local anesthesia and nitrous oxide, the survey only focused on local anesthesia. OPES also has concerns that the RDAEFs were aware of the purpose of the survey, which may have influenced their responses.

If the Council and the Board decides to pursue expanding the RDAEF scope of practice, OPES has the following recommendations:

First, the Board should carefully consider the following factors:

- The nature of the problem to be solved;
- To what extent the public's health and safety has been affected by the current situation;
- To what extent implementing the change would impact consumers;
- How other states are regulating this profession;
- Whether the benefit to the public would be significant enough to outweigh the cost to implement regulations for a relatively small group of licensees;
- How applicants would be qualified;
- What type of examination would be required; and,
- What education and training would be required.

Second, the Board should conduct more in-depth surveys of both dentists and a larger sample of RDAEFs to assess their opinions on adding the administration of local anesthesia and nitrous oxide to the RDAEF scope of practice. Additional information will need to be collected for a more comprehensive evaluation. A focus group of RDAEFs might be necessary to thoroughly evaluate the implications of this proposal. Third, the Board should form a working group consisting of dentists, hygienists, RDAEFs, and other interested stakeholders to research and evaluate this proposal.

The Board already has multiple certifications and permits. If the Board pursues this proposal, OPES recommends that it do so with a broader goal of streamlining the scope for RDAEFs. In conjunction with additional surveys and a working group, OPES suggests that the Board explore the possibility of eliminating the multiple layers of RDAEF certifications by incorporating all of them under one general RDAEF license. The Board should also consider external approval (e.g., DANB, CODA) for schools.

Support & Opposition:

In response to this proposal, the Board has received letters of support and opposition. The Board has received two (2) letters of support and six (6) letters of opposition. Those letters are included with this agenda item for the Council's review.

Dear DAC Members:

At the August 23rd DAC meeting several of you had questions about the EF Association's proposal to add local anesthesia and nitrous oxide to the scope of practice for the RDAEF2. At your request, we have spent the past two month putting together answers or explanations to some of your concerns.

Ms. Ovard seemed concerned about the proposed course content. She asked for curriculum. I explained to her that regulatory language was developed first, and it would be up to the individual potential educator applying to provide a course in local anesthesia to create curriculum that met the standards of the regulatory language. Once an application is submitted, the Board hires subject matter expert to evaluate the content of any program and also conducts a site visit to the program facility as part of an approval process.

As an educator, Ms. Contreras also indicated concerns about the educational process.

Education Content

To answer their concerns, even though this is not part of the proposed regulatory package, I thought it might help Ms. Ovard, and Ms. Contreras, and all DAC members, if we provided them with a very small section of the curriculum that might be submitted by a potential course provider for the general anatomy/physiology course that must be part of the course content. As listed on the proposed regulatory language for local anesthesia, a course in general anatomy and physiology is part of the required curriculum. For this particular course subject matter, there would be at least 15 different specific topics, which we have listed. Please keep in mind that this is only one small sample on one subject area of course content for an entire basic anatomy and physiology course. You can review the proposed regulatory language attached in Appendix C for required program content, and see that anatomy/physiology is only one of many subjects required for local anesthesia. Refer to lines 174-191 for content. A copy of the Regulatory language is included in Appendix C. I have listed all topics for anatomy/physiology and then chose one of the topics, the cardiovascular system, to use, as an example of what content should be included for that specific subject. I have included terminal goals and specific lesson content for the cardiovascular system as an example in Appendix A.

Procedures The EF2 Is Performing And Types of Practice

Ms. Olague requested additional information on the types of procedures that are actually being performed by the EF2, and what types of practices employ the EF2.

On August 25th, the EF Association launched a survey on Survey Monkey requesting information on EF2 functions; actually being performed, types of practices that employ an EF2, et cetera. We announced the survey on various social media platforms and also contacted the directors of the major EF2 programs, asking them to contact their graduates and inform them of the survey and ask them to complete it. We closed the survey on September 28, 2018.

According to the DBC staff, there are 705 currently licensed RDAEF2s in California. We had 275 individuals respond to the survey. That means we had a 39% response to the survey. On a statistical basis, that is an extremely high response ratio. The full results are attached in [Appendix B](#), but in general the survey validates information we have brought before the Board on multiple occasions. What follows is a short synopsis of the results of the survey.

- 68% are working in a single private practice or single practice that also employ an associate (s).
- 42% place composites all day long, 52% 1-8 times daily.
- 28% needed additional anesthesia for composites for almost every patient. An additional 25% said multiple times daily
- 77% do not place amalgams... however those that do place amalgams, most needed additional anesthesia.
- 75% are doing traditional cord/impressions and 71% require additional anesthesia either multiple times daily or almost every patient.
- 51% are doing some CAD crowns and 30% needed more anesthesia
- Does your dentist want you to be able to give local anesthesia yourself ?
94.53% said YES
- How long have you been an EF2
 - 19.34% Less than a year
 - 27.01% 1-2 years
 - 18.98% 3-4 years
 - 19.71% 5-6 years
 - 14.96% 7-8.5 years
- What program did you attend?
 - 50.73% J Productions
 - 27.47% EFDA
 - 5.7% The FADE
 - 8.39% UCLA

1.82% Loma Linda
4.38% UOP
1.46% Other

The Survey Questions

- Your primary employment as an EF2 is in which of the following categories?
- How frequently do you place and finish composite restorations?
- How often do you need additional local anesthesia during composite procedures?
- How frequently do you place and finish amalgam restorations?
- How often do you need additional local anesthesia during amalgam procedures?
- How frequently do you place retraction devices and obtain traditional final impressions for crown and bridge?
- How often do you need additional local anesthesia during traditional impression procedures?
- How frequently do you obtain (CAD-milled) digital impressions, design crowns and adjust and bond/cement them

See complete results in Appendix B

Faculty Qualifications

Several DAC members had questions about the qualifications of faculty that could teach Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF). I apologize that the copy of the regulatory language that was handed out at the August 23, 2018 meeting was not the latest working version of the language. Unfortunately I had printed an earlier version of the document by mistake. The correct current version is included in Appendix C.

When developing these regulations we wanted to deal with an issue in regard to faculty qualifications that has always been questionable to us. Most current regulations for courses for the RDH, RDA, and RDAEF require that a faculty be licensed for a minimum of two years prior to teaching a subject. What is most important for the clinical faculty is that they are current in the actual procedure(s) themselves. If an individual becomes licensed to perform a procedure two or more years prior to teaching that subject, but has never performed the procedure again since their license it makes little sense to have that requirement. To us, either that requirement should be dropped all together or more specific language added to the requirement. Because of this concern we have made this requirement more specific. You will find included in the proposed regulatory language, the most comprehensive requirements found in any regulatory language for a dental subject for auxiliaries in California. For your convenience we have included them below. If you prefer to read them in the context of the full regulatory language, the specific requirements are also listed in Appendix C, lines 66-87. We have highlighted the section in yellow.

See Appendix C.

Excerpts From The Suggested Regulatory Language

8) Faculty Requirements. In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a two (2) hour course in educational methodology related to the administration of local anesthesia. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(9) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall not instruct more than 6 individuals in a laboratory session, and 3 individuals in a pre-clinical and clinical session and shall be directly at chairside during all injections.

(10) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall meet one of the following criteria.

(a) Are licensed to administer local anesthesia and have actively administered local anesthesia to patients on a regular basis for a minimum of two years, including all of the injections listed in this regulation.

(b) Are licensed to administer local anesthesia and have been clinically teaching and evaluating students in a post-secondary program in the administration of local anesthesia for a minimum of 2 years on a routine basis, including all of the injections listed in this regulation. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met one of these requirements.

I am sure there will be additional questions in the future, but hopefully the information we have included has answered the questions you asked at the August meeting.

Joan Greenfield, RDAEF2, MS

Appendix A

Basic Anatomy and Physiology Course Subjects

- Overview of anatomy and cell biology
- Human respiratory system
- Cardiovascular system
- Blood vessels
- Digestive system
- Urinary system
- Endocrine system
- The brain
- Nervous system
- The five senses
- Muscle physiology
- Gross anatomy of the muscular system
- Connective Tissue
- Skeletal system
- Reproductive system

Cardiovascular System – Terminal Objectives

At the completion of the section on the Cardiovascular System the student shall be able to:

1. List the structures of the heart
2. Describe how blood is pumped through the body
3. Describe the makeup of the human heart
4. List what happens during a cardiac cycle
5. Define systole, diastole, end-systolic volume and end-diastolic volume
6. Describe the intrinsic conduction system
7. Explain how an impulse travels through the heart
8. Describe types of arrhythmias
9. Define how each arrhythmias would appear on an electrocardiogram
10. Define heart rate, stroke volume and cardiac output
11. Demonstrate the equation for cardiac output
12. Explain the importance of heart rate and stroke volume
13. List factors that regulate blood flow
14. Define the difference between vasoconstriction and vasodilation
15. Define Poiseuille's Law
16. Describe blood flow regulation in terms of its flow to individual organs and in terms of the total circulatory system
17. Explain the importance of adequate blood pressure
18. Define cardiac cycle, blood pressure, diastole, systole, and mean arterial pressure
19. List the three factors that affect mean arterial pressure
20. Describe how baroreceptors function in the regulation of blood pressure
21. Explain the roles of the sympathetic and parasympathetic nervous systems in regulating blood pressure
22. Summarize the baroreceptor reflex, including what happens when there is a problem with this mechanism
23. Explain how blood types are classified in the ABO blood group system

24. Identify which blood type is the universal donor and which is the universal recipient
25. Describe what happens when a person receives the wrong type of blood through a transfusion
26. Understand what makes a blood type Rh positive or negative
27. Explain what happens when an Rh negative person is first exposed to Rh positive blood.

Circulatory System Chapter Content

Lesson 1

Circulatory system overview

1. Function
 - i. supply oxygen and nutrients to body
 - ii. remove waste
2. Parts
 - i. Blood vessels
 1. 62,000 mile of vessels
 2. pumps 6 quarts to body 1000 times per day
 - ii. Circulatory system (a closed system)
 - iii. Pulmonary Circuit
 1. Right side
 2. Deoxygenated
 3. Transport blood to lungs
 4. Releases carbon dioxide
 5. Picks up oxygen
 6. Returns blood to heart
 - iv. Systemic Circuit
 1. Left side
 2. Main pumping mechanism
 3. Distributes oxygenated blood to body
 4. Picks up waste

Lesson 2

1. Heart Anatomy
 - a. Chambers

- i. Atria
 - 1. Upper half of heart
 - 2. Right/left sides
 - 3. Receives blood returning to heart
 - 4. Not true pump
 - 5. Passively drain to ventricles
 - ii. Ventricles
 - 1. Lower chambers of heart
 - 2. Right/left sides
 - 3. Contract to actually pump blood
- a. Heart valves
- i. Atrioventricular valves (AV valves)
 - 1. One way valve
 - 2. Prevent backflow to atria
 - 3. Open when heart relaxes
 - 4. Close when ventricles contract
 - 5. Produces “lub” sound of heart as valves close
 - ii. Semilunar Valves
 - 1. Prevent backflow between ventricles and atria
 - 2. Produces “dub” sound
- b. Heartbeat Circuit
- 1. Blood enters heart on right atrium
 - 2. Flows through AV valve (tricuspid valve) to right ventricle
 - 3. 3 flaps
 - 4. attached to ventricle walls by cordae tendineae (heart strings)
 - 5. blood flow through semilunar valves to lungs
 - ii. carbon dioxide/oxygen exchanges
 - iii. returns to heart through bicuspid valve (Mitral valve) to left atrium
 - iv. passes through Aortic semilunar valve and carried to body

Lesson 3

- 1. Layers of the Heart Wall
 - a. Pericardium
 - i. encases, protects and secures the heart.
 - b. Epicardium
 - i. Three layers (pericardial cavity)
 - 1. fibrous pericardium,
 - 2. parietal pericardium
 - 3. produces serous fluid for lung movement
 - 4. epicardium (visceral pericardium)

- ii. Anchored to sternum and diaphragm to protect heart from movement
- c. Myocardium
 - i. Actual heart muscle
 - ii. Varies in thickness
- d. Endocardium
 - i. Thin cells lining inner chamber of heart
 - ii. Direct contact with blood

Lessons 4

1. Cardiac Cycle
 - a. Diastole
 - i. Right/left ventricles relaxed
 - ii. Passive flow from atria to ventricles
 - iii. AV valves are open
 - iv. Semilunar valves are closed
 - v. End- diastolic volume
 - vi. Increased volume
 - vii. More pressure
 - viii. Increased contraction strength
 - b. Systole
 - i. Under high pressure
 - ii. Heart contracts (shorter contractions than diastolic)
 - iii. AV valves snap shut
 - iv. Semilunar valves open
 - v. Blood flows out of ventricles through large arteries
 - vi. End-systolic volume
 1. Blood remaining in ventricles after contraction
 2. Force of continuous pressure in vessels leaving the heart

Lesson 5

1. Factors that control heartbeat
 - c. Intrinsic conduction system
 - i. Rhythmic contractions

- ii. Nerves and muscles
- d. Sinoatrial node (SA Nodes)
 - i. Sets heart pace (pacemaker)
 - ii. Depolarize on their own
 - iii. Only found in right atrium
 - iv. Send signal to left to contract at the same time
- e. Atrioventricular node (AV node) traffic cop of the heart electrical system
 - i. Causes slight delay between contraction of atria and ventricle
 - ii. Delay allows for atria to expel all blood
 - iii. Moves blood in a coordinated way
- f. Bundles of His (Hiss) AV bundle
 - i. Cardiac muscle fibers that transmits electrical impulses from AV node
 - ii. Located in the inner ventricular walls between right/left chambers
 - iii. Possible injury to bundle
 - 1. Heart disease
 - 2. Heart attack
 - 3. surgery
 - iv. Heart will not pump correctly
- g. Purkinje Fibers
 - i. Conducting
 - ii. Relay electrical impulses
 - iii. Cause ventricles to contract simultaneously
 - iv. Takes just one second

Lesson 6

- 1. Arrhythmias of the heart
 - a. Electrocardiogram
 - i. P wave
 - 1. Spread of electrical impulse through the atria (atria depolarization)
 - 2. Causes contraction of atria
 - ii. QRS wave
 - 1. QRS Complex
 - 2. Spread of electrical complex through the ventricles
 - 3. Ventricular depolarization
 - 4. Ventricles contract
 - iii. T wave
 - 1. Period of recovery or relaxation (ventricular repolarization)

- b. Common abnormalities
 - i. Heart blockage
 - 1. Increased P-R interval
 - 2. Increased distance and time
 - ii. Bradycardia
 - 1. More spaces between beats
 - 2. Heart beat below 60 beats per minute
 - 3. Damaged or slow heart electrical system
 - 4. Medication
 - iii. Tachycardia
 - 1. Faster than 100 beats per minute
 - 2. are closer together
 - 3. Drugs
 - 4. Damage to heart
 - iv. Fibrillation
 - 1. Rapid uncoordinated flutter
 - 2. Useless as a pump
 - 3. ECG waves look like a jumbled mass

Lesson 7

Cardiac rate, output and stroke volume

- 1. Cardiac output (CO)
 - a. Amount of blood pumped per minute
 - b. Volume x beats ex. 75 times x 75 millimeters of volume = average output (5.6liters)
 - c. Approx. 5 liters per minute
 - d. Heart rate and stroke volume
 - e. $CO = HR \times SV$ (cardiac out= heart rate x stroke volume)
 - f. cardiac output is an important part of monitoring heart health

Lesson 8

- 1. Regulation of heart rate and stroke volume
 - i. Cardiac output changes due to physical and emotional needs
 - ii. Autonomic, sympathetic, para-sympathetic
 - iii. Sympathetic nervous system increases heart rate by stimulating the SA node during physical or emotional stress
 - iv. para-sympathetic nervous system readjusts and lowers the heart rate decreasing cardiac output
 - v. Regulation of stroke volume and preload

1. Preload-amount of blood left in the ventricles at end-diastolic volume causing more volume
- b. Frank-Sterling Law
 - i. Preload results in an increase in stroke volume and the amount of blood being pumped out of the heart
- c. Afterload
 - i. How much pressure exists in the arteries leaving the heart (amount of resistance) increased afterload = increased end-systolic volume
 - ii. Less blood leaving the heart
 - iii. Decreased stroke volume

Lesson 9

1. Blood flow
 - i. Continuous movement of blood through circulatory system
2. Resistance to blood flow
 - a. Thickness (viscosity) of blood
 - b. Length of blood vessel
 - c. Difference in pressure from beginning to end of vessel
 - d. Radius or size of blood vessel
 - e. Muscular arteries
 - i. Vasoconstriction
 - ii. Vasodilation
 - f. Poiseuille's Law
 - i. Distance from the center of a circle to the outside edge
 - ii. Blood flow through a vessel is proportional to the fourth power of the vessel's internal radius
 - iii. If vasodilation causes a vessel to double in radius the flow of blood will increase 16 fold
 - iv. If vasoconstriction occurs the vessel will decrease flow by 16 fold
 - g. Bloodflow resistance
 - i. Individual organs can regulate bloodflow to appropriate levels
 - h. Total peripheral resistance
 - i. Resistance in the systemic system
 - j. Arterioles offer the most resistance

Lesson 10

1. Regulation of blood pressure and Baroreceptors
 - a. Mean arterial pressure (MAP)
 - i. Average arterial pressure during a single cardiac cycle
 1. Arterial pressure
 2. Cardiac output
 3. Total peripheral resistance
 4. Blood volume
 5. Resistance increases+ blood pressure increases
2. Baroreceptors found within the vessel walls
 - a. Detect changes in blood pressure
 - b. Aorta and carotid sinuses contain baroreceptors that monitor pressure fluctuations and
 - c. Send data to cardio regulatory system in the Medulla Oblongata
 - d. Decreases sympathetic input to blood vessels causing vasodilation
 - e. Decreases resistance and blood pressure
3. Baroreceptor reflex
 - a. Homeostatic mechanism to maintain blood pressure
 - b. Corrects postural or orthostatic hypotension
 - c. Low blood pressure caused by standing or sitting upright

Lesson 11

1. Lymphatic System
 - a. Without this system, the cardiovascular system would stop working
 - i. system of vessels
 - ii. picks up fluids leaked from blood vessels
 - iii. returns them to the blood
2. Edema
 - a. Excessive fluid in tissues
 - b. Swelling of arms and legs/feet
 - c. super-thin walls of the blood capillaries are a little bit leaky.
 - i. up to about three liters of fluid per day
 - ii. leaked fluid and blood proteins must be returned to the to maintain volume
3. Lymphatic capillaries
 - a. more permeable
 - b. bacteria and viruses, or even cancer cells, can enter the lymphatic system
4. lymph nodes
 - a. small, bean-shaped organs that act as filters of disease-causing agents
 - b. lymph,
 - i. the fluid contained within the lymphatic system.
 - ii. composition similar to that of blood plasma

- iii. contains disease-fighting white blood cells
- 5. lymphatic vessels.
 - a. channels that carry lymph from the body to the blood stream
- 6. right lymphatic duct
 - a. short vessel that drains lymph from the right arm and the right side of the head
- 7. thoracic duct
 - a. drains lymph from all other areas of the body and empties the lymph into the left sub-clavian vein at the opposite shoulder.

Lesson 12

1. Red Blood Cells
 - a. Quarter of all cells in the body
 - b. Transport oxygen and carbon dioxide
2. Anatomy of red blood cell
 - a. Most Numerous and smallest human cells
 - b. Can flow through small areas
 - c. Increases surface to volume area
 - d. Increases speed to release and absorb gases
 - e. Biconcave shape increases surface area
 - f. Flexible to move through tiny capillaries
 - g. Each red blood cell is packed with about 250 million molecules of hemoglobin
 - h. iron-containing protein that can bind to either oxygen or carbon dioxide
 - i. red blood cells do not have a nucleus or mitochondria
3. Bone marrow
 - a. Inside bone
 - b. Generate 6-7 million new red blood cells per month
 - c. Once full of hemoglobin lose nucleus, mitochondria, and other organelles
 - i. broken down into nucleic acids, amino acids, carbohydrates, and lipids that are recycled.
 - d. Mature red blood cells don't grow, divide, or make any new proteins
4. Sickle Cell Anemia
 - a. cells are very stiff and crescent-shaped with pointed ends

- b. more likely to get stuck in the blood vessels and cause blockages
- c. causes anemia

Lesson 13

1. Hemoglobin

- a. iron-containing protein - bind to either oxygen or carbon dioxide
- b. class of proteins known as respiratory pigments,
- c. metal-containing proteins that are used to bind and transport oxygen and carbon dioxide through the circulatory system
- d. oxygen binds to Hemoglobin to transport more gases to the cells

2. Tetramer

- a. four nearly identical subunits, each contains an iron atom at a specific site called the heme group
 - I. *part of the hemoglobin protein that can bind an oxygen molecule.*
 - II. hemoglobin subunit is capable of changing its shape, or conformation
 - III. between two basic forms,
 - i. depending on a variety of factors
 - ii. relaxed conformation, or R-structure - one conformation, oxygen has easy access to the binds to heme group and bright red in color
 - iii. tense conformation, or T-structure - oxygen cannot easily bind to the heme group and darker or more purplish

3. Oxygen Release

- a. Cooperativity
 - i. *one subunit of a protein positively influence the activity of another subunit of the same protein*
 - ii. *works in reverse when oxygen-poor situations*

Lesson 14

1. Red Blood Cell Antigens

1. Erythrocytes

- a. Special proteins or antigens

- b. Body tolerates its own antigens
 - c. Different types
- 2. Agglutination
 - a. Body does not tolerate antigens transfusion from another person
 - b. Cell clump interfere with circulation
- 3. ABO blood group system
 - a. Type A, B, AB and O
 - b. Depends on presence or absence of type A or B antigens
 - i. Inherited from parents
 - ii. Form before antibodies
 - iii. A antigens produce B antibodies
 - I. blood have no antigens so only O type blood can be used for a O person
 - II. type can donate to all (ubiversal donors)
 - iv. AB blood has both A and B antigens so they can have A, B. or AB (universal recipients)

Lesson 15

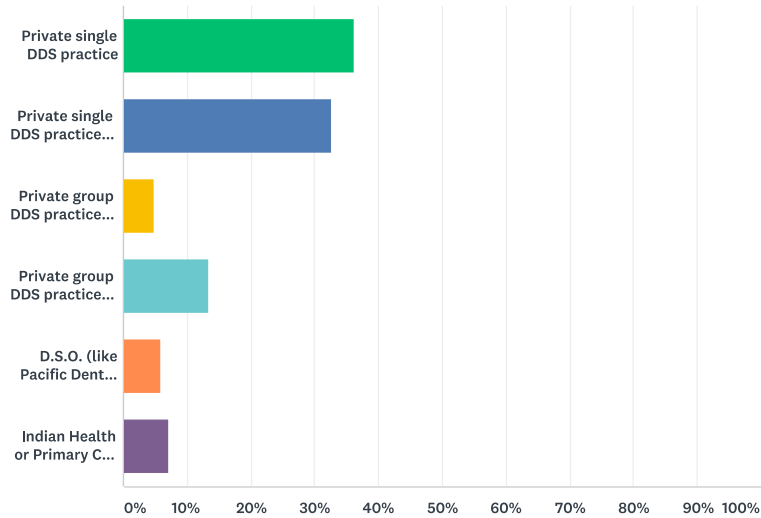
- 1. Blood Coagulation/ Would Healing
- 2. Hemostasis -stoppage of bleeding.
 - a. clotting factors, substances in blood that act in sequence to stop bleeding by forming a clot.
 - b. Vitamin K is required for the synthesis of clotting factors.
- c. Damaged vessel walls vasoconstriction occurs
- d. Slowed blood flow
- e. Platelets become sticky
 - i. Fibrogen
 - 1. Binds platelets
 - 2. Thromboxane A2
- f. Coagulation cascade
 - i. Prothrombin to Thrombin to Fibrin

Appendix B

EF2 Employment type and Local Anesthesia

Q1 Your primary employment as an EF2 is in which of the following categories?

Answered: 270 Skipped: 4

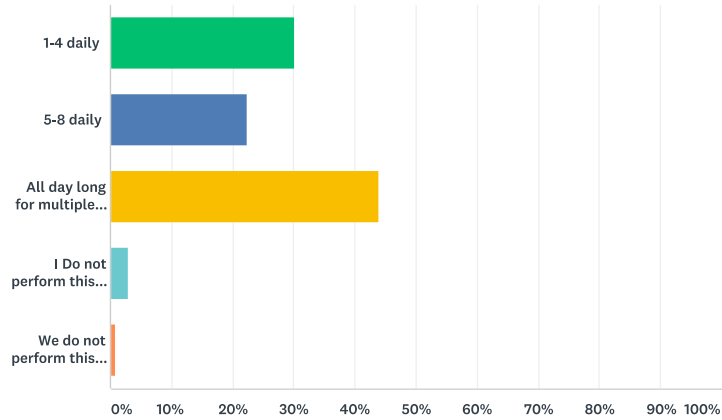


ANSWER CHOICES	RESPONSES	
Private single DDS practice	36.30%	98
Private single DDS practice that also employees associate or other DDS employees	32.59%	88
Private group DDS practice, with only DDS owners practicing	4.81%	13
Private group DDS practice that also employ associates or other DDS employees	13.33%	36
D.S.O. (like Pacific Dental Care type organizations)	5.93%	16
Indian Health or Primary Care Facility	7.04%	19
TOTAL		270

EF2 Employment type and Local Anesthesia

Q2 How frequently do you place and finish composite restorations?

Answered: 273 Skipped: 1

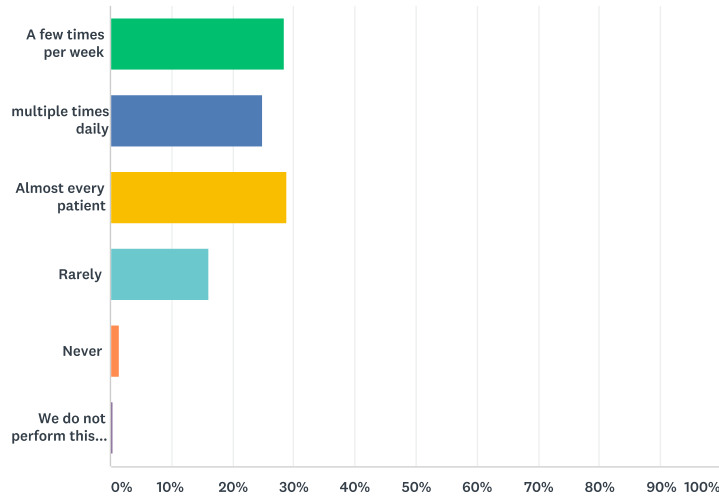


ANSWER CHOICES	RESPONSES	
1-4 daily	30.04%	82
5-8 daily	22.34%	61
All day long for multiple patients	43.96%	120
I Do not perform this procedure	2.93%	8
We do not perform this procedure in the office	0.73%	2
TOTAL		273

EF2 Employment type and Local Anesthesia

Q3 How often do you need additional local anesthesia during composite procedures?

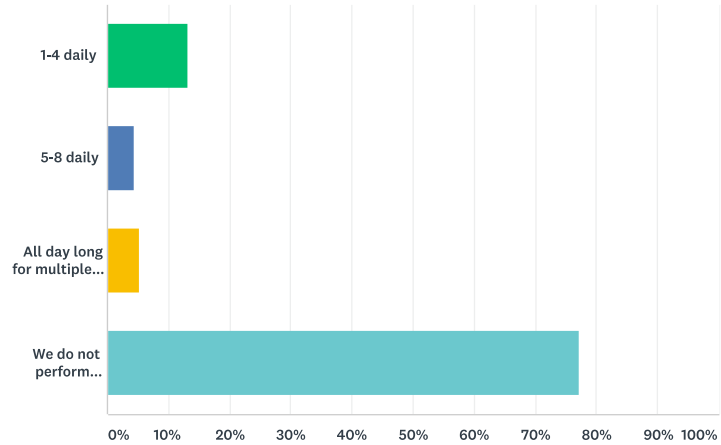
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
A few times per week	28.47%	78
multiple times daily	24.82%	68
Almost every patient	28.83%	79
Rarely	16.06%	44
Never	1.46%	4
We do not perform this procedure in the office	0.36%	1
TOTAL		274

Q4 How frequently do you place and finish amalgam restorations?

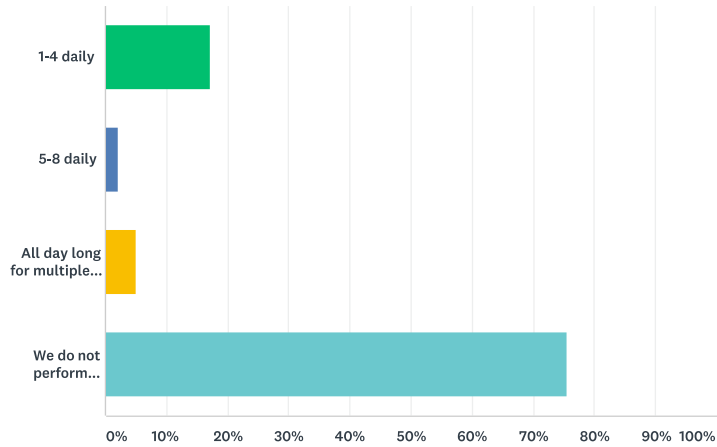
Answered: 273 Skipped: 1



ANSWER CHOICES	RESPONSES	
1-4 daily	13.19%	36
5-8 daily	4.40%	12
All day long for multiple patients	5.13%	14
We do not perform amalgams in the office	77.29%	211
TOTAL		273

Q5 How often do you need additional local anesthesia during amalgam procedures?

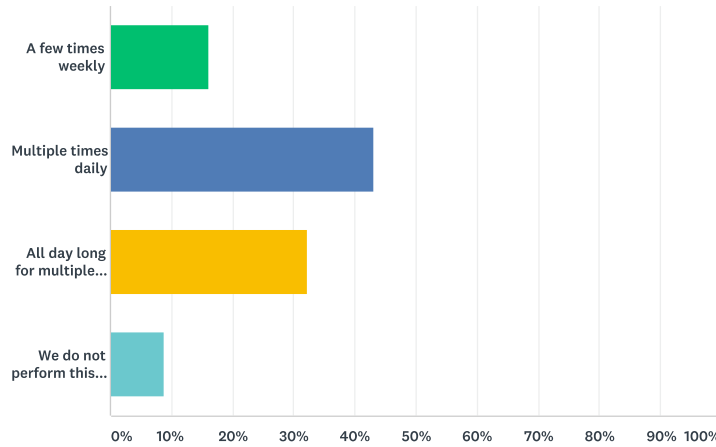
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
1-4 daily	17.15%	47
5-8 daily	2.19%	6
All day long for multiple patients	5.11%	14
We do not perform amalgams in the office	75.55%	207
TOTAL		274

Q6 How frequently do you place retraction devices and obtain traditional final impressions for crown and bridge?

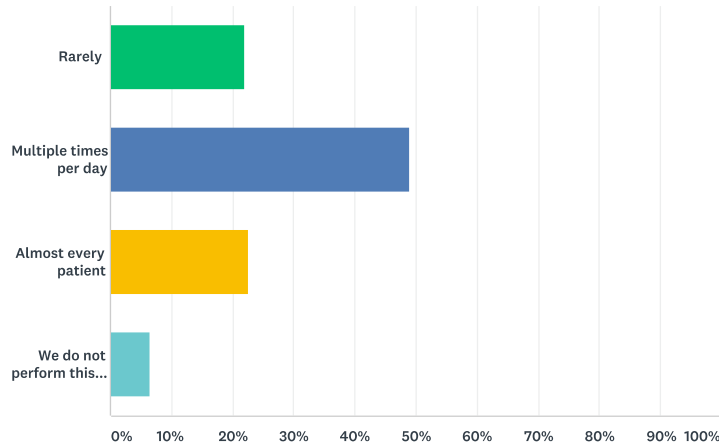
Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
A few times weekly	16.06%	44
Multiple times daily	43.07%	118
All day long for multiple patients	32.12%	88
We do not perform this procedure in the office	8.76%	24
TOTAL		274

Q7 How often do you need additional local anesthesia during traditional impression procedures?

Answered: 274 Skipped: 0

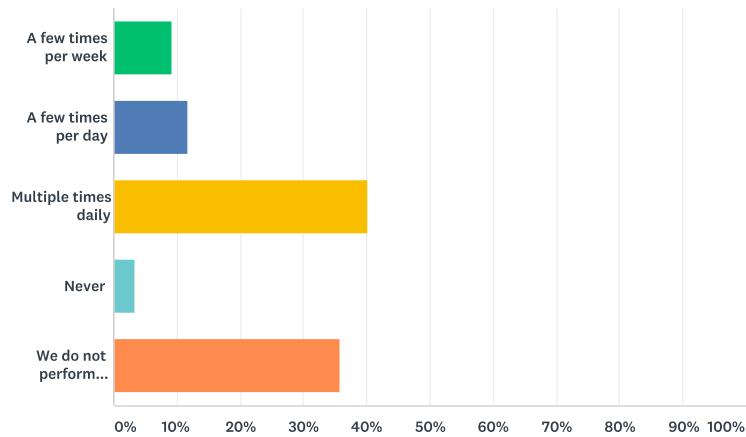


ANSWER CHOICES	RESPONSES	
Rarely	21.90%	60
Multiple times per day	48.91%	134
Almost every patient	22.63%	62
We do not perform this type of impression	6.57%	18
TOTAL		274

EF2 Employment type and Local Anesthesia

Q8 How frequently do you obtain (CAD-milled) digital impressions, design crowns and adjust and bond/cement them?

Answered: 274 Skipped: 0

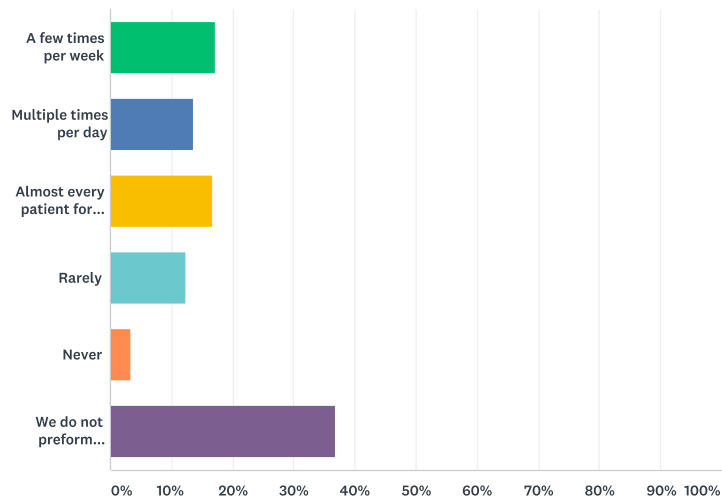


ANSWER CHOICES	RESPONSES	
A few times per week	9.12%	25
A few times per day	11.68%	32
Multiple times daily	40.15%	110
Never	3.28%	9
We do not perform CAD-milled impressions in this office/clinic	35.77%	98
TOTAL		274

EF2 Employment type and Local Anesthesia

Q9 How often do you need additional local anesthesia during CAD-milled crown procedures?

Answered: 274 Skipped: 0

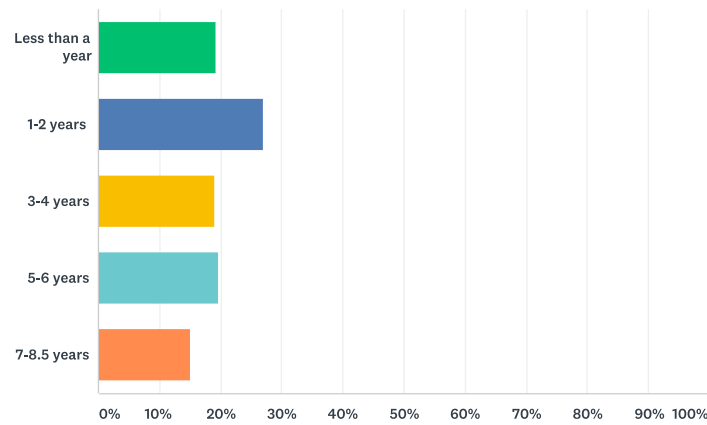


ANSWER CHOICES	RESPONSES	
A few times per week	17.15%	47
Multiple times per day	13.50%	37
Almost every patient for this procedure	16.79%	46
Rarely	12.41%	34
Never	3.28%	9
We do not preform CAD-milled restorations in this office/clinic	36.86%	101
TOTAL		274

EF2 Employment type and Local Anesthesia

Q10 How long have you been licensed to performed advanced EF2 procedures?

Answered: 274 Skipped: 0

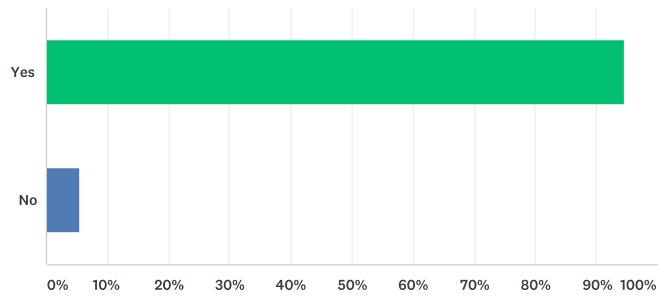


ANSWER CHOICES	RESPONSES	
Less than a year	19.34%	53
1-2 years	27.01%	74
3-4 years	18.98%	52
5-6 years	19.71%	54
7-8.5 years	14.96%	41
TOTAL		274

EF2 Employment type and Local Anesthesia

Q11 Does your DDS prefer that you obtain the ability to provide local anesthesia yourself, with of course education to make you competent to do so?

Answered: 274 Skipped: 0

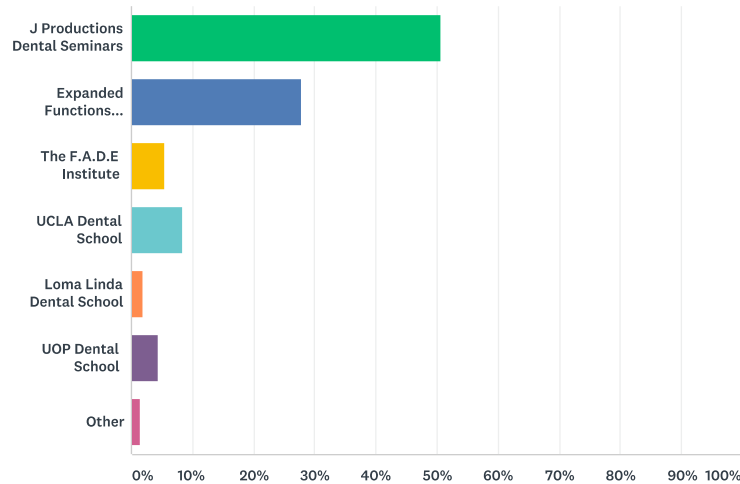


ANSWER CHOICES	RESPONSES	
Yes	94.53%	259
No	5.47%	15
TOTAL		274

EF2 Employment type and Local Anesthesia

Q12 At which EF2 program did you obtain your education?

Answered: 274 Skipped: 0



ANSWER CHOICES	RESPONSES	
J Productions Dental Seminars	50.73%	139
Expanded Functions Dental Assistant Association (EFDA)	27.74%	76
The F.A.D.E Institute	5.47%	15
UCLA Dental School	8.39%	23
Loma Linda Dental School	1.82%	5
UOP Dental School	4.38%	12
Other	1.46%	4
TOTAL		274

Appendix C

1 Proposed Local Anesthesia for the RDAEF Permit Regulations

2 Working Document 10/9/18

3 §__ Approval of Local Anesthesia Limited to the Oral Cavity For the Registered
4 Dental Assistant in Extended Functions Permit

5 (a) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070
6 and 1070.1, the following criteria shall be met by a permit course in Local
7 Anesthesia for the Registered Dental Assistant in Extended Functions (RDAEF)
8 to secure and maintain approval by the Board.

9 (1) All permit courses in Local Anesthesia for the Dental Assistant in Extended
10 Functions (RDAEF) in California shall apply for and receive Board approval prior
11 to operation.

12 (2) All permit courses in Local Anesthesia for the Dental Assistant in Extended
13 Functions (RDAEF) shall be at a postsecondary educational level.

14 (3) All permit courses in Local Anesthesia for the Dental Assistant in Extended
15 Functions (RDAEF) shall have previously been approved as a Registered Dental
16 Assistant in Functions program for education in accordance with B&P Section
17 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or
18 after January 1, 2010; and shall maintain continued student overall passing
19 scores on the clinical and restorative state examinations at a minimum of 75%.

20 (4) A permit course in Local Anesthesia for the Dental Assistant in Extended
21 Functions (RDAEF) provider applying for approval shall submit to the Board a
22 completed "Local Anesthesia for the Dental Assistant in Extended Functions
23 (RDAEF) (New INSERT DATE)", which is hereby incorporated by reference,
24 accompanied by a non-refundable processing fee of \$__.

25 ~~(5) The Board may, in lieu of conducting its own investigation, accept the findings~~
26 ~~of any commission or accrediting agency approved by the Board and adopt those~~
27 ~~findings as its own as it relates to any evaluation or re-evaluation required by this~~
28 ~~article. Acceptance of any accrediting agencies' findings is at the discretion of the~~
29 ~~Board and does not prohibit the Board from exercising its right to site-evaluate a~~
30 ~~program.~~ No other agencies exist for such approval

31 ~~(6) If the permit course is granted the status of "Approved with Reporting~~
32 ~~Requirements" from accrediting agency, the program shall submit to the Board~~
33 ~~copies of any and all correspondence received from or submitted to the~~
34 ~~accrediting agency until such time as the status of "Approval without Reporting~~
35 ~~Requirements" is granted. Additionally, if the permit course's accrediting status~~
36 ~~changes in any way with the accrediting agency, the program shall notify the~~
37 ~~Board, in writing, of such status within 30 days.~~ No other agencies exist for such
38 approval

(7) Approval may be granted after evaluations of all components of the permit course have been performed and the report of such evaluation indicates that the permit course meets the Board's requirements.

(b) The board may withdraw its approval of a permit course at any time, after giving the permit course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond within 30 calendar days. Approval may be withdrawn for failure to comply with the provisions of the Dental Practice Act or the Boards regulations.

(c) Requirements for Approval. In order to be approved, a permit course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Board of any changes to the course content, physical facilities, and faculty, within 10 days of such changes.

(d) Notice of Compliance. To maintain approval, permit courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for permit courses in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF) (*insert date*)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Student Prerequisites. In order to be admitted to a permit course in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF), each student shall possess a valid, active, and current license as a Registered Dental Assistant in Extended Functions issued by the Board In accordance with B&P Section 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or after January 1, 2010; and

(f) Possess current certification in Basic Life Support (CPR) from the American Heart Association or the American Red Cross.

(8) Faculty Requirements. In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a two (2) hour course in educational methodology related to the administration of local anesthesia. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(9) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall not instruct more than 6 individuals in a laboratory session, and 3 individuals in a pre-clinical and clinical session and shall be directly at chairside during all injections.

(10) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall meet one of the following criteria.

(a) Are licensed to administer local anesthesia and have actively administered local anesthesia to patients on a regular basis for a minimum of two years, including all of the injections listed in this document.

(b) Are licensed to administer local anesthesia and have been clinically teaching and evaluating students in a post-secondary program in the administration of local anesthesia for a minimum of 2 years on a routine basis, including all of the injections listed in this document. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met one of these requirements.

(10) A program applying for approval to teach all of the duties specified in Business and Professions Code Section _____ shall comply with all of the requirements of this Section.

(g) Facilities and Resources. Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop competency in Local Anesthesia for the Registered Dental Assistant in Extended Functions (RDAEF) . The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(9) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms (unless lectures are conducted online) and operatories in compliance with the requirements of Section 1070 (f)(A)(B). Adequate cleaning and disinfecting of facilities shall be provided and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all pre-clinical and clinical experiences.

(10) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the permit in local Anesthesia for the Registered Dental Assistant in Extended Functions (RDAEF) .

(11) Length of Program. The program shall be of sufficient duration for the student to develop competence in the administration of Local Anesthesia, but in no event less than 150 hours, including at least 118 hours of didactic instruction, at least 16 hours of pre-clinical instruction, and at least 16 hours of clinical instruction. Included in these hours are a minimum of 28 hours of didactic

115 instruction in head and neck anatomy and an additional 4 hours of laboratory
116 instruction in head and neck anatomy. All pre-clinical and clinical instruction shall
117 be provided under the direct supervision of program faculty and under the direct
118 supervision of a licensed dentist.

119 (i) The following requirements are in addition to the requirements of Sections
120 1070 and 1070.1:

121 (12) Minimum requirements for equipment and armamentaria:

122 (a) Clinical facilities that provide a dental chair in a dental operatory including
123 air/water, hand piece connections, suction and all items necessary to provide
124 dental treatment.

125 (b) Notwithstanding Section 1070, there shall be at least one operatory for every
126 three students who are simultaneously engaged in clinical instruction.

127 (c) A selection of instruments and adjunct materials needed for the
128 administration of local anesthesia.

129 (d) One (1) human skull or replica with articulated mandible that can be
130 separated, for each six (6) students enrolled in the program.

131 (e) One (1) human skull or replica of muscle anatomy of the head and neck with
132 articulated mandible that can be separated, for each six (6) students enrolled in
133 the program.

134 (f) One (1) local anesthesia simulator manikin equipped with sensors for each six
135 (6) students enrolled in the program

136 (13) As it relates to Dental Science didactic instruction shall include:

- 137 a. A complete post-secondary level course in head and neck anatomy
- 138 b. Dental, oral and histology overview
- 139 c. oral pathology review
- 140 d. pharmacology
- 141 e. an overview of chemistry as it relates to local anesthesia

142 (A) As it relates to head and neck anatomy didactic instruction shall include:

- 143 a. Surface anatomy
- 144 b. Overview of skeletal system
- 145 c. Terminology,
- 146 d. Review of the bones of the head and neck
- 147 e. Muscular system
- 148 f. Review of TMJ

- 149 g. Vascular system
- 150 h. Glandular tissues
- 151 i. Nervous system including the branches of the trigeminal nerve
- 152 j. Review of the lymphatic system
- 153 k. Fasciae and spaces with specific considerations for local anesthesia

154 (B) As it relates to head and neck anatomy general laboratory instruction shall
155 include:

- 156 a. Identification of bones, and foramen, on a human skull or replica of the
- 157 maxilla, palatine bone and mandible for PSA, MSA, ASA, AMSA, IA,
- 158 Buccal, Mental and Incisive, Itraseptal, PDL injections.
- 159 b. Identification the muscles, on a human skull or replica of the maxilla,
- 160 palatine bone and mandible for PSA, MSA, ASA, AMSA, IA, Buccal,
- 161 Mental and Incisive, Itraseptal, PDL injections.
- 162 c. The identification of target and injection sites on a skull or replica of the
- 163 maxilla, palatine bone and mandible for PSA, MSA, ASA, AMSA, IA,
- 164 Buccal, Mental and Incisive, Itraseptal, PDL injections.

165 (C) As it relates to Pharmacology didactic instruction shall include:

- 166 I. Pharmacological drug classifications and their effects
- 167 II. Types of drugs, classifications and effects
- 168 III. Brand and generic drugs
- 169 IV. Mechanism of actions
- 170 V. Specific drugs used in dentistry
- 171 VI. Common drugs taken by patients and how to use a PDR or reference
- 172 source

173

174 (D) As it relates to Anatomy and Physiology didactic instruction shall include
175 instruction in the following systems:

- 176 I. Overview of anatomy and physiology and their interactions
- 177 II. Respiratory
- 178 III. Cardiovascular
- 179 IV. Blood vessels
- 180 V. Digestive
- 181 VI. Urinary
- 182 VII. Endocrine
- 183 VIII. Brain
- 184 IX. Nervous system
- 185 X. The five senses
- 186 XI. Digestive
- 187 XII. Urinary

- 188 XIII. Muscle
- 189 XIV. Connective Tissues
- 190 XV. Skeletal
- 191 XVI. Reproductive system

192 (E) As it relates to an overview of Chemistry didactic instruction shall include:

- 193 I. element and periodic table organization
- 194 II. atomic structure
- 195 III. electrons
- 196 IV. Lewis dot structures
- 197 V. valance shells
- 198 VI. bonds
- 199 VII. basic chemical structures

200 (F) As it relates to local anesthesia didactic instruction shall include:

- 201 a. Instruction in local infiltrations, nerve blocks and field blocks limited to the
- 202 oral cavity, and limited to those injections that are included in the scope of
- 203 practice for the Registered Dental Assistant in Extended Functions Permit.
- 204 b. Patient health history and assessment
- 205 c. Medical emergency prevention, procedures and drugs
- 206 d. Patient education
- 207 e. Theory of pain and anxiety control
- 208 f. Effects of local anesthesia on body systems
- 209 g. Local anesthetic drugs, including reversal agents
- 210 h. Dose calculations for anesthetic solutions
- 211 i. AAPD guidelines and Specific techniques and concerns for local
- 212 anesthesia for the pediatric patient, including:
 - 213 I. Paiget's stages of childhood development
 - 214 II. Goals and guidelines for pediatric local anesthesia patients
 - 215 III. Focused anesthesia dosage by child's weight
 - 216 IV. Continued monitoring
 - 217 V. Careful pre-anesthesia evaluation for underlying medical conditions
 - 218 VI. Careful pre-anesthesia evaluation for anxiety reduction procedures
- 219 j. Legal requirements
- 220 k. Indications and contraindications
- 221 l. Problem solving techniques
- 222 m. Local anesthetic delivery devices
- 223 n. Clinical decision-making skills
- 224 o. Fundamental of the administration
- 225 p. Laboratory, preclinical, and clinical criteria and evaluation
- 226 q. Infection control protocol implementation

(G) As it relates to local anesthesia, laboratory instruction shall include;

- a. On a local anesthesia simulator manikin equipped with conduction sensors, the student shall perform each injection to a minimum total of 2 times to criteria-referenced completion standards for PSA, MSA, ASA, AMSA, IA, Buccal, Mental and Incisive, Itraseptal, PDL injections
- b. The intraoral identification on a student partner of target and injection sites for PSA, MSA, ASA, AMSA, IA, Buccal, Mental and Incisive, Itraseptal, PDL

(H) As it relates to local anesthesia pre-clinical instruction shall include:

- a. The intraoral identification and injection of local anesthesia on multiple student partners for PSA, MSA, ASA, AMSA, Greater Palatine, Nasopalatine, IA; Buccal, Mental and Incisive blocks.
- b. During multiple pre-clinical sessions the student shall perform each injection to a minimum total of 4 times to criteria-referenced completion standards. One of each injection shall be utilized as a pre-clinical examination. No more than 3 different injection locations shall be taught in any one clinical session.

(I) As it relates to local anesthesia clinical instruction shall include:

- a. The intraoral identification and injection of local anesthesia on patients for PSA, MSA, ASA, AMSA, IA, Buccal, Mental and Incisive, Itraseptal, PDL injections
- b. During multiple clinical sessions the student shall perform each injection to a minimum total of 4 times to criteria-referenced completion standards. One of each injection shall be utilized as a clinical examination

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

(15) Course Completion Criteria

Satisfactory completion of a course in Local Anesthesia for the Dental Assistant in Extended Functions (RDAEF) is determined using criteria-referenced completion standards, where the instructor determines when the trainee has achieved competency based on these standards. Any student who had not achieved competency in this duty in the specified period of instruction could receive additional training and evaluation. In cases where, in the judgment of the

266 faculty, students are not making adequate progress, they would be discontinued
267 from the program.

Dental Assisting Committee and Dental Board of California Members:

Many years ago when the RDA category of dental assisting was first introduced in California, specific duties were divided between the DA (dental assistant) and RDA (Registered Dental Assistant). One of the duties that was placed into the DA category was "Assisting in the administration of nitrous oxide when used as an analgesia or sedation, but shall not adjust the flow of gases unless instructed to do so by a dentist who shall be present at chairside at the implantation of these instructions".....

At the time there was a rather cavalier attitude toward nitrous oxide utilization. Since the nitrous oxide machine was often to the side or behind the view of the DDS during patient treatment, it was felt that a dental assistant could "monitor" the machine and change gas flows at the direction of the dentist. This duty continues today and remains in the DA category.

The use of nitrous oxide in the dental practice as ebbed and flowed over the years for various reasons, but many dental practices continue to offer it as a "patient comfort and anxiety reduction option". The issue for the RDAEF2 is that they are providing restorative services to patients for long periods of time. If the patient they are providing those restorative services for wishes to have nitrous oxide EF2 has now shifted into a nitrous oxide provider status. By that we mean that the DDS treated the patient using nitrous oxide initially to prepare the teeth, but is now no longer in the operatory. The patient is being solely treated by the EF2 for prolonged periods and the DDS is often with additional patients in another location in the office. Often, especially over longer treatment times, changes in patient comfort and/or response can occur very rapidly while under nitrous oxide/oxygen. It is critical that the patient be returned to a comfortable and safe status to avoid a significant negative experience. It is imperative that the EF2 recognize both appropriate and inappropriate levels of sedation, and understand how to correctly administer nitrous oxide/oxygen.

In 2007, the American Dental Association developed guidelines for teaching pain control and sedation. Nitrous oxide/oxygen was included in those guidelines. In addition the American Academy of Pediatric Dentistry also developed guidelines for nitrous oxide and the pediatric patient which were revised in 2013.

The RDAEF Association urges the Dental Assisting Committee and Dental Board of California to add an optional permit in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) to the scope of practice for the RDAEF2. We have attached proposed regulatory language in Appendix A of this document that meets and exceeds the ADA guidelines for Nitrous oxide education. To make it easier for DAC and DBC members we have highlighted the most important content of the course in yellow. Much of the other content is standard language found in all dental assisting regulatory language. We have also attached a comparison chart for hygiene programs on a national basis and specifically in California. You will note that most programs do not meet ADA standards including California. You will find that document in Appendix B.

Joan Greenfield, RDAEF2, MS
RDAEF Association

Appendix A

§__ Approval of Nitrous Oxide/ Oxygen For the Registered Dental Assistant in Extended Functions Permit

(a) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the following criteria shall be met by a permit course in Nitrous Oxide/Oxygen for the Registered Dental Assistant in Extended Functions (RDAEF) to secure and maintain approval by the Board.

(1) All permit courses in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) in California shall apply for and receive Board approval prior to operation.

(2) All permit courses in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) shall be at a postsecondary educational level.

(3) All permit courses in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) shall have previously been approved as a Registered Dental Assistant in Extended Functions program for education in accordance with B&P Section 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or after January 1, 2010; and shall maintain continued student overall passing scores on the clinical and restorative state examinations at a minimum of 75%.

(4) A permit course in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) provider applying for approval shall submit to the Board a completed "Nitrous Oxide/Oxygen for the Dental Assistant in Extended Functions (RDAEF) (New INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-refundable processing fee of \$____.

~~(5) The Board may, in lieu of conducting its own investigation, accept the findings of any commission or accrediting agency approved by the Board and adopt those findings as its own as it relates to any evaluation or re-evaluation required by this article. Acceptance of any accrediting agencies' findings is at the discretion of the Board and does not prohibit the Board from exercising its right to site-evaluate a program. No other agencies exist for such approval~~

~~(6) If the permit course is granted the status of "Approved with Reporting Requirements" from accrediting agency, the program shall submit to the Board copies of any and all correspondence received from or submitted to the accrediting agency until such time as the status of "Approval without Reporting Requirements" is granted. Additionally, if the permit course's accrediting status changes in any way with the accrediting agency, the program shall notify the Board, in writing, of such status within 30 days. No other agencies exist for such approval~~

(7) Approval may be granted after evaluations of all components of the permit course have been performed and the report of such evaluation indicates that the permit course meets the Board's requirements.

(b) The board may withdraw its approval of a permit course at any time, after giving the permit course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond within 30 calendar days. Approval may be withdrawn for failure to comply with the provisions of the Dental Practice Act or the Boards regulations.

(c) Requirements for Approval. In order to be approved, a permit course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Board of any changes to the course content, physical facilities, and faculty, within 10 days of such changes.

(d) Notice of Compliance. To maintain approval, permit courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for permit courses in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF) (insert date)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

(e) Student Prerequisites. In order to be admitted to a permit course in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in Extended Functions (RDAEF), each student shall possess a valid,

active, and current license as a Registered Dental Assistant in Extended Functions issued by the Board in accordance with B&P Section 1753.55, a Registered Dental Assistant in Extended Functions, licensed on or after January 1, 2010; and

(f) Possess current certification in Basic Life Support (CPR) from the American Heart Association or the American Red Cross.

(8) **Faculty Requirements.** In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical evaluation shall have completed a two (2) hour course in educational methodology related to the administration of Nitrous Oxide/Oxygen Minimal Sedation. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met this requirement.

(9) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall not instruct more than 6 individuals in a pre-clinical session and 3 individuals in a clinical session and shall be directly at chairside during the administration of nitrous oxide until completion and return to oxygen only recovery status.

(10) In addition to the requirements of Sections 1070 and 1070.1, all faculty members responsible for clinical teaching and evaluation shall meet one of the following criteria.

(a) Are licensed to administer local anesthesia and have actively administered Nitrous Oxide/Oxygen Minimal Sedation to patients on a regular basis for a minimum of two years, utilizing ADA recommended titration techniques.

(b) Are licensed to administer Nitrous Oxide/Oxygen Minimal Sedation and have been clinically teaching and evaluating students in a post-secondary program in the administration of Nitrous Oxide/Oxygen Minimal Sedation for a minimum of 2 years on a routine basis, utilizing ADA recommended titration techniques. The program director or designated administrator shall be responsible to obtain and maintain records of each faculty member showing evidence of having met one of these requirements.

(1) A program applying for approval to teach all of the duties specified in Business and Professions Code Section _____ shall comply with all of the requirements of this Section.

(g) **Facilities and Resources.** Facilities and class scheduling shall provide each student with sufficient opportunity, with instructor supervision, to develop competency in Nitrous Oxide/Oxygen Minimal Sedation for the Registered Dental Assistant in Extended Functions (RDAEF). The following requirements are in addition to those contained in Sections 1070 and 1070.1:

(1) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms (unless lectures are conducted online) and operatories in compliance with the requirements of Section 1070 (f)(A)(B). Adequate cleaning and disinfecting of facilities shall be provided and all disinfection and sterilization procedures specified in the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005) shall be incorporated in instruction and followed during all pre-clinical and clinical experiences.

(2) Provision shall be made for reasonable access to current and diverse dental and medical reference texts, current journals, audiovisual materials, and other necessary resources. Library holdings, which may include, in total or in part, access through the Internet, shall include materials relating to all subject areas of the permit in Nitrous Oxide/Oxygen for the Registered Dental Assistant in Extended Functions (RDAEF).

(h) **Length of Program.** The program shall be of sufficient duration for the student to develop competency in the administration of Nitrous Oxide/Oxygen Minimal Sedation, but in no event less than eighteen (18) hours, including at least seven (7) hours of didactic instruction, at least five (5) hours of pre-clinical instruction, and at least six (6) hours of clinical instruction. All pre-clinical and clinical instruction shall be provided under the direct supervision of program faculty who shall be directly at chairside during the administration of nitrous oxide until completion and return to an oxygen only recovery status. As defined minimal sedation means a drug-induced state in which a patient responds to normal verbal commands and respiratory and cardiovascular functions are normal and that the patient receives less than a 50% concentration of nitrous oxide. In addition, a margin of safety at lower levels wide enough never to render unintended loss of consciousness shall be maintained at all times.

- 99 (i) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:
100 (1) Minimum requirements for equipment and armamentaria:
101 (A) Clinical facilities that provide a dental chair in a dental operatory including air/water, hand piece
102 connections, suction and all items necessary to provide dental treatment.
103 (B) Notwithstanding Section 1070, there shall be at least one operatory for three (3) students who are
104 simultaneously engaged in clinical instruction.
105 (C) A selection of instruments and adjunct materials needed for the administration of nitrous oxide/oxygen
106 to include; At least one complete nitrous oxide-oxygen unit for each three (3) students enrolled in the course
107 and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal
108 hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and
109 replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit,
110 all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for
111 storage of gas cylinders.
112 (j) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (K) to (L),
113 inclusive, and the following didactic instruction:
114 (1) As it relates to the administration of Nitrous Oxide/Oxygen Minimal Sedation, didactic instruction shall
115 include:
- 116 a. Patient health history including informed consent for nitrous oxide;
 - 117 b. Anxiety evaluation and assessment;
 - 118 c. ASA status;
 - 119 d. Use of a pulse oximeter;
 - 120 e. Theory of pain and anxiety control;
 - 121 f. AAPD guidelines and Specific techniques and concerns for nitrous oxide sedation of the pediatric
122 patient, including:
 - 123 I. Paiget's stages of childhood development
 - 124 II. Goals and guidelines for pediatric nitrous oxide patients
 - 125 III. Focused airway examination
 - 126 IV. Continued monitoring
 - 127 V. Careful pre-sedation evaluation for underlying medical conditions
 - 128 g. Legal requirements;
 - 129 h. Indications and contraindications;
 - 130 i. Problem solving techniques;
 - 131 j. Dental science, including;
 - 132 I. Respiratory system and gas exchange,
 - 133 II. Anatomy and physiology of respiration and management of the airway
 - 134 III. Circulatory physiology and related anatomy.
 - 135 IV. Pharmacology,
 - 136 V. Neurophysiology,
 - 137 k. Patient monitoring using observation and monitoring equipment, with particular attention to vital
138 signs and reflexes related to pharmacology of nitrous oxide.
 - 139 l. Physical properties and pharmacokinetics/pharmacodynamics of nitrous oxide
 - 140 m. Medical emergencies
 - 141 n. Normal or abnormal anatomical features
 - 142 o. The history of nitrous oxide/oxygen
 - 143 p. Manufacturing of nitrous oxide/oxygen

- 144 q. Delivery systems and related equipment for nitrous oxide/oxygen including functions of each
- 145 component
- 146 r. Gas titration; signs and symptoms of sedation, administration techniques, and assessment of
- 147 recovery.
- 148 s. Preclinical, and clinical criteria and evaluation
- 149 t. Patient documentation that meets the standard of care, including, but not limited to peak
- 150 percentage, liter flow per minute (L/min.), duration of administration of nitrous oxide/oxygen, and
- 151 post nitrous oxide oxygen.
- 152 u. Basic microbiology relating to infection control
- 153 v. Infection control protocol implementation
- 154 w. Potential biohazards to dental health care personnel; abuse; and legal and ethical concerns
- 155 related to the administration of nitrous oxide/oxygen.

156 (K) As it relates to administration of Nitrous Oxide/Oxygen Minimal Sedation general pre-clinical instruction
 157 shall include:

- 158 a. (1) The administration of nitrous oxide/oxygen to four (4) different student partners to criteria-
- 159 referenced completion standards. If a student is unable to have nitrous oxide/oxygen an additional
- 160 human subject may be utilized. The third and fourth pre-clinical experience shall include the
- 161 performance of a short dental procedure while administering at least twenty (20) minutes of nitrous
- 162 oxide/oxygen. During the pre-clinical session the student shall demonstrate competence in ;

- 163 I. Obtaining Patient health history including informed consent for nitrous oxide;
- 164 II. Determining Anxiety evaluation and assessment;
- 165 III. Obtaining ASA status;
- 166 IV. Utilizing a pulse oximeter
- 167 V. Identifying nitrous oxide/oxygen equipment and their functions
- 168 VI. Obtaining peak percentage, Liter flow per minute (L/min.)
- 169 VII. The careful titration of gases to minimal base-line sedation levels;
- 170 VIII. The performance of a dental procedure while monitoring the patient
- 171 IX. The safe return of the patient to pre-sedation status
- 172 X. Patient documentation that meets the standard of care, including, but not limited to peak
- 173 percentage, liter flow per minute (L/min.), duration of administration of nitrous
- 174 oxide/oxygen, and post nitrous oxide oxygen.

175 (L) As it relates to nitrous oxide/oxygen clinical instruction shall include:

- 176 b. (1) The administration of nitrous oxide/oxygen to 4 separate patients to criteria-referenced
- 177 completion standards. All clinical experience shall include the performance of a dental procedure
- 178 while administering at least twenty (20) minutes of nitrous oxide/oxygen. During the pre-clinical
- 179 session the student shall demonstrate competence in ;

- 180 XI. Obtaining Patient health history including informed consent for nitrous oxide;
- 181 XII. Determining Anxiety evaluation and assessment;
- 182 XIII. Obtaining ASA status;
- 183 XIV. Utilizing a pulse oximeter
- 184 XV. Identifying nitrous oxide/oxygen equipment and their functions
- 185 XVI. Obtaining peak percentage, Liter flow per minute (L/min.)
- 186 XVII. The careful titration of gases to minimal base-line sedation levels;
- 187 XVIII. The performance of a dental procedure while monitoring the patient

188 XIX. The safe return of the patient to pre-sedation status
189 XX. Patient documentation that meets the standard of care, including, but not limited to peak
190 percentage, liter flow per minute (L/min.), duration of administration of nitrous
191 oxide/oxygen, and post nitrous oxide oxygen

192 (M) Each student shall pass a written examination that reflects the curriculum content, which may be
193 administered at intervals throughout the course as determined by the course director.
194 Course Completion Criteria
195 Satisfactory completion of a course in Nitrous Oxide/Oxygen Minimal Sedation for the Dental Assistant in
196 Extended Functions (RDAEF) is determined using criteria-referenced completion standards, where the
197 instructor determines when the trainee has achieved competency based on these standards. Any student
198 who had not achieved competency in this duty in the specified period of instruction could receive additional
199 training and evaluation. In cases where, in the judgment of the faculty, students are not making adequate
200 progress, they would be discontinued from the program.

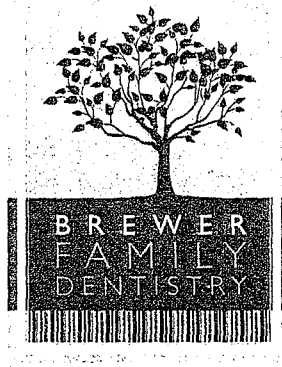
Appendix B

Nitrous Oxide Comparison Chart

Nitrous Oxide	Didactic	Pre-clinical	Clinical	Number of experiences
Dental Hygiene Nationally Information from ADHA	2-32hrs. <i>Most courses do not meet ADA standards</i>	None listed	3hrs. -12 hrs.	None specified
DHCC 8 Hrs. Total <i>Does not meet ADA standards</i>	4 hrs. divided at providers discretion between didactic and pre-clinical	Included in didactic requirements	4 hrs.	5 Total 2 lab. partners 3 patients
EF2 Proposed Total 18	4 hours lecture if taken with Local anesthesia. Additional 5 hours of lecture if taken as stand alone course. Additional lectures include med. emergencies, vital signs, I.C., patient history assessment, etc.	6 hrs.	8hrs.	8 Total 4 pre-clinical 4 clinical

ADA Guidelines for Nitrous Oxide courses.

Inhalation Sedation (Nitrous Oxide/Oxygen) Course Duration: While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course **should be a minimum of 14 hours**, including a clinical component during which competency in inhalation sedation technique is achieved..... https://www.ada.org/.../anxiety_guidelines.a.



Thomas Stewart, DDS
President of the Dental Board of California
Karen Fischer
Executive Officer of the Dental Board of California
karen.fischer@dca.ca.gov

Dear Dr. Stewart and Ms. Fischer:

I understand the RDAEF Association has brought forward to the Dental Board of California, a proposal to allow the RDAEF2 to administer local anesthesia and nitrous oxide/oxygen minimal sedation. The proposal includes courses of study at a post-secondary level, and would be offered as two separate, post-licensure, optional permits.

Since the addition of an RDAEF2 to my practice/clinic, access to patient care has increased and made my dental practice more effective and efficient for all patients. The missing link however is the inability of the RDAEF2 to directly provide pain and anxiety management protocols. As a dentist that fully utilizes the skills and knowledge of the EF2 in my practice, I can attest to the importance of correcting this issue.

Anxiety and pain control during dental treatment is imperative and should become part of the services the Registered Dental Assistant in Extended Functions can provide for my patients.

I am requesting that the Dental Assisting Committee and the Dental Board of California support this important change to the scope of practice for the Registered Dental Assistant in Extended Functions.

Amanda R. Brewer, DDS
Stanislaus Dental Society Member



Dear Dr. Stewart and Ms. Fischer:

I understand that the RDAEF Association has brought forward to the Dental Board of California a proposal to allow the RDAEF2 to administer local anesthesia and nitrous oxide/oxygen minimal sedation. The proposal includes courses of study at a post-secondary level and would be offered as two separate, post-licensure, optional permits.

Since the addition of an RDAEF2 to my practice, access to patient care has increased and made my dental practice more effective and efficient for all patients. This is of particular interest to me, since I had established a practice with my now ex-husband, who has since left the practice, and with my RDAEF2, I have been able to keep up the same volume and quality of patient care without a second dentist present. The missing link, however, is the inability of the RDAEF2 to directly provide pain and anxiety management protocols. As a dentist that fully utilizes the skills and knowledge of the EF2 in my practice, I can attest to the importance of correcting this issue.

Anxiety and pain control during dental treatment is imperative and should become part of the services the Registered Dental Assistant in Extended Functions can provide for my patients.

I am requesting that the California Dental Association publicly support this important change to the scope of practice for the Registered Dental Assistant in Extended Functions.

Kristin Simkins DDS



California Dental Hygienists' Association
The Voice of Dental Hygiene

July 24, 2018

Dental Board of California (DBC)
ATTN: Karen Fischer, Executive Officer
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Dear Dental Board of California,

The California Dental Hygienists' Association (CDHA) is writing in opposition to a proposal brought before the Dental Board of California (DBC) to allow Registered Dental Assistant in Expanded Functions 2s (RDAEF2s) to administer local anesthesia and nitrous oxide/oxygen sedation.

This would require a statutory scope of practice change in the Dental Practice Act by the California Legislature. It is not clear to CDHA how this would benefit the dental consumers in California and improve either the delivery of care or the healthcare outcomes.

CDHA has concerns for the health and safety of California dental consumers, both children and adults, with this proposal.

The education and clinical experience of RDAEF2s does not adequately prepare RDAEF2s for the skills necessary and required by California for these new duties. One must be a Registered Dental Assistant (RDA) prior to becoming a RDAEF. However, the On-the-Job trained (OTJ) pathway to become a RDA only requires working for a Dentist for 15 months and passage of the 150-question written RDA exam. No science education is required, nor is a high school diploma required to become a RDA. The 410 hours required in the RDAEF2 program at University of the Pacific Dental School (UOP) is less than three months of dental assisting curriculum and significantly less than that required of a Registered Dental Hygienist (RDH) for the safe and effective administration of anesthesia.

Ms. Greenfield, author of the proposal, references the local anesthesia/nitrous oxide curriculum she offers for the out-of-state dental hygienist seeking licensure in California.

All hygienists in the United States graduating from a Commission on Dental Accreditation (CODA) accredited Dental Hygiene Program, as California RDH must do, have completed

Dental Board of California (DBC)

July 24, 2018

Page 2

extensive didactic coursework prior to completing the additional technical training for out-of-state hygienists referenced by Ms. Greenfield in order to meet California's stringent requirements.

We have attached a brief outline of the prerequisites and curriculum content for RDHs compared to the RDAEF2 program, along with California Code of Regulations (CCR) Section 1107 covering the local anesthesia and nitrous oxide requirements for both in state and out-of-state hygienists.

Without substantial additional scientific coursework and clinical training, administration of local anesthesia and nitrous oxide sedation by the RDAEF2 raises serious concerns for the health and safety of dental consumers in California, with no apparent improvement to the healthcare provided. We respectfully request the DBC does not agree to a lesser degree of education and clinical skill than that required of an RDH for this proposed scope of practice change.

We also request this letter, as well as the attached comparison of RDH-RDA-RDAEF2 education and CCR Section 1107, be included in the August DBC Board meeting materials packet.

Thank you for your consideration of CDHAs concerns for the well-being of children and adults during dental procedures involving administration of local anesthesia and nitrous oxide.

Respectfully submitted,

Beth Wilson

Beth Wilson. RDH BS
President, California Dental Hygienists' Association

Attachments:

- 2018 RDH-RDA-RDAEF2 Education Comparison
- CCR Section 1107

cc: Tom Stewart, DDS, President DBC

RDH AND RDAEF 2
Educational Prerequisites and Course Requirements

DENTAL HYGIENE PROGRAM PREREQUISITES

- A. A high school diploma or the recognized equivalent which will permit entrance to a college or university.
- B. College-level general education courses in the topic areas of:
- (i) Oral and Written Communication
 - (ii) Psychology
 - (iii) Sociology
 - (iv) Mathematics
 - (v) Cultural Diversity*
 - (vi) Nutrition*

*This course is required prior to graduation and may be waived as an admission requirement if included within the dental hygiene program curriculum.

- C. College-level biomedical science courses each of which must include a wet laboratory component in:
- (i) Anatomy
 - (ii) Physiology
 - (iii) Chemistry
 - (iv) Biochemistry
 - (iv) Microbiology

DENTAL HYGIENE CURRICULUM CONTENT

NUMBER OF HOURS REQUIRED=1600

(1) Biomedical and Dental Sciences Content

- (A) Cariology
- (B) Dental Materials
- (C) General Pathology and/or Pathophysiology
- (D) Head, Neck and Oral Anatomy
- (E) Immunology
- (F) Oral Embryology and Histology
- (G) Oral Pathology
- (H) Pain management
- (I) Periodontology
- (J) Pharmacology
- (K) Radiography
- (L) Dental Anatomy and Morphology

(2) Dental Hygiene Sciences and Practice Content

- (A) Community Dental Health
- (B) Dental Hygiene Leadership
- (C) Evidence-based Decision Making and Evidence-based Practice
- (D) Health Informatics
- (E) Health Promotion
- (F) Infection and Hazard Control Management
- (G) Legal and Ethical Aspects of Dental Hygiene Practice
- (H) Medical and Dental Emergencies
- (I) Oral Health Education and Preventive Counseling
- (J) Patient Management
- (K) Preclinical and Clinical Dental Hygiene
- (L) Provision of Services for and Management of Patients with Special Needs
- (M) Research

(3) Approved educational programs shall, at a minimum, specifically include instruction in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage.

(4) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

- (i) Indications and contraindications for all patients of:
 - 1. periodontal soft tissue curettage;
 - 2. administration and reversal of local anesthetic agents;
 - 3. nitrous oxide-oxygen analgesia agents
- (ii) Head and neck anatomy;
- (iii) Physical and psychological evaluation procedures;
- (iv) Review of body systems related to course topics;
- (v) Theory and psychological aspects of pain and anxiety control;
- (vi) Selection of pain control modalities;
- (vii) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;
- (viii) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;
- (ix) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;
- (x) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;
- (xi) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;
- (xii) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 1, section 1005 of the California Code of Regulations;
- (xiii) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the

tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;
(xiv) Medical and legal considerations including patient consent, standard of care, and patient privacy.

REGISTERED DENTAL ASSISTANT IN EXPANDED FUNCTIONS PREREQUISITES:

A. RDA license: On The Job Trained (OJT):

1. For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.
2. For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on a written and practical examination administered by the board.

B. RDA License: Graduate of an RDA Educational program

- (1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on a written and practical examination administered by the board. **(See examples of RDA curriculum after RDAEF)
- (2) RDA license

As of 2018 the RDA Practical Exam was eliminated

RDAEF PROGRAM REQUIREMENTS:

NUMBER OF HOURS REQUIRED=410

*Curriculum:

- Dental anatomy
- Oral health assessment, gingival structures
- Occlusion principles, TMJ and head and neck anatomy
- Primary and secondary dentition
- Beginning of bases and liners for amalgams, composites and glass ionomers
- Placement, polishing and anatomy for amalgams, composites and glass ionomers
- Oral isolation
- Dental materials and techniques for making impressions for removable partial dentures
- Dental materials for interocclusal registration, vasoconstrictors, fixed partial dentures, dental cements

- Fitting, adjusting and cementing of ceramic, all metal and ceramo-metal fixed partial dentures (crowns)
- Indirect restoration technique*
- Hemorrhage control, cord packing, vasoconstrictor use and final impressions
- Dental ergonomics
- Oral health assessment exercise with the dental school
- Endodontics
- Pulp vitality testing, cone fitting and cementation
- Restorations in supervising dentist's office

RDAs successfully completing this program will be able to perform all the *new* procedures in extended functions which include:

- Performing patient oral health evaluations, charting and evaluating of soft tissue, classifying occlusion and myofunctional evaluation
- Performing oral health assessments in community and school-based settings under the direction of a dentist, RDH or RDHAP
- Sizing and fitting endodontic master points and accessory points
- Taking final impressions for tooth-borne removable prostheses
- Polishing and contouring existing amalgam restorations
- Placing, contouring, finishing and adjusting all direct restorations
- Adjusting and cementing permanent indirect restorations

Additionally, participants will be trained to perform:

- Cord retraction of gingiva for impressions procedures
- Cementing endodontic master points and accessory points
- Taking final impressions for permanent indirect restorations
- All other procedures authorized and adopted by the dental board*

*University of the Pacific Dental School RDAEF curriculum

RDA EDUCATIONAL PROGRAM COMMUNITY COLLEGE

**(Diablo Valley College)

Required courses:

Dental Radiography
 Transitioning from Student to Dental Professional
 Oral Facial Anatomy and Body Systems
 Dental Operative Procedures
 Dental Materials and Laboratory Procedures
 Infection Control and Theories of Dental Assisting
 Dental Office Management
 Dental Emergencies, Pharmacology and Oral Pathology
 Topics in Dental Assisting
 Clinical Experience

English 1A, 1B
Psychology
College Reading Development
Freshman English: Composition
Public Speaking

RDA EDUCATIONAL PROGRAM REGIONAL OCCUPATIONAL PROGRAM (ROP)

**** Butte County ROP**

Curriculum:

Dental anatomy
Dental radiology
Coronal polish
Pit and fissure sealants
Dental instruments and equipment
CPR
Clinical training which includes instruction in a dental office working side by side with the dentist and staff.

THOMSON REUTERS

WESTLAW California Code of Regulations[Home Table of Contents](#)**§ 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tis...**

16 CA ADC § 1107

BARCLAYS OFFICIAL CALIFORNIA CODE OF REGULATIONSBarclays Official California Code of Regulations Currentness

Title 16. Professional and Vocational Regulations

Division 11. Dental Hygiene Committee of California

Article 3. Educational Programs

16 CCR § 1107

§ 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

(a) Approval of Course. The Committee shall approve only those educational courses of instruction in local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage that continuously meet all course requirements. Continuation of approval will be contingent upon compliance with these requirements.

(1) A course in local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage is a course that provides instruction in the following duties:

(A) Administration of local anesthetic agents, infiltration and conductive, limited to the oral cavity;

(B) Administration of nitrous oxide and oxygen when used as an analgesic; utilizing fail-safe machines with scavenger systems containing no other general anesthetic agents; and

(C) Periodontal soft tissue curettage.

(2) An applicant course provider shall submit an "Application for Approval of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-01 12/2013) hereby incorporated by reference, accompanied by the appropriate fee, and shall receive approval prior to enrollment of students.

(3) All courses shall be at the postsecondary educational level.

(4) Each approved course shall be subject to review by the Committee at any time.

(5) Each approved course shall submit a biennial report "Report of a Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage" (DHCC SLN-03 09/2013) hereby incorporated by reference.

(b) Requirements for Approval. In order to be approved, a course shall provide the resources necessary to accomplish education as specified in this section. Course providers shall be responsible for informing the Committee of any changes to the course content, physical facilities, and faculty, within 10 days of such changes.

(1) Administration. The course provider shall require course applicants to possess current certification in Basic Life Support for health care providers as required by Title 16, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations in order to be eligible for admission to the course, and one of the following:

(A) Possess a valid active license to practice dental hygiene issued by the Committee; or,

(B) Have graduated from an educational program for dental hygienists approved by the Commission on Dental Accreditation or an equivalent accrediting body approved by the Committee; or

(C) Provide a letter of certification from the dean or program director of an educational program accredited by the Commission on Dental Accreditation that the course applicant is in his or her final academic term and is expected to meet all educational requirements for graduation. The school seal must be affixed to the letter with the name of the program.

(2) Faculty. Pre-clinical and clinical faculty, including course director and supervising dentistry, shall:

(A) Possess a valid, active California license to practice dentistry or dental hygiene for at least two (2) years immediately preceding any provision of course instruction;

(B) Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective licenses.

(C) Complete an educational methodology course immediately preceding any provision of course instruction and every two years thereafter; and,

(D) Be calibrated in instruction and grading by the course provider.

(3) Facilities and Equipment. Pre-clinical and clinical instruction shall be held at a physical facility. Physical facilities and equipment shall be maintained and replaced in a manner designed to provide students with a course designed to meet the educational objectives set forth in this section. A physical facility shall have all of the following:

(A) A lecture classroom, a patient clinic area, a sterilization facility and a radiology area for use by the students.

(B) Access for all students to equipment necessary to develop dental hygiene skills in these duties.

(C) Infection control equipment shall be provided according to the requirements of CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.

(D) At least one complete nitrous oxide-oxygen unit shall be provided for each six (6) students enrolled in the course and shall include a fail-safe flowmeter, functional scavenger system and disposable or sterilizable nasal hoods for each laboratory partner or patient. All tubing, hoses and reservoir bags shall be maintained and replaced at regular intervals to prevent leakage of gases. When not attached to a nitrous oxide-oxygen unit, all gas cylinders shall be maintained in an upright position, secured with a chain or in a cart designed for storage of gas cylinders.

(4) Health and Safety. A course provider shall comply with local, state, and federal health and safety laws and regulations.

(A) All students shall have access to the course's hazardous waste management plan for the disposal of needles, cartridges, medical waste and storage of oxygen and nitrous oxide tanks.

(B) All students shall have access to the course's clinic and radiation hazardous communication plan.

(C) All students shall receive a copy of the course's bloodborne and infectious diseases exposure control plan, which shall include emergency needlestick information.

(5) Clinical Education. As of January 1, 2016, each course's clinical training shall be given at a dental or dental hygiene school or facility approved by the Committee, which has a written contract for such training. Such written contract shall include a description of the settings in which the clinical training may be received and shall provide for direct supervision of such training by faculty designated by the course provider. A facility shall not include a dental office unless such office is an extramural facility of an educational program approved by the Committee.

(6) Recordkeeping. A course provider shall possess and maintain the following for a period of not less than 5 years:

(A) A copy of each approved curriculum, containing a course syllabus.

(B) A copy of completed written examinations, clinic rubrics, and completed competency evaluations.

(C) A copy of faculty calibration plan, faculty credentials, licenses, and certifications including documented background in educational methodology immediately preceding any provision of course instruction and every two years thereafter.

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

(E) A copy of student course evaluations and a summation thereof.

(7) Curriculum Organization and Learning Resources.

(A) The organization of the curriculum for the course shall be flexible, creating opportunities for adjustments to and research of advances in the administration of local anesthetic, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage as provided in the section of this article on Requirements for RDH Programs.

(B) Curriculum shall provide students with an understanding of these procedures as provided in the section of this article on Requirements for RDH Programs and an ability to perform each procedure with competence and judgment.

(C) Curriculum shall prepare the student to assess, plan, implement, and evaluate these procedures as provided and in accordance with the section of this article on Requirements for RDH Programs.

(D) Curriculum shall include a remediation policy, and procedures outlining course guidelines for students who fail to successfully complete the course.

(E) Students shall be provided a course syllabus that contains:

(i) Course learning outcomes,

(ii) Titles of references used for course materials,

(iii) Content objectives,

(iv) Grading criteria which includes competency evaluations and clinic rubrics to include problem solving and critical thinking skills that reflect course learning outcomes, and

(v) A remediation policy and procedures.

(F) Students shall have reasonable access to dental and medical reference textbooks, current scientific journals, audio visual materials and other relevant resources.

(8) General Curriculum Content. Areas of didactic, preclinical and clinical instruction shall include:

(A) Indications and contraindications for all patients of:

(i) periodontal soft tissue curettage;

(ii) administration and reversal of local anesthetic agents;

(iii) nitrous oxide-oxygen analgesia agents

(B) Head and neck anatomy;

(C) Physical and psychological evaluation procedures;

(D) Review of body systems related to course topics;

(E) Theory and psychological aspects of pain and anxiety control;

(F) Selection of pain control modalities;

(G) Pharmacological considerations such as action of anesthetics and vasoconstrictors, local anesthetic reversal agents and nitrous oxide-oxygen analgesia;

(H) Recovery from and post-procedure evaluation of periodontal soft tissue curettage, local anesthesia and nitrous oxide/oxygen analgesia;

(I) Complications and management of periodontal soft tissue curettage, local anesthesia and nitrous oxide-oxygen analgesia emergencies;

(J) Armamentarium required and current technology available for local anesthesia, nitrous oxide-oxygen analgesia and periodontal soft tissue curettage;

(K) Techniques of administration of maxillary and mandibular local infiltrations, field blocks and nerve blocks, nitrous oxide-oxygen analgesia and performance of periodontal soft tissue curettage;

(L) Proper infection control procedures according to the provisions of Title 16, Division 10, Chapter 1, Article 4, Section 1005 of the California Code of Regulations;


(M) Patient documentation that meets the standard of care, including, but not limited to, computation of maximum recommended dosages for local anesthetics and the tidal volume, percentage and amount of the gases and duration of administration of nitrous oxide-oxygen analgesia;

(N) Medical and legal considerations including patient consent, standard of care, and patient privacy;

(O) Student course evaluation mechanism.


(9) Specific Curriculum Content.

(A) Local anesthetic agents curriculum must include at least thirty (30) hours of instruction, including at least fifteen (15) hours of didactic and preclinical instruction and at least fifteen (15) hours of clinical instruction. Preclinical instruction shall include a minimum of two (2) experiences per injection, which may be on another student. Clinical instruction shall include at least four (4) clinical experiences per injection on four different patients, of which only one may be on another student. Curriculum must include maxillary and mandibular anesthesia techniques for local infiltration, field block and nerve block to include anterior superior alveolar (ASA) nerve block (infraorbital), middle superior alveolar nerve block (MSA), anterior middle superior alveolar nerve block (AMSA), posterior superior alveolar nerve block (PSA), greater palatine nerve block, nasopalatine (P-ASA) nerve block, supraperiosteal, inferior alveolar nerve block (to include Gow-Gates technique), lingual nerve block, buccal nerve block, mental nerve block, incisive nerve block and intraseptal injections. One clinical experience per injection shall be used to determine clinical competency in the course. The competency evaluation for each injection and technique must be achieved at a minimum of 75%.

 Image 1 within § 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

(B) Nitrous oxide-oxygen analgesia curriculum must include at least eight (8) hours of instruction, including at least four (4) hours of didactic and preclinical instruction and at least four (4) hours of clinical instruction. This includes at least two (2) preclinical experiences on patients, both of which may be on another student, and at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. Each

clinical experience shall include the performance of a dental hygiene procedure while administering at least twenty (20) minutes of nitrous oxide-oxygen analgesia. The competency evaluation must be achieved at a minimum of 75%.

 Image 2 within § 1107. RDH Course in Local Anesthesia, Nitrous Oxide-Oxygen Analgesia and Periodontal Soft Tissue Curettage.

(C) Periodontal soft tissue curettage curriculum must include at least six (6) hours of instruction, including at least three (3) hours of didactic and preclinical instruction and at least three (3) hours of clinical instruction. Education may include use of a laser approved for soft tissue curettage. This includes at least three (3) clinical experiences on patients, of which only one may be on another student and one of which will be used to determine clinical competency in the course. The competency evaluation for this procedure must be achieved at a minimum of 75%.

(10) Certificate of Completion. A course provider shall issue a certificate of completion "Certification in Administration of Local Anesthesia, Nitrous Oxide-Oxygen Analgesia, and Periodontal Soft Tissue Curettage (DHCC SLN-02 09/2013), hereby incorporated by reference, only after a student has achieved clinical competency of the three procedures.

(c) Appeals.

(1) The Committee may deny or withdraw its approval of a course. If the Committee denies or withdraws approval of a course, the reasons for withdrawal or denial will be provided in writing within ninety (90) days.

(2) Any course provider whose approval is denied or withdrawn shall be granted an informal conference before the Executive Officer or his or her designee prior to the effective date of such action. The course provider shall be given at least ten days' notice of the time and place of such informal conference and the specific grounds for the proposed action.

(3) The course provider may contest the denial or withdrawal of approval by either:

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

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

Note: Authority cited: Sections 1905, 1906, 1909 and 1944, Business and Professions Code. Reference: Sections 1905 1909, 1917 and 1944, Business and Professions Code.

HISTORY

1. New section filed 8-4-2014; operative 8-4-2014 pursuant to Government Code section 11343.4(b)(3) (Register 2014, No. 32).

2. Change without regulatory effect amending subsections (b)(9)(A)-(B) filed 8-30-2017 pursuant to section 100, title 1, California Code of Regulations (Register 2017, No. 35).

This database is current through 7/6/18 Register 2018, No. 27

16 CCR § 1107, 16 CA ADC § 1107

END OF DOCUMENT

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August 18, 2018

Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RE: The new proposal of RDAEF expanded duties

Dear DBC Board Members:

We are writing this letter in opposition of the new proposal for the RDAEF to be able to administer local anesthesia and nitrous oxide sedation.

We believe training of local anesthesia and nitrous oxide sedation requires higher education and critical thinking skills.

Both dental hygienists and dentists in California are required to receive extensive education at accredited programs prior to receiving licenses. All are required to complete at least two years of prerequisite courses such as Anatomy, Physiology, and Biochemistry with laboratory before entering programs. These educated individuals are also required and trained to administer local anesthesia and nitrous oxide sedation in the accredited programs to obtain DDS or RDH licenses.

Our program's current prerequisite courses are listed below to demonstrate the candidate who will be administering local anesthesia and nitrous oxide sedation are well educated in multiple disciplines.

- Anatomy
- Physiology
- Psychology
- Biochemistry
- Chemistry
- Sociology
- Critical Thinking
- Microbiology
- Statistics
- Anthropology
- Public Speaking

Currently the Dental Hygiene Committee of California (DHCC) requires extensive training requirements during the program for local anesthesia and nitrous oxide sedation administration certification.



To: Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

Supporting Signature for WLAC Dental Hygiene position for opposing RDAEF to expand duties for local anesthesia and nitrous oxide - oxygen sedation

Faculty Member Name	License Number	Signature
Natalie Ferrigno	RDH 21493 / HAP 293	Natalie Ferrigno
Sandra Schneider	DH 2311	Sandra Schneider
Joy Ogami Avila	21998 RDH.	Joy Ogami Avila
Jennifer Nguyen	04965 DDS	Jennifer Nguyen
Sandy Levy	27090 RDH 576AP	Sandy Levy

OXNARD



COLLEGE

4000 South Rose Avenue • Oxnard, CA 93033-6699

805-678-5800 • Fax 805-678-5806

August 20, 2018

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

RECEIVED

AUG 27 2018

DENTAL HYGIENE COMMITTEE OF CA

We the faculty of Oxnard College are reaching out to you because of our extreme concern over the proposal for the Dental Assisting Council (DAC) to review a proposal that if approved would allow the Registered Dental Assistants in Extended Functions (RDAEF) to administer Local Anesthesia and Nitrous Oxide-Oxygen Analgesia, whether it be supervised or unsupervised, to patients.

It is our firm belief that the training for administering local anesthesia and nitrous oxide sedation requires a much higher level of education and critical thinking skills than is currently required in the training of the RDAEF. Both dental hygienists and dentists who attend accredited programs in the state of California are required to receive an extensive education prior to graduation and receiving licensure to practice. In addition, both are required to complete at least two years' worth of prerequisite courses including Anatomy, Physiology, and Biochemistry with laboratories prior to admission into a program. After admission into a program, they are required again to take courses in head and neck lecture and lab, and pharmacology, patient assessment, managing medical emergencies in addition to a separate local anesthesia course in order for them to obtain proper training to administer local anesthesia and nitrous oxide sedation.

We are very concerned about this new proposal due to of the insufficient level of education required for individual to become an RDAEF. We believe this would pose huge threat to patient safety. Even if additional education were included in the proposal under review, it is impossible that it would be equal to the education that is required of dental hygienists and dentists.

Respectfully,

Amirne Richardson, DDS
Coordinator, Dental Programs

Michelle RDH, ISS

Chantal RDH, MPH

Margaret Neubler, RDH, MA/C&I

Amira M. Elhordany RDH, BA
Amira M. Elhordany DDS

Janice Burke, RDH

Christina Cayos RDH

Susan McDonald RDH, MED

[Signature] DDS

[Signature] RDH, MPH



August 20, 2018

To: Dental Board of California

Re: Administration of Local Anesthesia and Nitrous Oxide-Oxygen Analgesia by Registered Dental Assistants in Extended Functions (RDAEF)

The Santa Rosa Junior College dental hygiene program faculty responding as educators and dental healthcare professionals are opposed to the addition of local anesthesia and nitrous oxide-oxygen analgesia to the scope of practice of the RDAEF.

Both dental hygienists and dentists in California are required to receive extensive education in Commission on Dental Accreditation programs in the delivery of local anesthesia and nitrous oxide-oxygen analgesia. These accredited programs require both prerequisite and program courses in Anatomy, Physiology, Biochemistry and Pharmacology and Management of Medical Emergencies. The education in the delivery of both local anesthesia and N2O2 analgesia is more than the attainment of competency in a clinical skill. The required education includes the critical thinking and judgment abilities to make professional decisions and patient safety evaluations.

We are very concerned about this proposal. Individuals delivering this type of treatment must be sufficiently educated to determine not just how to deliver these drugs but when and why as well as how to handle any unforeseen circumstance. This is a threat for patient safety.

Respectfully

Faculty Name

Professional Title

Signature

(please print clearly)

Carol Holteck	Director Dental Programs RDA / RDA	Carol Holteck
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Karen McGinn	Adjunct Faculty RDA	Karen McGinn
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Teresa Gathman	Adj. faculty RDA, RDA	Teresa Gathman
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Wendy D. Hageman	Adj. faculty CDA, RDA, RDA	Wendy D. Hageman
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PAMELA CAMP	Adj. faculty RDA BS.	PAMELA CAMP
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David O. O'Leary	Adjunct Faculty DDS	David O. O'Leary
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Jennifer Applegate	Kirk 2nd yr. Clin Coord.	Jennifer Applegate
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SANTA ROSA JUNIOR COLLEGE

Department of Health Sciences

Deborah Chynoweth, RDHAP	Deborah Chynoweth
Jennifer Bovey, RDA, CDA, RDHAP	Jennifer Bovey
Dawn Talkington, RDH	Dawn Talkington
Deanna Diaz, RDA	Deanna Diaz
TRALE BROUDY, RDH	Trale Broudy
Lucinda Fleckner, RDH, MS, 1st yr Coordinator	Lucinda Fleckner
Susan Hellums, RDH	Susan Hellums
Michael J. Danforth, DDS	Michael J. Danforth

August 21, 2018

To Whom it may Concern --

The SJVC Dental Hygiene program would like to ask that the DBC oppose the proposal to permit RDAEFs the ability to administer local anesthesia and nitrous oxide sedation.

The dental hygiene programs have a comprehensive curriculum to achieve the status of an RDH. The curriculum is at the appropriate depth in knowledge and includes the supportive experiences to perform the Process of Care safely and effectively on patients. Many courses serve as a foundation to which others build upon throughout the program. We firmly believe the level of education to earn the privilege of providing pain control utilizing local anesthetics and or nitrous oxide is imperative.

Therefore, we again urge the opposition of allowing RDAEFs the ability to perform this duty.

Sincerely,

The Dental Hygiene Program Faculty

Leah Nazario
Kristin Lemmon
Holly Bruges
Joyce Zamora-Espino
Ralph Miller
Dymy
ALL
Angela Baum
Katie Munson

Bernadette Smith

Stanley F. Malamed, DDS

Dentist Anesthesiologist
Emeritus Professor of Dentistry
Ostrow School of Dentistry of USC
Los Angeles, California



Mail to: 23765 Harwich Place, West Hills, California 91307, USA

21 August 2018

Dr. Thomas Stewart, President
Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815

RDAEF - Local Anesthesia & Inhalation Sedation With Nitrous Oxide & Oxygen

Dear Dr. Stewart and Members of the Dental Board of California:

I have been informed that at the Dental Board of California's (DBC's) upcoming meeting (23 – 24 August 2018) one agenda item to be discussed is a proposal by Ms. Joan Greenfield of 'J Productions Dental Seminars, Inc.' that, if passed, would permit expanded function registered dental assistants to administer local anesthesia and/or inhalation sedation with nitrous oxide (N₂O) and oxygen (O₂) to dental patients.

I cannot begin to tell you just how wrong – just plain wrong – this proposal is, but I will endeavor to do so.

I am a dentist anesthesiologist and emeritus professor of dentistry from the Herman Ostrow School of Dentistry of U.S.C. (formerly the USC School of Dentistry), where I taught physical evaluation, emergency medicine, sedation and local anesthesia for 40 years (1973 – 2013) to predoctoral dental students, dental hygiene students, and all post-doctoral students enrolled in specialty programs. I am also author of three textbooks that are used in most dental training programs (dentistry, dental hygiene and some dental assisting). They are the Handbook of Local Anesthesia; Medical Emergencies in the Dental Practice; and Sedation: a guide to patient management.

A brief biographical sketch is attached to this letter.

I have been an avid proponent of expanded functions for dental hygienists and assistants throughout my career and have testified before numerous state dental boards in favor of permitting dental hygienists to administer both local anesthesia and inhalation sedation (N₂O – O₂)

The proposed program for RDAEF students will teach the functions of local anesthetic administration and the administration of inhalation sedation over a short period of time (weekend or series of weekends) and deem the student completing this program to be able to perform these functions at the same level of competency as dental hygienists and dentists.

Dental students and dental hygiene students receive intensive courses in local anesthesia and inhalation sedation. Curricula for these two programs are dictated by the American Dental Association. The most recent document: 'Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students' was passed by the ADA House of Delegates in October 2016. A copy of this document is attached.

The curriculum in pain control (local anesthesia) on pages 6, 7, and 8 of the Guideline delineates the subjects included in the training of the dental and dental hygiene student. The inhalation sedation (N₂O-O₂) curriculum is detailed in pages 8 through 11.

RDAEF practitioners – at this time – are permitted to perform duties which are entirely reversible. These functions are described in the California Code, Business and Professions Code - BPC § 1753.5 and include: *"(b) A registered dental assistant in extended functions licensed on or after January 1, 2010, is authorized to perform the following additional procedures under direct supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist:*

- (1) Conduct preliminary evaluation of the patient's oral health, including, but not limited to, charting, intraoral and extra-oral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation.*
 - (2) Perform oral health assessments in school-based, community health project settings under the direction of a dentist, registered dental hygienist, or registered dental hygienist in alternative practice.*
 - (3) Cord retraction of gingiva for impression procedures.*
 - (4) Size and fit endodontic master points and accessory points.*
 - (5) Cement endodontic master points and accessory points.*
 - (6) Take final impressions for permanent indirect restorations.*
 - (7) Take final impressions for tooth-borne removable prosthesis.*
 - (8) Polish and contour existing amalgam restorations.*
 - (9) Place, contour, finish, and adjust all direct restorations.*
 - (10) Adjust and cement permanent indirect restorations.*
 - (11) Other procedures authorized by regulations adopted by the board.*
- (c) All procedures required to be performed under direct supervision shall be checked and approved by the supervising licensed dentist prior to the patient's dismissal from the office."*

Local anesthesia

The administration of local anesthetic drugs by injection to dental patients can by no means be considered a reversible procedure. Though safe and effective drugs when administered properly, the DBC is all-too-aware of the potential serious – life-threatening, or life-altering – complications associated with the administration of injected local anesthetics by highly qualified and experienced dentists. Overdose of local anesthetic has led to the death or serious permanent brain injury of too many dental patients over the years. Local complications, including paresthesia (permanent nerve damage) is an oftentimes irreversible risk associated with needle insertion into tissues of the oral cavity. The legal profession (plaintiff attorneys) will be salivating, chomping at the bit, waiting for the first significant adverse event to occur when a local anesthetic is administered to a dental patient by an RDAEF.

Dental and dental hygiene students receive many other intensive prerequisite courses prior to their enrollment in the course in local anesthesia. These prerequisites include: anatomy (gross and dental), emergency medicine, pharmacology, physiology, and physical evaluation. Will an RDAEF student achieve the same level of competency in an abbreviated program as either the dental or dental hygiene student enrolled in an immersive training program spanning several years, including a significant clinical portion in which students administer local anesthetic injections under supervision to patients they are to treat?

I think not!



55% of all medical emergencies occurring in USA dental practices occur either during or immediately following administration of local anesthesia to the patient.¹ Trypanophobia (fear of needles/injections) is the number one cause of these emergent situations. Is the RDAEF going to be trained to (1) prevent; (2) rapidly recognize; and (3) promptly and effectively manage those emergencies associated with dental fear: syncope, angina, bronchospasm, seizures, hyperventilation, and the 'epinephrine' reaction (the so-called 'stress-related' emergencies)?

I think not!

Inhalation sedation

Training in the safe and effective administration of N₂O-O₂ requires not just a short didactic program with clinical demonstrations, but, as with local anesthesia, it requires a sound educational background in not only the basic sciences but more advanced immersion into physiology, chemistry, psychology, and anesthesiology. Use of the technique on many actual dental patients is a requirement of these training programs. Dental and dental hygiene students have minimally 1.5 to 2.5 years to acquire this clinical expertise. The RDAEF will not.

As of April 2018, thirty-three state permitted Registered Dental Hygienist's to administer inhalation sedation.² I feel it is entirely inappropriate morally, as well as ethically, to allow a person (RDAEF) with sub-optimal training to administer CNS-depressant drugs that are entirely capable of producing significant untoward events (examples: nausea, vomiting, delirium, overly deep sedation and, although rarely – unconsciousness) to a dental patient.

Can these students be trained in a short program to prevent, recognize and manage those adverse events that might arise during a sedation with N₂O-O₂?

I think not!

Only if, and when, these training programs evolve to provide RDAEF students with the same training as both dentists and dental hygienists – including prerequisites (as per ADA guidelines), would I be comfortable even considering allowing RDAEFs these privileges.

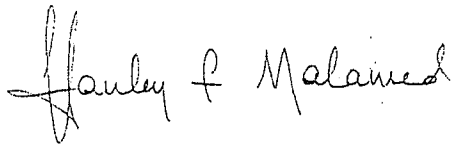
In conclusion, it is my strong belief that the proposal to the DBC to permit RDAEF practitioners to administer local anesthetics by injection and administer inhalation sedation to dental patients is fraught with danger. For an RDAEF student to become proficient in these two areas in which irreversible changes can occur, they would require the same training as the dental and dental hygiene student, including prerequisite programs. This is not a possibility.

PLEASE, for the sake of the safety of dental patients in the great state of California, do NOT enact this proposal.

Should you have any questions or require additional information of me, please do not hesitate to contact me at: malamed@usc.edu

I regret I am unable to attend the DBC meeting on 23-24 August in person to verbally present by feeling on this subject, but I am previously engaged on those dates.

Yours,

A handwritten signature in cursive script that reads "Stanley F. Malamed". The signature is written in dark ink on a white background.

Stanley F. Malamed, D.D.S.
Dentist Anesthesiologist
Emeritus Professor of Dentistry
Herman Ostrow School of Dentistry of USC
Los Angeles, CA
Telephone: 818.822.7951

References

1. Malamed SF. Managing medical emergencies. J Amer Dent Assoc 124:40-53, 1993
2. https://www.adha.org/resources-docs/7522_Nitrous_Oxide_by_State.pdf (accessed 21 August 2018)

Attachments

1. Biographical sketch
2. ADA Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students (2016)

STANLEY F. MALAMED, D.D.S.

Doctor Malamed, a dentist anesthesiologist, graduated from the New York University College of Dentistry in 1969 and then completed a residency in anesthesiology at Montefiore Hospital and Medical Center in the Bronx, New York before serving for 2 years in the U.S. Army Dental Corps at Ft. Knox, Kentucky. In 1973, he joined the faculty of the University of Southern California School of Dentistry (now the Herman Ostrow School of Dentistry of U.S.C), in Los Angeles, retiring from full-time teaching in 2013. Dr. Malamed is an Emeritus Professor of Dentistry Herman Ostrow School of Dentistry of U.S.C.

Dr. Malamed is a Diplomate of the American Dental Board of Anesthesiology, as well as a recipient of the *Heidebrink Award* [1996] from the American Dental Society of Anesthesiology and the *Horace Wells Award* from the International Federation of Dental Anesthesia Societies, 1997 (IFDAS).

Doctor Malamed has authored more than 160 scientific papers and 17 chapters in various medical and dental journals and textbooks in the areas of physical evaluation, emergency medicine, local anesthesia, sedation and general anesthesia.

In addition, Dr. Malamed is the author of three widely used textbooks, published by CV Mosby: ***Handbook of Medical Emergencies in the Dental Office*** (7th edition 2015); ***Handbook of Local Anesthesia*** (6th edition 2012); and ***Sedation - a guide to patient management*** (6th edition 2017) and two interactive DVD's: ***Emergency Medicine*** (2nd edition, 2008) and ***Malamed's Local Anesthetic Technique DVD*** (2004) (edition 2 - 2012)

In his spare time, Doctor Malamed is an avid runner, exercise enthusiast, and admits an addiction to the New York Times crossword puzzle, which he has done daily since his freshman year in dental school

ADA American Dental Association®

Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students

Adopted by the ADA House of Delegates, October 2016

I. Introduction

The administration of local anesthesia, sedation and general anesthesia is an integral part of the practice of dentistry. The American Dental Association is committed to the safe and effective use of these modalities by appropriately educated and trained dentists.

Anxiety and pain control can be defined as the application of various physical, chemical and psychological modalities to the prevention and treatment of preoperative, operative and postoperative patient anxiety and pain to allow dental treatment to occur in a safe and effective manner. It involves all disciplines of dentistry and, as such, is one of the most important aspects of dental education. The intent of these *Guidelines* is to provide direction for the teaching of pain control and sedation to dentists and can be applied at all levels of dental education from predoctoral through continuing education. They are designed to teach initial competency in pain control and minimal and moderate sedation techniques.

These *Guidelines* recognize that many dentists have acquired a high degree of competency in the use of anxiety and pain control techniques through a combination of instruction and experience. It is assumed that this has enabled these teachers and practitioners to meet the educational criteria described in this document.

It is not the intent of the *Guidelines* to fit every program into the same rigid educational mold. This is neither possible nor desirable. There must always be room for innovation and improvement. They do, however, provide a reasonable measure of program acceptability, applicable to all institutions and agencies engaged in predoctoral and continuing education.

The curriculum in anxiety and pain control is a continuum of educational experiences that will extend over several years of the predoctoral program. It should provide the dental student with the knowledge and skills necessary to provide minimal sedation to alleviate anxiety and control pain without inducing detrimental physiological or psychological side effects. Dental schools whose goal is to have predoctoral students achieve competency in techniques such as local anesthesia and nitrous oxide inhalation and minimal sedation must meet all of the goals, prerequisites, didactic content, clinical experiences, faculty and facilities, as described in these *Guidelines*.

Techniques for the control of anxiety and pain in dentistry should include both psychological and pharmacological modalities. Psychological strategies should include simple relaxation techniques for the anxious patient and more comprehensive behavioral techniques to control pain. Pharmacological strategies should include not only local anesthetics but also sedatives, analgesics and other useful agents. Dentists should learn indications and techniques for administering these drugs enterally, parenterally and by inhalation as supplements to local anesthesia.

The predoctoral curriculum should provide instruction, exposure and/or experience in anxiety and pain control, including minimal and moderate sedation. The predoctoral program must also provide the knowledge and skill to enable students to recognize and manage any emergencies that might arise as a consequence of treatment. Predoctoral dental students must complete a course in Basic Life Support for the Healthcare Provider. Though Basic Life Support courses are available online, any course taken online should be followed up with a hands-on component and be approved by the American Heart Association or the American Red Cross.

Local anesthesia is the foundation of pain control in dentistry. Although the use of local anesthetics in dentistry has a long record of safety, dentists must be aware of the maximum safe dosage limit for each patient, since large doses of local anesthetics may increase the level of central nervous system depression with sedation. The use of minimal and moderate sedation requires an understanding of local anesthesia and the physiologic and pharmacologic implications of the local anesthetic agents when combined with the sedative agents.

Level of sedation is entirely independent of the route of administration. Moderate and deep sedation or general anesthesia may be achieved via any route of administration and thus an appropriately consistent level of training must be established.

For children, the American Dental Association supports the use of the American Academy of Pediatrics/American Academy of Pediatric Dentistry Guidelines for Monitoring and Management of Pediatric Patients During and After Sedation for Diagnostic and Therapeutic Procedures.

The knowledge, skill and clinical experience required for the safe administration of deep sedation and/or general anesthesia are beyond the scope of predoctoral and continuing education programs. Advanced education programs that teach deep sedation and/or general anesthesia to competency have specific teaching requirements described in the Commission on Dental Accreditation requirements for those advanced programs and represent the educational and clinical requirements for teaching deep sedation and/or general anesthesia in dentistry.

The objective of educating dentists to utilize pain control, sedation and general anesthesia is to enhance their ability to provide oral health care. The American Dental Association urges dentists to participate regularly in continuing education update courses in these modalities in order to remain current.

All areas in which local anesthesia and sedation are being used must be properly equipped with suction, physiologic monitoring equipment, a positive pressure oxygen delivery system suitable for the patient being treated and emergency drugs. Protocols for the management of emergencies must be developed and training programs held at frequent intervals.

II. Definitions

Methods of Anxiety and Pain Control

minimal sedation (previously known as anxiolysis) - a minimally depressed level of consciousness, produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond *normally* to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.¹

Patients whose only response is reflex withdrawal from repeated painful stimuli would not be considered to be in a state of minimal sedation.

The following definitions apply to administration of minimal sedation:

maximum recommended dose (MRD) - maximum FDA-recommended dose of a drug, as printed in FDA-approved labeling for unmonitored home use.

dosing for minimal sedation via the enteral route - minimal sedation may be achieved by the administration of a drug, either singly or in divided doses, by the enteral route to achieve the desired clinical effect, not to exceed the maximum recommended dose (MRD).

The administration of enteral drugs exceeding the maximum recommended dose during a single appointment is considered to be moderate sedation and the moderate sedation guidelines apply.

Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

If more than one enteral drug is administered to achieve the desired sedation effect, with or without the concomitant use of nitrous oxide, the guidelines for moderate sedation must apply.

Note: In accord with this particular definition, the drug(s) and/or techniques used should carry a margin of safety wide enough never to render unintended loss of consciousness. The use of the MRD to guide dosing for minimal sedation is intended to create this margin of safety.

moderate sedation - a drug-induced depression of consciousness during which patients respond *purposefully* to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.¹

Note: In accord with this particular definition, the drugs and/or techniques used should carry a margin of safety wide enough to render unintended loss of consciousness unlikely. Repeated dosing of an agent before the effects of previous dosing can be fully appreciated may result in a greater alteration of the state of consciousness than is the intent of the dentist. Further, a patient whose only response is reflex withdrawal from a painful stimulus is not considered to be in a state of moderate sedation.

The following definition applies to administration of moderate and deeper levels of sedation:

titration - administration of incremental doses of an intravenous or inhalation drug until a desired effect is reached. Knowledge of each drug's time of onset, peak response and duration of action is essential to avoid over sedation. Although the concept of titration of a drug to effect is critical for patient safety, when the intent is moderate sedation one must know whether the previous dose has taken full effect before administering an additional drug increment.

deep sedation - a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.¹

general anesthesia - a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.¹

Because sedation and general anesthesia are a continuum, it is not always possible to predict how an individual patient will respond. Hence, practitioners intending to produce a given level of sedation should be able to diagnose and manage the physiologic consequences (rescue) for patients whose level of sedation becomes deeper than initially intended.¹

For all levels of sedation, the qualified dentist must have the training, skills, drugs and equipment to identify and manage such an occurrence until either assistance arrives (emergency medical service) or the patient returns to the intended level of sedation without airway or cardiovascular complications.

Routes of Administration

enteral - any technique of administration in which the agent is absorbed through the gastrointestinal (GI) tract or oral mucosa [i.e., oral, rectal, sublingual].

parenteral - a technique of administration in which the drug bypasses the gastrointestinal (GI) tract [i.e., intramuscular (IM), intravenous (IV), intranasal (IN), submucosal (SM), subcutaneous (SC), intraosseous (IO)].

transdermal - a technique of administration in which the drug is administered by patch or iontophoresis through skin.

transmucosal - a technique of administration in which the drug is administered across mucosa such as intranasal, sublingual, or rectal.

inhalation - a technique of administration in which a gaseous or volatile agent is introduced into the lungs and whose primary effect is due to absorption through the gas/blood interface.

Terms

analgesia - the diminution or elimination of pain.

local anesthesia - the elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.

Note: Although the use of local anesthetics is the foundation of pain control in dentistry and has a long record of safety, dentists must always be aware of the maximum, safe dosage limits for each patient. Large doses of local anesthetics in themselves may result in central nervous system depression especially in combination with sedative agents.

qualified dentist - a dentist providing sedation and anesthesia in compliance with their state rules and/or regulations.

must/shall - indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

should - indicates the recommended manner to obtain the standard; highly desirable.

may - indicates freedom or liberty to follow a reasonable alternative.

continual - repeated regularly and frequently in a steady succession.

continuous - prolonged without any interruption at any time.

time-oriented anesthesia record - documentation at appropriate time intervals of drugs, doses and physiologic data obtained during patient monitoring.

immediately available - on site in the facility and available for immediate use.

Levels of Knowledge

familiarity - a simplified knowledge for the purpose of orientation and recognition of general principles.

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).

Levels of Skill

exposed - the level of skill attained by observation of or participation in a particular activity.

competent - displaying special skill or knowledge derived from training and experience.

American Society of Anesthesiologists (ASA) Patient Physical Status Classification²

Classification	Definition	Examples, including but not limited to:
ASA I	A normal healthy patient	Healthy, non-smoking, no or minimal alcohol use
ASA II	A patient with mild systemic disease	Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease
ASA III	A patient with severe systemic disease	Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, *ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
ASA IV	A patient with severe systemic disease that is a constant threat to life	Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction; severe reduction of ejection fraction, sepsis, DIC, ARD or *ESRD not undergoing regularly scheduled dialysis
ASA V	A moribund patient who is not expected to survive without the operation	Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction
ASA VI	A declared brain-dead patient whose organs are being removed for donor purposes	
*The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)		

American Society of Anesthesiologists' Fasting Guidelines³

Ingested Material	Minimum Fasting Period
Clear liquids	2 hours
Breast milk	4 hours
Infant formula	6 hours
Nonhuman milk	6 hours
Light meal	6 hours
Fatty meal	8 hours

Education Courses

Education may be offered at different levels (competency, update, survey courses and advanced education programs). A description of these different levels follows:

1. **Competency Courses** are designed to meet the needs of dentists who wish to become competent in the safe and effective administration of local anesthesia, minimal and moderate sedation. They consist of lectures, demonstrations and sufficient clinical participation to assure the faculty that the dentist understands the procedures taught and can

safely and effectively apply them so that mastery of the subject is achieved. Faculty must assess and document the dentist's competency upon successful completion of such training. To maintain competency, periodic update courses must be completed.

2. **Update Courses** are designed for persons with previous training. They are intended to provide a review of the subject and an introduction to recent advances in the field. They should be designed didactically and clinically to meet the specific needs of the participants. Participants must have completed previous competency training (equivalent, at a minimum, to the competency course described in this document) and have current experience to be eligible for enrollment in an update course.

3. **Survey Courses** are designed to provide general information about subjects related to pain control and sedation. Such courses should be didactic and not clinical in nature, since they are not intended to develop clinical competency.

4. **Advanced Education Courses** are a component of an advanced dental education program, accredited by the Commission on Dental Accreditation in accord with the *Accreditation Standards* for advanced dental education programs. These courses are designed to prepare the graduate dentist or postdoctoral student in the most comprehensive manner to be competent in the safe and effective administration of minimal, moderate and deep sedation and general anesthesia.

III. Teaching Pain Control

These *Guidelines* present a basic overview of the recommendations for teaching pain control.

A. General Objectives: Upon completion of a predoctoral curriculum in pain control the dentist must:

1. have an in-depth knowledge of those aspects of anatomy, physiology, pharmacology and psychology involved in the use of various anxiety and pain control methods;
2. be competent in evaluating the psychological and physical status of the patient, as well as the magnitude of the operative procedure, in order to select the proper regimen;
3. be competent in monitoring vital functions;
4. be competent in prevention, recognition and management of related complications;
5. have in-depth knowledge of the appropriateness of and the indications for medical consultation or referral;
6. be competent in the maintenance of proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs administered and patient response.

B. Pain Control Curriculum Content:

1. Philosophy of anxiety and pain control and patient management, including the nature and purpose of pain
2. Review of physiologic and psychologic aspects of anxiety and pain
3. Review of airway anatomy and physiology
4. Physiologic monitoring
 - a. Observation
 - (1) Central nervous system
 - (2) Respiratory system

- a. Oxygenation
 - b. Ventilation
 - (3) Cardiovascular system
- b. Monitoring equipment
- 5. Pharmacologic aspects of anxiety and pain control
 - a. Routes of drug administration
 - b. Sedatives and anxiolytics
 - c. Local anesthetics
 - d. Analgesics and antagonists
 - e. Adverse side effects
 - f. Drug interactions
 - g. Drug abuse
- 6. Control of preoperative and operative anxiety and pain
 - a. Patient evaluation
 - (1) Psychological status
 - (2) ASA physical status
 - (3) Type and extent of operative procedure
 - b. Nonpharmacologic methods
 - (1) Psychological and behavioral methods
 - (a) Anxiety management
 - (b) Relaxation techniques
 - (c) Systematic desensitization
 - (2) Interpersonal strategies of patient management
 - (3) Hypnosis
 - (4) Electronic dental anesthesia
 - (5) Acupuncture/Acupressure
 - (6) Other
 - c. Local anesthesia
 - (1) Review of related anatomy, and physiology
 - (2) Pharmacology
 - (i) Dosing
 - (ii) Toxicity
 - (iii) Selection of agents
 - (3) Techniques of administration
 - (i) Topical
 - (ii) Infiltration (supraperiosteal)
 - (iii) Nerve block – maxilla-to include:
 - (aa) Posterior superior alveolar
 - (bb) Infraorbital
 - (cc) Nasopalatine
 - (dd) Greater palatine
 - (ee) Maxillary (2nd division)
 - (ff) Other blocks
 - (iv) Nerve block – mandible-to include:
 - (aa) Inferior alveolar-lingual
 - (bb) Mental-incisive
 - (cc) Buccal
 - (dd) Gow-Gates
 - (ee) Closed mouth
 - (v) Alternative injections-to include:

- (aa) Periodontal ligament
 - (bb) Intraosseous
- d. Prevention, recognition and management of complications and emergencies

C: Sequence of Pain Control Didactic and Clinical Instruction: Beyond the basic didactic instruction in local anesthesia, additional time should be provided for demonstrations and clinical practice of the injection techniques. The teaching of other methods of anxiety and pain control, such as the use of analgesics and enteral, inhalation and parenteral sedation, should be coordinated with a course in pharmacology. By this time the student also will have developed a better understanding of patient evaluation and the problems related to prior patient care. As part of this instruction; the student should be taught the techniques of venipuncture and physiologic monitoring. Time should be included for demonstration of minimal and moderate sedation techniques.

Following didactic instruction in minimal and moderate sedation, the student must receive sufficient clinical experience to demonstrate competency in those techniques in which the student is to be certified. It is understood that not all institutions may be able to provide instruction to the level of clinical competence in pharmacologic sedation modalities to all students. The amount of clinical experience required to achieve competency will vary according to student ability, teaching methods and the anxiety and pain control modality taught.

Clinical experience in minimal and moderate sedation techniques should be related to various disciplines of dentistry and not solely limited to surgical cases. Typically, such experience will be provided in managing healthy adult patients.

Throughout both didactic and clinical instruction in anxiety and pain control, psychological management of the patient should also be stressed. Instruction should emphasize that the need for sedative techniques is directly related to the patient's level of anxiety, cooperation, medical condition and the planned procedures.

D. Faculty: Instruction must be provided by qualified faculty for whom anxiety and pain control are areas of major proficiency, interest and concern.

E. Facilities: Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

IV. Teaching Administration of Minimal Sedation

The faculty responsible for curriculum in minimal sedation techniques must be familiar with the ADA Policy Statement: *Guidelines for the Use of Sedation and General Anesthesia by Dentists*, and the Commission on Dental Accreditation's *Accreditation Standards* for dental education programs.

These *Guidelines* present a basic overview of the recommendations for teaching minimal sedation. These include courses in nitrous oxide/oxygen sedation, enteral sedation, and combined inhalation/enteral techniques.

General Objectives: Upon completion of a competency course in minimal sedation, the dentist must be able to:

1. Describe the adult anatomy and physiology of the respiratory, cardiovascular and central nervous systems, as they relate to the above techniques.
2. Describe the pharmacological effects of drugs.
3. Describe the methods of obtaining a medical history and conduct an appropriate physical examination.
4. Apply these methods clinically in order to obtain an accurate evaluation.
5. Use this information clinically for ASA classification risk assessment and pre-procedure fasting instructions.
6. Choose the most appropriate technique for the individual patient.

7. Use appropriate physiologic monitoring equipment.
8. Describe the physiologic responses that are consistent with minimal sedation.
9. Understand the sedation/general anesthesia continuum.
10. Demonstrate the ability to diagnose and treat emergencies related to the next deeper level of anesthesia than intended.

Inhalation Sedation (Nitrous Oxide/Oxygen)

A. Inhalation Sedation Course Objectives: Upon completion of a competency course in inhalation sedation techniques, the dentist must be able to:

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of inhalation sedation.
4. List and discuss the indications and contraindications of inhalation sedation.
5. List the complications associated with inhalation sedation.
6. Discuss the prevention, recognition and management of these complications.
7. Administer inhalation sedation to patients in a clinical setting in a safe and effective manner.
8. Discuss the abuse potential, occupational hazards and other untoward effects of inhalation agents.

B. Inhalation Sedation Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of agents used in inhalation sedation, including drug interactions and incompatibilities.
7. Indications and contraindications for use of inhalation sedation.
8. Review of dental procedures possible under inhalation sedation.
9. Patient monitoring using observation and monitoring equipment (i.e., pulse oximetry), with particular attention to vital signs and reflexes related to pharmacology of nitrous oxide.
10. Importance of maintaining proper records with accurate chart entries recording medical history, physical examination, vital signs, drugs and doses administered and patient response.

11. Prevention, recognition and management of complications and life-threatening situations.
12. Administration of local anesthesia in conjunction with inhalation sedation techniques.
13. Description, maintenance and use of inhalation sedation equipment.
14. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.
15. Discussion of abuse potential.

C. Inhalation Sedation Course Duration: While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should be a minimum of *14 hours* plus management of clinical dental cases, during which clinical competency in inhalation sedation technique is achieved. The inhalation sedation course most often is completed as a part of the predoctoral dental education program. However, the course may be completed in a postdoctoral continuing education competency course.

D. Participant Evaluation and Documentation of Inhalation Sedation Instruction: Competency courses in inhalation sedation techniques must afford participants with sufficient clinical experience to enable them to achieve competency. This experience must be provided under the supervision of qualified faculty and must be evaluated. The course director must certify the competency of participants upon satisfactory completion of training. Records of the didactic instruction and clinical experience, including the number of patients treated by each participant must be maintained and available.

E. Faculty: The course should be directed by a dentist or physician qualified by experience and training. This individual should possess an active permit or license to administer moderate sedation in at least one state, have had at least three years of experience, including the individual's formal postdoctoral training in anxiety and pain control. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, and cardiologists and psychologists, should be encouraged.

A participant-faculty ratio of not more than ten-to-one when inhalation sedation is being used allows for adequate supervision during the clinical phase of instruction; a one-to-one ratio is recommended during the early state of participation.

The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Facilities: Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

Enteral and/or Combination Inhalation-Enteral Minimal Sedation

A. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Objectives: Upon completion of a competency course in enteral and/or combination inhalation-enteral minimal sedation techniques, the dentist must be able to:

1. Describe the basic components of inhalation sedation equipment.
2. Discuss the function of each of these components.
3. List and discuss the advantages and disadvantages of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).

4. List and discuss the indications and contraindications for the use of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
5. List the complications associated with enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
6. Discuss the prevention, recognition and management of these complications.
7. Administer enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation) to patients in a clinical setting in a safe and effective manner.
8. Discuss the abuse potential, occupational hazards and other effects of enteral and inhalation agents.
9. Discuss the pharmacology of the enteral and inhalation drugs selected for administration.
10. Discuss the precautions, contraindications and adverse reactions associated with the enteral and inhalation drugs selected.
11. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for management of life-threatening situations.
12. Demonstrate the ability to manage life-threatening emergency situations, including current certification in Basic Life Support for Healthcare Providers.
13. Discuss the pharmacological effects of combined drug therapy, their implications and their management. Nitrous oxide/oxygen when used in combination with sedative agent(s) may produce minimal, moderate, deep sedation or general anesthesia.

B. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological profiling.
3. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
4. Description of the stages of drug-induced central nervous system depression through all levels of consciousness and unconsciousness, with special emphasis on the distinction between the conscious and the unconscious state.
5. Review of adult respiratory and circulatory physiology and related anatomy.
6. Pharmacology of agents used in enteral and/or combination inhalation-enteral minimal sedation, including drug interactions and incompatibilities.
7. Indications and contraindications for use of enteral and/or combination inhalation-enteral minimal sedation (combined minimal sedation).
8. Review of dental procedures possible under enteral and/or combination inhalation-enteral minimal sedation).
9. Patient monitoring using observation, monitoring equipment, with particular attention to vital signs and reflexes related to consciousness.

10. Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time-oriented anesthesia record, including the names of all drugs administered including local anesthetics, doses, and monitored physiological parameters.
11. Prevention, recognition and management of complications and life-threatening situations.
12. Administration of local anesthesia in conjunction with enteral and/or combination inhalation-enteral minimal sedation techniques.
13. Description, maintenance and use of inhalation sedation equipment.
14. Introduction to potential health hazards of trace anesthetics and proposed techniques for limiting occupational exposure.
15. Discussion of abuse potential.

C. Enteral and/or Combination Inhalation-Enteral Minimal Sedation Course Duration: Participants must be able to document current certification in Basic Life Support for Healthcare Providers and have completed a nitrous oxide competency course to be eligible for enrollment in this course. While length of a course is only one of the many factors to be considered in determining the quality of an educational program, the course should include a minimum of *16 hours*, plus clinically-oriented experiences during which competency in enteral and/or combined inhalation-enteral minimal sedation techniques is demonstrated. Clinically-oriented experiences may include group observations on patients undergoing enteral and/or combination inhalation-enteral minimal sedation. Clinical experience in managing a compromised airway is critical to the prevention of life-threatening emergencies. The faculty should schedule participants to return for additional clinical experience if competency has not been achieved in the time allotted. The educational course may be completed in a predoctoral dental education curriculum or a postdoctoral continuing education competency course.

D. Participant Evaluation and Documentation of Instruction: Competency courses in combination inhalation-enteral minimal sedation techniques must afford participants with sufficient clinical understanding to enable them to achieve competency. The course director must certify the competency of participants upon satisfactory completion of the course. Records of the course instruction must be maintained and available.

E. Faculty: The course should be directed by a dentist or physician qualified by experience and training. This individual should possess a current permit or license to administer moderate sedation in at least one state, have had at least three years of experience, including the individual's formal postdoctoral training in anxiety and pain control. Dental faculty with broad clinical experience in the particular aspect of the subject under consideration should participate. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, and cardiologists and psychologists, should be encouraged. The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Facilities: Competency courses must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies.

V. Teaching Administration of Moderate Sedation

These *Guidelines* present a basic overview of the requirements for a competency course in moderate sedation. These include courses in enteral and parenteral moderate sedation. The teaching guidelines contained in this section on moderate sedation differ slightly from documents in medicine to reflect the differences in delivery methodologies and practice environment in dentistry.

Completion of a pre-requisite nitrous oxide-oxygen competency course is required for participants combining moderate sedation with nitrous oxide-oxygen.

A. Course Objectives: Upon completion of a course in moderate sedation, the dentist must be able to:

1. List and discuss the advantages and disadvantages of moderate sedation.
2. Discuss the prevention, recognition and management of complications associated with moderate sedation.
3. Administer moderate sedation to patients in a clinical setting in a safe and effective manner.
4. Discuss the abuse potential, occupational hazards and other untoward effects of the agents utilized to achieve moderate sedation.
5. Describe and demonstrate the technique of intravenous access, intramuscular injection and other parenteral techniques.
6. Discuss the pharmacology of the drug(s) selected for administration.
7. Discuss the precautions, indications, contraindications and adverse reactions associated with the drug(s) selected.
8. Administer the selected drug(s) to dental patients in a clinical setting in a safe and effective manner.
9. List the complications associated with techniques of moderate sedation.
10. Describe a protocol for management of emergencies in the dental office and list and discuss the emergency drugs and equipment required for the prevention and management of emergency situations.
11. Discuss principles of advanced cardiac life support or an appropriate dental sedation/anesthesia emergency course equivalent.
12. Demonstrate the ability to manage emergency situations.
13. Demonstrate the ability to diagnose and treat emergencies related to the next deeper level of anesthesia than intended.

B. Moderate Sedation Course Content:

1. Historical, philosophical and psychological aspects of anxiety and pain control.
2. Patient evaluation and selection through review of medical history taking, physical diagnosis and psychological considerations.
3. Use of patient history and examination for ASA classification, risk assessment and pre-procedure fasting instructions.
4. Definitions and descriptions of physiological and psychological aspects of anxiety and pain.
5. Description of the sedation anesthesia continuum, with special emphasis on the distinction between the conscious and the unconscious state.
6. Review of adult respiratory and circulatory physiology and related anatomy.

7. Pharmacology of local anesthetics and agents used in moderate sedation, including drug interactions and contraindications.
8. Indications and contraindications for use of moderate sedation.
9. Review of dental procedures possible under moderate sedation.
10. Patient monitoring using observation and monitoring equipment, with particular attention to vital signs, ventilation/breathing and reflexes related to consciousness.
11. Maintaining proper records with accurate chart entries recording medical history, physical examination, informed consent, time-oriented anesthesia record, including the names of all drugs administered including local anesthetics, doses, and monitored physiological parameters.
12. Prevention, recognition and management of complications and emergencies.
13. Description, maintenance and use of moderate sedation monitors and equipment.
14. Discussion of abuse potential.
15. Intravenous access: anatomy, equipment and technique.
16. Prevention, recognition and management of complications of venipuncture and other parenteral techniques.
17. Description and rationale for the technique to be employed.
18. Prevention, recognition and management of systemic complications of moderate sedation, with particular attention to airway maintenance and support of the respiratory and cardiovascular systems.

Moderate Sedation Course Duration and Documentation:

The Course must include:

- A minimum of 60 hours of instruction plus administration of sedation for at least 20 individually managed patients.
- Certification of competence in moderate sedation technique(s).
- Certification of competence in rescuing patients from a deeper level of sedation than intended including managing the airway, intravascular or intraosseous access, and reversal medications.
- Provision by course director or faculty of additional clinical experience if participant competency has not been achieved in time allotted.
- Records of instruction and clinical experiences (i.e., number of patients managed by each participant in each modality/route) that are maintained and available for participant review.

D. Documentation of Instruction: The course director must certify the competency of participants upon satisfactory completion of training in each moderate sedation technique, including instruction, clinical experience, managing the airway, intravascular/intraosseous access, and reversal medications.

E. Faculty: The course should be directed by a dentist or physician qualified by experience and training. This individual should possess a current permit or license to administer moderate or deep sedation and general anesthesia in at least one state, have had at least three years of experience, including formal postdoctoral training in anxiety and pain control. Dental faculty with broad clinical experience in the particular aspect of the subject under consideration should participate. In addition, the participation of highly qualified individuals in related fields, such as anesthesiologists, pharmacologists, internists, cardiologists and psychologists, should be encouraged.

A participant-faculty ratio of not more than four-to-one when moderate sedation is being taught allows for adequate supervision during the clinical phase of instruction. A one-to-one ratio is recommended during the early stage of participation.

The faculty should provide a mechanism whereby the participant can evaluate the performance of those individuals who present the course material.

F. Facilities: Competency courses in moderate sedation must be presented where adequate facilities are available for proper patient care, including drugs and equipment for the management of emergencies. These facilities may include dental and medical schools/offices, hospitals and surgical centers.

1 Excerpted from Continuum of Depth of Sedation: Definition of General Anesthesia and Levels of Sedation/Analgesia, 2014, of the American Society of Anesthesiologists (ASA)

2 ASA Physical Status Classification System is reprinted with permission of the American Society of Anesthesiologists, Updated by ASA House of Delegates, October 15, 2014.

3 American Society of Anesthesiologists: Practice Guidelines for preoperative fasting and the use of pharmacologic agents to reduce the risk of pulmonary aspiration: application to healthy patients undergoing elective procedures. Anesthesiology 114:495. 2011. Reprinted with permission.



The Web's Most Comprehensive Resource for Dental Professionals

Myth busters for dental assistants: Nitrous oxide

October 17, 2018

By Tija Hunter, CDA, EFDA, CDIA, MADA



"Any dental assistant can begin the flow of nitrous oxide and monitor a patient while alone in the operatory."

Wrong!

Although all states are different regarding their laws on nitrous

oxide, only a handful allow dental assistants who have not been formally trained and certified to monitor or administer nitrous oxide. Yes, you read that correctly! A few states *do* allow dental assistants to administer nitrous oxide with absolutely no training whatsoever.

What's up with that?

Each state dental board has adopted its own dental practice act. When it comes to regulating dental assistants, states are all over the place regarding what they allow. Most do require dental assistants to have formal training and be certified to monitor or administer nitrous oxide. While a few states allow dental assistants to administer, most states allow dental assistants only to monitor patients while under the effects of nitrous oxide. These states will not allow assistants to begin the flow, adjust the flow, or shut down nitrous oxide. All states work under the "direct supervision" rule, meaning that dental assistants cannot work without a dentist on the premises.

What does your state require?

Don't know the laws regarding nitrous oxide in your state? Never fear, the folks at the Dental Assisting National Board Inc. (DANB) have that covered for you. [Visit their website](#) and choose the "search by state" tab. From there, choose your state, and you will get a full rundown on what the practice acts for each state allow. DANB takes pride in keeping this information up-to-date and accurate. You can also visit your state dental board website, most of which make the practice act available for readers, often in PDF format.

*I am certified
in one state,
so it
transfers to
another
state.*

Wrong!

In this instance, it depends. No state has to honor another state's certification. Again, all states have different requirements, so just because you meet the requirements in one state does not mean this will transfer to another state.



I once heard California referred to as the "brat" state. When I asked what that meant, I was told that California laws are so tough that being certified there means that the certification is good anywhere in the country. *Not true!* There is so much

misinformation out there that when you come across hearsay, take the time to find the correct answer for yourself. Correct information can be found with your dental board, your dental practice act, or on the DANB website.

Here's an example. Say you live in a state that requires six hours of training to become certified in nitrous oxide monitoring, and you just moved to a state that requires eight hours of training. Your new state will usually not recognize your certification because the requirements aren't the same.

This is especially true if you were certified in a state to administer and you move to a state that allows you only to monitor. Your administering certification is not good in your new state and you must take a course for monitoring.

The same is true for any of your expanded functions certifications. Remember, not all states allow you to perform expanded functions, so if you move, be proactive and look up the laws in your new home state. For that matter, look up the laws where you live now. You might be surprised that what you thought was allowable, really is not.

I'll stress this one more time. The misinformation out there is crazy! Everyone has heard from someone that something is OK. I'm sorry to say that even most doctors don't know their state laws pertaining to dental assistants. If you have questions, it's up to you to find the correct answers.

Then you'll be able to confidently answer, "What does your state allow?"

ALSO BY TIJA HUNTER

Myth busters: Waterline contamination in dental offices

Myth busters: Cold sterile-glutaraldehyde



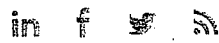
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DENTAL BOARD OF CALIFORNIA

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

**LICENSING, CERTIFICATION, AND PERMITS COMMITTEE MEETING AGENDA
NOVEMBER 29, 2018**

Upon Conclusion of the Dental Assisting Council Meeting

Sacramento Marriott of Rancho Cordova

11211 Point East Drive, Rancho Cordova Room

Rancho Cordova, CA 95742

(844) 203-4954 (Reservations) or (916) 263-2300 (Board Office)

Members of the Licensing, Certification, and Permits Committee:

Ross Lai, DDS, Chair

Bruce Whitcher, DDS, Vice Chair

Meredith McKenzie, Public Member

Abigail Medina, Public Member

Steven Morrow, DDS, MS

Rosalinda Olague, RDA

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

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

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the February 23, 2017, Licensing, Certification, and Permits Committee Meeting Minutes
3. Review of Dental Licensure and Permit Statistics
4. Discussion and Possible Action regarding Faculty Licensure

5. Public Comment on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
6. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
7. Committee Member Comments on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
8. Adjournment



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**LICENSING, CERTIFICATION, AND PERMITS COMMITTEE MEETING AGENDA
FEBRUARY 23, 2017**

Humphreys Half Moon Inn
2303 Shelter Island Drive
San Diego, CA 92106

Members Present:

Ross Lai, DDS, Chair
Judith Forsythe, Vice-Chair
Yvette Chappell-Ingram
Steven Morrow
Debra Woo

Members Absent:

Agenda Item 1: Call to Order/Roll Call/Establishment of Quorum

A meeting of the Dental Board of California's (Board) Licensing, Certification, and Permits Committee (Committee) was called to order by Dr. Lai, Chair on Thursday, February 23, 2017. Dr. Lai called the roll and a quorum was established.

Agenda Item 2: Approval of the February 26, 2015 Licensing, Certification, and Permits Committee Meeting Minutes

M/S/C: (Morrow/Chappell-Ingram) motioned to approve.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Chappell-Ingram	✓				
Forsythe	✓				
Lai	✓				
Morrow	✓				
Woo	✓				

The minutes were approved.

Agenda Item 3: Review of Dental Licensure and Permit Statistics

The Dental Licensure and Permit Statistics were reviewed, and Ms. Wallace noted that they might not be 100% accurate due to the new BreEze system and their tracking reports.

Board members asked for clarification between a retired license and an inactive license. This discussion should be put on a future agenda.

Agenda Item 4: Discussion and Possible Action Regarding Requirements for the Issuance of a New License to Replace a Cancelled License Pursuant to Business and Professions Code Section 1718.3

Pursuant to Business and Professions Code Section 1718.3, a Dental Board of California (Board) license which is not renewed within five years after its expiration may not be renewed, restored, reinstated, or reissued thereafter, but the holder of the license may apply for and obtain a new license if the following requirements are satisfied:

- No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.
- He or she pays all of the fees which would be required of him or her if he or she were then applying for the license for the first time and all renewal and delinquency fees which have accrued since the date on which he or she last renewed his or her license.
- He or she takes and passes the examination, if any, which would be required of him or her if he or she were then applying for the license for the first time, or otherwise establishes to the satisfaction of the board that with due regard for the public interest, he or she is qualified to practice the profession or activity in which he or she again seeks to be licensed.

The Committee recommends the Board consider revisions to the law to allow the option to qualify by one of the four pathways for DDS and three pathways for RDA to apply for new license. The Committee would like it referred to Legislative and Regulatory Committee for review.

M/S/C: (Morrow/Woo) to approve a recommendation that the Board consider referring to the Legislative and Regulatory Committee that other pathways be considered in the process of a New License to Replace a Cancelled License in place of all renewal and delinquency fees being paid.

Board Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Chappell-Ingram	✓				
Forsythe	✓				
Lai	✓				
Morrow	✓				
Woo	✓				

Public Comment:

Gail Mathe, CDA stated it would be in support of this change. It offered to be part of the clean-up of statutory language for Licensure by Credential.

Agenda Item 5: Public Comment on Items Not on the Agenda

None

Agenda Item 6: Future Agenda Items

Dr. Morrow stated B & P Code 1626 states it is unlawful to practice dentistry in the State of California without a license. There are some exemptions to this rule which could include instructors in dental colleges approved by the Dental Board of California. The Board has no knowledge of how many unlicensed DDSs are teaching in dental school. The concern is continuing education requirements and regulation of these faculty members.

Agenda Item 7: Committee Member Comments on Items Not on the Agenda
None

Agenda Item 8: Adjournment

The meeting was adjourned.

MEMORANDUM

DATE	November 2, 2018
TO	Members of the LCP Committee
FROM	Steve Long, Staff Services Analyst Dental Board of California
SUBJECT	Agenda Item 3: Review of Dental Licensure and Permit Statistics

The Dental Board of California (Board) oversees dental licensees in California. All dentists are initially licensed as active. When licensees renew their license, they may either keep their license in active or inactive status.

Licensees with an active status can actively practice dentistry in the state of California. To renew and keep one's license in an active status, the Board requires submission of renewal fee, furnishing a set of fingerprints to the Department of Justice (DOJ), certification of fifty (50) units of continuing education, and disclosing whether he/she has been convicted of any violation in the prior renewal cycle.

Licensees with an inactive status cannot engage in the practice of dentistry in the state of California. To renew and keep one's license in an inactive status, the Board requires submission of the renewal fee and a fully completed renewal form. The holder thereof need not comply with any continuing education requirement for a renewal of an inactive license.

Licensees with an inactive status who would like to re-activate their license must submit the Application to Activate License form and evidence of completing fifty (50) units of continuing education within the last two (2) years, as required by the Dental Practice Act.

A. Following are statistics of current license/permits by type as of October 31, 2018

Dental License (DDS) Status	Licensee Population
Active	34,703
Inactive	1,939
Retired	1,735
Disabled	120
Renewal in Process	385
Delinquent	4,998
Total Cancelled Since Licensing was required	16,229

*Active: Current and can practice without restrictions (BPC §1625)

Inactive: Current but cannot practice, continuing education not required (CCR §1017.2)

Retired: Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (BPC §1716.1a)

Disabled: Current with disability but cannot practice (BPC §1716.1b)

Cancelled: Renewal fee not paid 5 years after its expiration and may not be renewed (*BPC §1718.3a*)

[illegible]

County	DDS	Population	Population per DDS
Alameda	1,473	1,645,359	1,117
Alpine	0	1,151	N/A
Amador	22	38,382	1,744
Butte	141	226,404	1,605
Calaveras	15	45,168	3,011
Colusa	5	22,043	4,408
Contra Costa	1,098	1,139,513	1,037
Del Norte	15	27,124	1,808
El Dorado	160	185,062	1,156
Fresno	606	995,975	1,643
Glenn	12	28,731	2,394
Humboldt	72	136,953	1,902
Imperial	38	188,334	4,956

County	DDS	Population	Population per DDS
Inyo	11	18,619	1,692
Kern	336	895,112	2,664
Kings	71	149,537	2,106
Lake	46	64,945	1,411
Lassen	21	30,918	1,472
Los Angeles	8,416	10,241,278	1,216
Madera	50	156,492	3,129
Marin	319	263,604	826
Mariposa	9	18,148	2,016
Mendocino	57	89,134	1,563
Merced	90	274,665	3,051
Modoc	5	9,580	1,916
Mono	5	13,713	2,742
Monterey	268	442,365	1,650
Napa	114	142,408	1,249
Nevada	88	98,828	1,123
Orange	3,887	3,194,024	821
Placer	459	382,837	834
Plumas	15	19,819	1,321
Riverside	1,063	2,384,783	2,243
Sacramento	1,107	1,514,770	1,368
San Benito	22	56,854	2,584
San Bernardino	1,357	2,160,256	1,591
San Diego	2,752	3,316,192	1,205
San Francisco	1,272	874,228	687
San Joaquin	372	746,868	2,007
San Luis Obispo	227	280,101	1,233
San Mateo	885	770,203	870
Santa Barbara	321	450,663	1,403
Santa Clara	2,290	1,938,180	846
Santa Cruz	184	276,603	1,503
Shasta	117	178,605	1,526
Sierra	1	3,207	3,207
Siskiyou	21	44,688	2,128
Solano	284	436,023	1,535
Sonoma	400	505,120	1,262
Stanislaus	283	548,057	1,936
Sutter	52	96,956	1,864
Tehama	26	63,995	2,461
Trinity	4	13,628	3,407
Tulare	216	471,842	2,184
Tuolumne	50	54,707	1,094
Ventura	674	857,386	1,272
Yolo	118	218,896	1,855
Yuba	12	74,577	6,214
Out of State/Country	2,669		
TOTAL	34,703	39,523,613	

*Population data obtained from Department of Finance, Demographic Research Unit

*The counties with the highest Population per DDS are:

1. Yuba County (1:6,214)
2. Imperial County (1:4,956)
3. Colusa County (1:4,408)
4. Trinity County (1:3,407)
5. Sierra County (1:3,207)

The counties with the lowest Population per DDS are:

1. San Francisco County (1:687)
2. Orange County (1:821)
3. Marin County (1:826)
4. Placer County (1:834)
5. Santa Clara County (1:846)

*The counties with the biggest increase in active license dentists as of October 31, 2018 were Los Angeles, with 124 additional dentists, and Orange, with 107 additional dentists. Butte had a decrease of 6 dentists and El Dorado had a decrease of 4 dentists.

*Alpine County has no active dentists.

B. Following are monthly dental statistics by pathway as of November 1, 2018

Dental Applications Received by Month (2018)												Total Apps:	1,183
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	36	31	36	113	155	217	134	64	32	30			848
Residency	5	1	11	11	11	22	55	15	7	5			143
Credential	17	21	16	23	20	15	22	17	18	16			185
Portfolio	0	0	1	0	1	2	3	0	0	0			7
Total	58	53	64	147	187	256	214	96	57	51			1,183
Dental Licenses Issued by Month (2018)												% of All Apps: 94%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	27	20	28	22	58	160	222	146	80	43			806
Residency	3	2	7	4	12	5	38	55	8	4			138
Credential	11	13	13	12	20	20	22	16	19	9			155
Portfolio	1	0	0	0	0	2	3	2	0	0			8
Total	42	35	48	38	90	187	285	219	107	56			1,107

Total	5	0	0	7	16	40	25	21	92	6			212
Withdrawn Dental Applications by Month (2018)												% of All Apps: 11%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	4	0	5	2	33	28	22	1	7	1			103
Residency	1	0	0	0	0	1	8	2	2	0			14
Credential	1	1	1	1	3	5	0	1	0	0			13
Portfolio	0	0	0	0	0	0	0	0	0	0			0
Total	6	1	6	3	36	34	30	4	9	1			130
Denied Dental Applications by Month (2018)												% of All Apps: <1%	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	0	0	0	0	0	0	0	0	0	0			0
Residency	0	0	0	0	0	0	0	0	0	0			0
Credential	0	0	1	0	1	0	0	0	0	0			2
Portfolio	0	0	0	0	0	0	0	0	0	0			0
Total	0	0	1	0	1	0	0	0	0	0			2

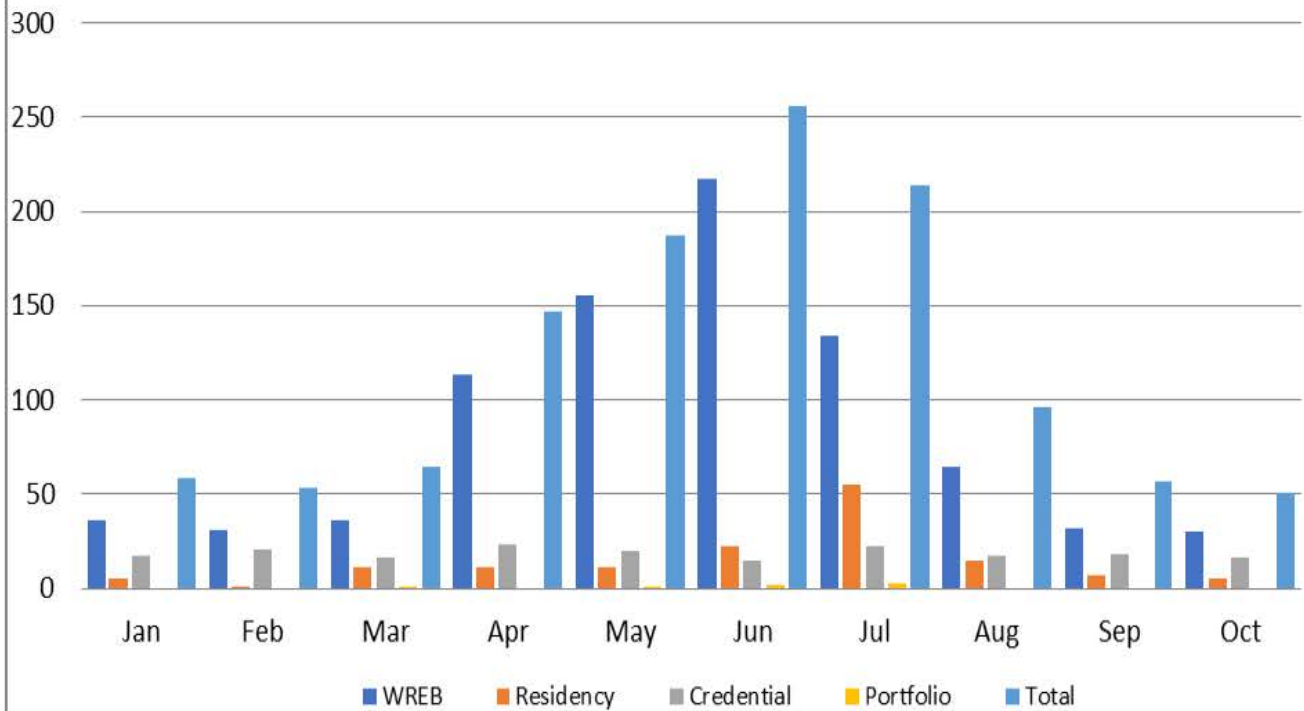
*Deficient Applications by pathway: WREB – 57, Residency – 14, Credential – 39, Portfolio – 0, **Total – 110**

Application Definitions

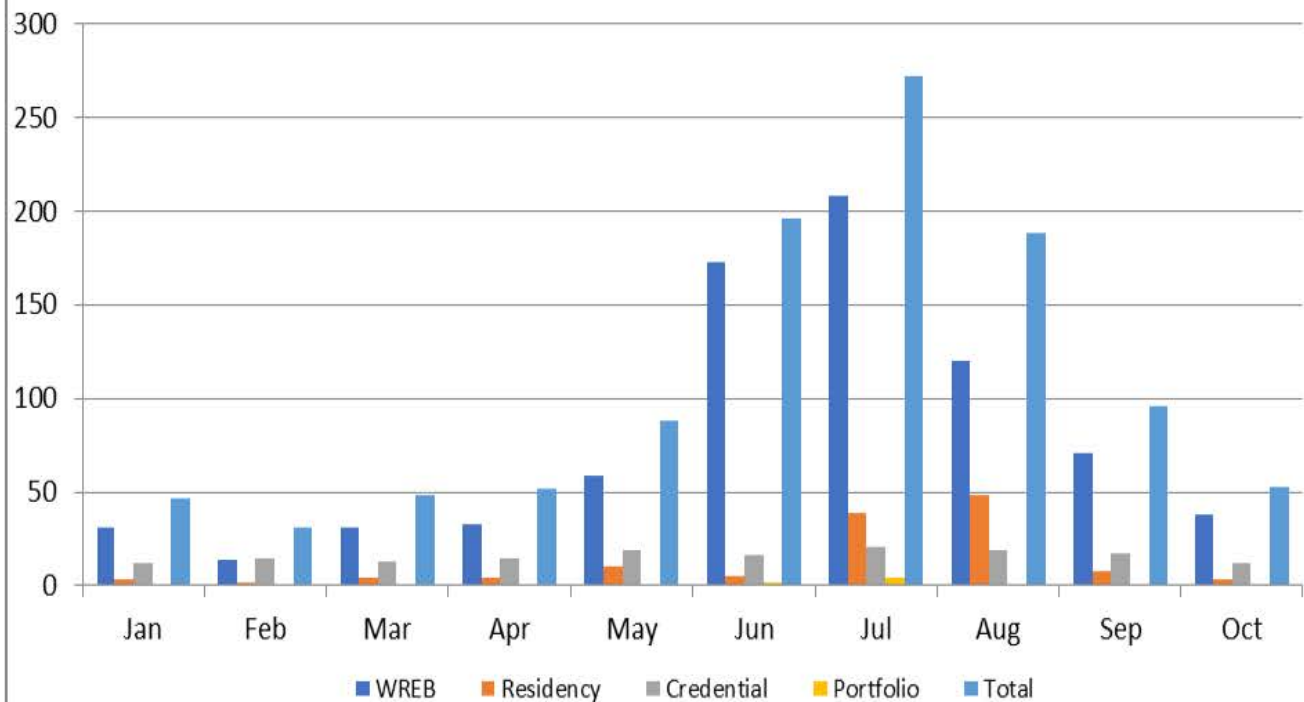
Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board requests staff to remove application (i.e. duplicate).
Withdrawn	Applicant requests Board to remove application
Denied	Applicant fails to provide requirements for licensure (BPC 1635.5)
Deficient	Application processed lacking one or more requirements

C. Following are graphs of monthly Dental statistics as of November 1, 2018

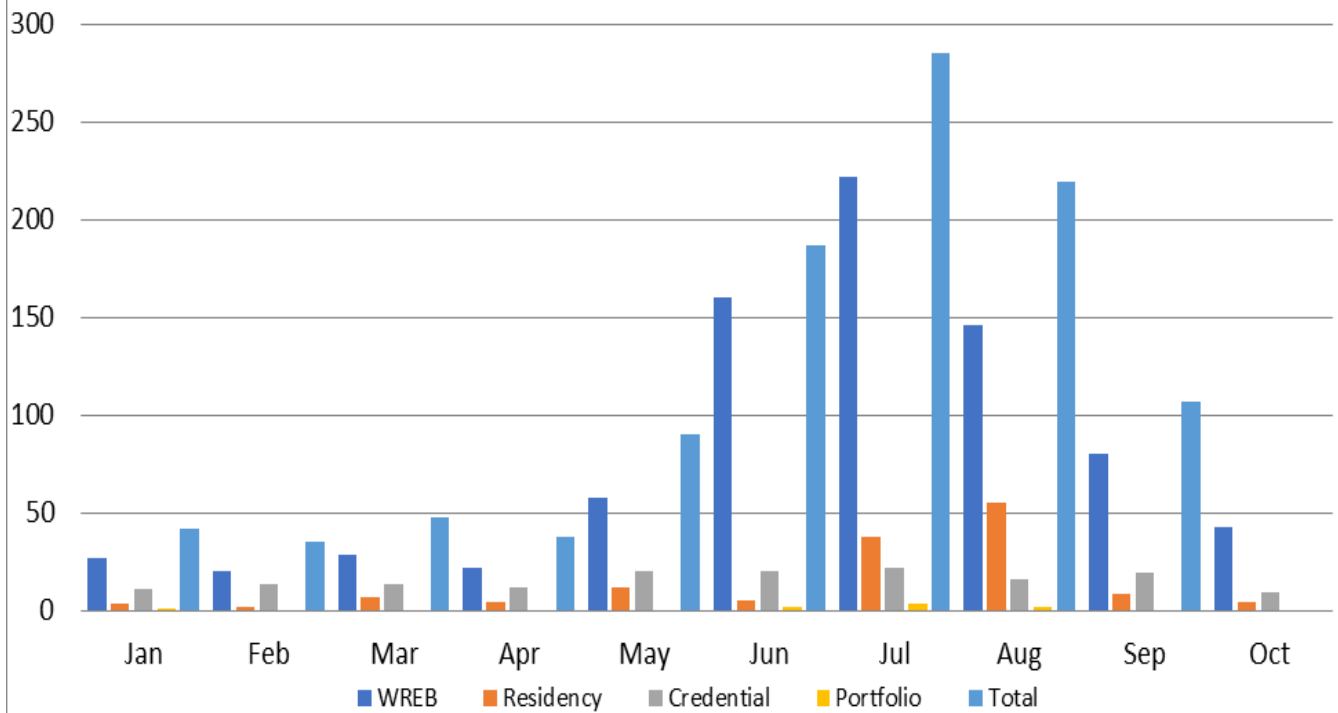
Dental Applications Received in 2018



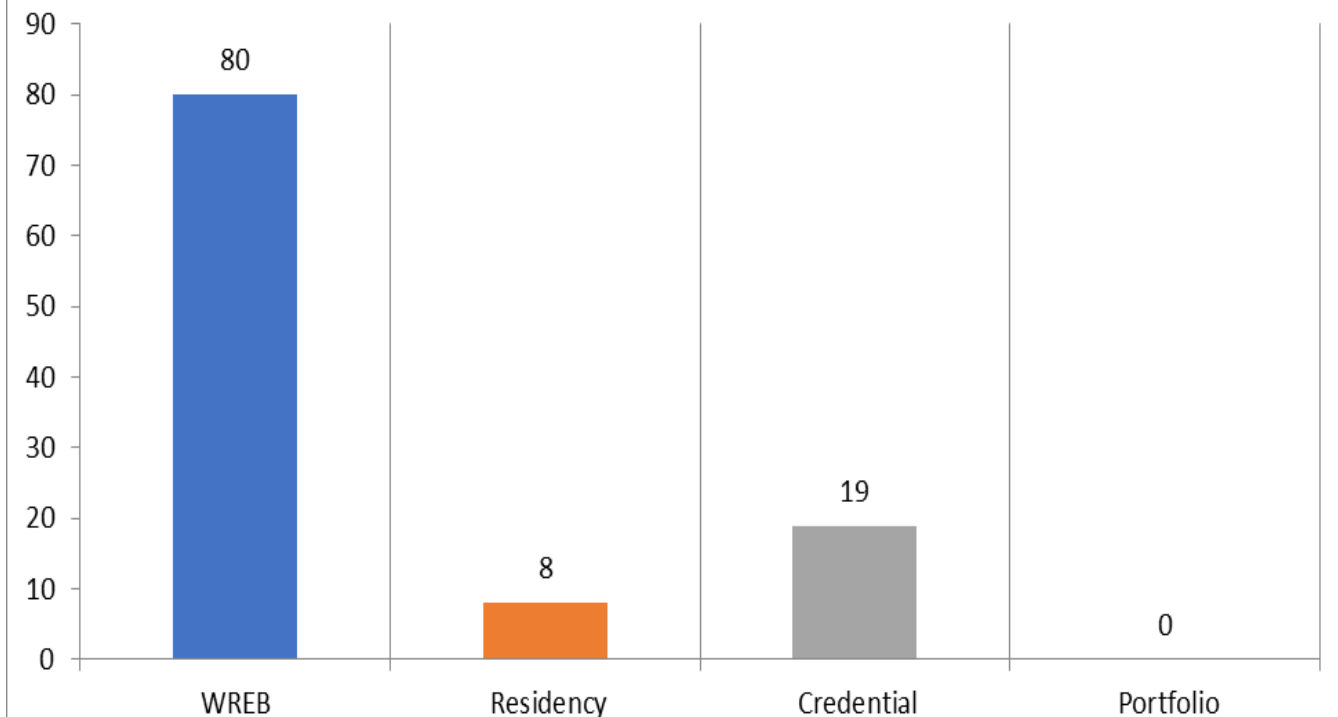
Dental Applications Approved in 2018



Dental Licenses Issued in 2018

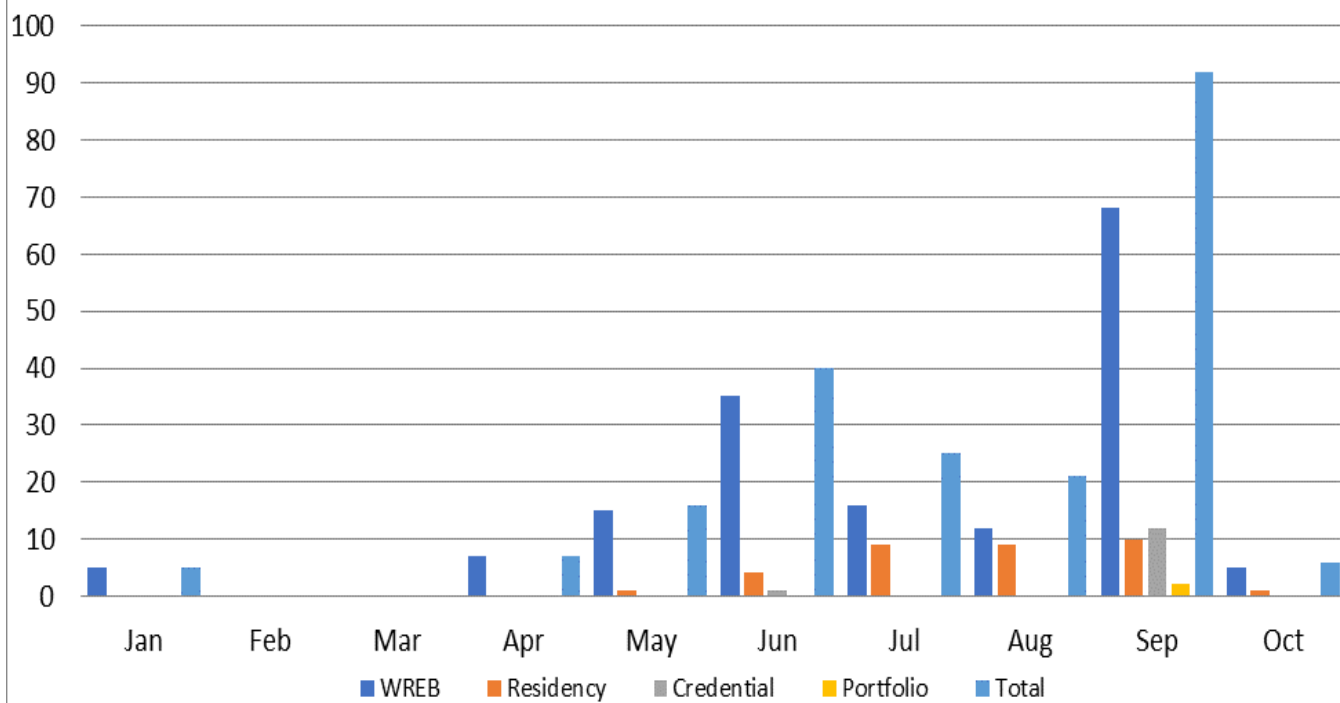


Deficient Applications as of November 1, 2018

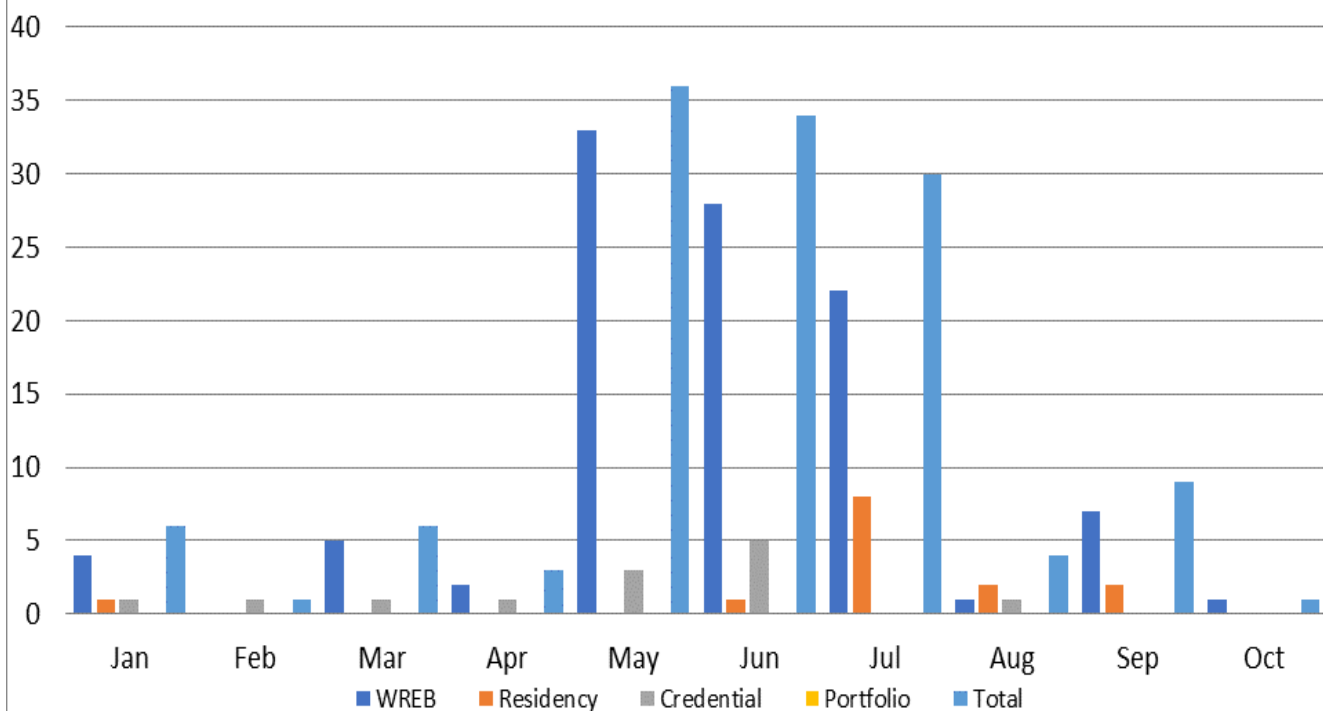


*Deficient: Pending with one or more requirements missing in application

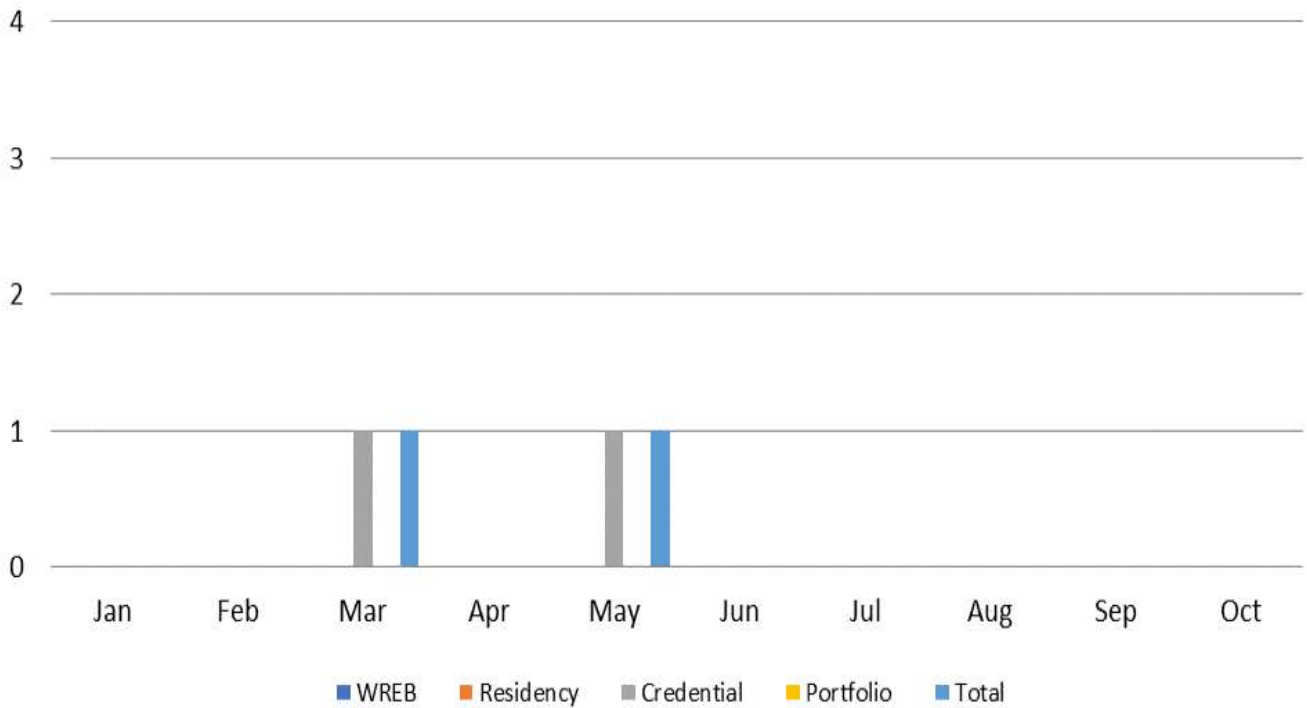
Cancelled Dental Applications in 2018



Withdrawn Dental Applications in 2018



Denied Dental Applications in 2018





MEMORANDUM

DATE	November 1, 2018
TO	Members of the Licensing, Certification, and Permits Committee Dental Board of California
FROM	Melissa Brokken, Staff Services Analyst Dental Board of California
SUBJECT	LCP Agenda Item 4: Discussion and Possible Action regarding Faculty Licensure

Background:

At a previous meeting, the Board directed staff to further research the following topic: Should the Board develop and implement a Faculty Teaching Permit for non-California licensed dentists holding faculty appointments in California dental schools that do not hold special permits issued under California Business and Professions (B&P) Code §1640.

Pursuant to B&P Code §1626(c), dentists licensed in another state or country are exempt from California licensure while appearing and operating as clinicians or instructors in dental colleges approved by the Board. The Board currently does not have an application or registration process for faculty members working at California dental schools who do not possess a California dental license. Therefore, the Board has no knowledge of these individuals, the state or country by which they are licensed, their continuing education requirements for license renewal, or any information regarding their background.

To determine the number of faculty that do not possess a California dental license or special permit, the Board's Executive Officer composed a brief survey to be completed by all six California dental schools. The dental schools were also asked to provide information concerning the continuing education requirements for faculty members.

The survey consisted of the following questions:

1. Total Number of Faculty in the Dental School
2. Number of California Licensed Faculty (*includes faculty with special permits*)
3. Number of Faculty not holding a California license, but licensed in another State
4. Number of Faculty not holding a California license, or a license from another State, but licensed in another Country
5. Does the dental school require non-California licensed dentists to complete continuing education? If so, how often and how many units?
6. Does the dental school require non-California licensed dentists to complete continuing education in the California Dental Practice Act or Infection Control?
7. Does the dental school require periodic training of non-California licensed dentists in Basic Life Support? If so, how often?

Questions 1-4 were designed to provide a breakdown of how many faculty members are licensed in California, in another state, or in another country. Responses to these questions are tabled below (questions are abbreviated):

Dental School	<u>Question 1</u> Total Number of Faculty	<u>Question 2</u> Licensed in California	<u>Question 3</u> Licensed in Another State	<u>Question 4</u> Licensed in Another Country
Loma Linda University	406	351	29	26
UCLA	74	54	4	0
UC San Francisco	426	264	1	0
University of the Pacific	456	429	23	4
USC	582	341	5	11
Western U of Health Sciences	61	56	0	2
Totals	2,005	1,495	62	43

Based on the results of the survey, nearly 75% of faculty hold a dental license or permit in California. Five percent of faculty are licensed in another state or country, meaning a total of 105 individuals are considered exempt from California licensure pursuant to B&P Code §1626(c). Currently, the Board has no way of tracking these individuals because the statute allows for dentists licensed in another state or country to work as dental faculty without possessing a dental license or special permit. The remaining 20% of faculty members (405 total) are not licensed as dentists in any state or country, as the dental school may employ faculty to teach non-dental courses to dental students. Thus, when examining the statistics of each school individually, the sum of the numbers listed in questions 2-4 may not equate to the total number of faculty as provided in question 1.

Questions 5-7 were created to gather information on each dental school's requirements for faculty continuing education (CE). California licensees and permit holders are required to complete CE requirements biennially as a condition of renewal. The Board does not mandate CE for faculty members that do not possess a California dental license or permit. However, if applicable, dental faculty should be in compliance with the CE requirements for the renewal of a dental license issued by another state or country. Responses to the remainder of the survey are tabled below (questions are abbreviated):

Dental School	<u>Question 5</u> Continuing Education Required	<u>Question 6</u> Dental Practice Act and Infection Control Courses	<u>Question 7</u> Periodic training in Basic Life Support
Loma Linda University	Yes	Yes	Yes
	50 units biennially		Biennial
UCLA	Yes	Yes	Yes
	50 units biennially		Biennial
UC San Francisco	Yes	Yes	Yes
	25 units annually		Annual
University of the Pacific	No	No	Yes
			Biennial
USC	Yes	Yes	Yes
	50 units biennially		Biennial
Western U of Health Sciences	No	No	No

As evidenced above, each dental school may impose their own requirements for faculty continuing education. If the Board is to implement a Faculty Teaching Permit, completion of continuing education may be incorporated as a requirement for renewal of the permit.

Within the United States, many state dental boards require a Faculty Teaching Permit or Limited License to monitor the “practice of dentistry” by non-state licensed dentists that hold faculty teaching positions in their State dental schools. While the Commission on Dental Accreditation (CODA) has requirements for dentist faculty to be involved in dental education at CODA accredited dental schools, these requirements do not necessarily meet the State’s requirements for dental licensure and/or licensure renewal.

Board staff reviewed the Composite issued by the American Association of Dental Boards (AADB), 29th Edition, 2018, for an overview of each state’s requirements for Faculty Permits/Limited Licenses. The tables below showcase the statistics pertaining to common eligibility criteria and the renewal schedule for faculty licensure. These statistics may assist the Board with the implementation of the Faculty Teaching Permit and related requirements.

NUMBER OF STATES/TERRITORIES REQUIRING FACULTY LICENSE OR PERMIT		
Required	Not Required	Unknown
35	18	3

FACULTY LICENSE OR PERMIT ELIGIBILITY REQUIREMENTS*		
Criteria	Required	Not Required
Examination(s)	9	24
Education approved by the State Dental Board or CODA	8	27
Dental license from another state or country	13	22
Dean recommendation letter	11	24

RENEWAL SCHEDULE FOR FACULTY LICENSE OR PERMIT*		
Annual	Biennial	Other
16	13	6

**Based on 35 states/territories requiring faculty licensure.*

The Board has recently received inquiries concerning how a Faculty Teaching Permit will differ from a special permit. If implemented, the Faculty Teaching Permit would require for dentists licensed in other states or countries to register with the Board prior to working as dental clinicians or instructors in California dental education programs. B&P Code §1626(c) currently allows these individuals to work as dental faculty without holding a California dental license or special permit.

It is duly noted that a dentist practicing in the school's faculty practice must possess either a California dental license or special permit. The special permit was specifically implemented to allow for a non-California licensed dentist working as faculty to obtain income through the school's faculty practice. Under B&P Code § 1640.2(c), the holder of a special permit is limited to practicing no more than one day per week in the school's faculty practice.

Holders of special permits are subject to all of the provisions applicable to licensed dentists with the exception that the special permit must be renewed annually rather than biennially. The renewal fee for a special permit is \$125.00 and a mandatory \$6.00 fee for CURES.

A special permit is issued after an applicant satisfies all requirements of one of the two application methods outlined in B&P Code § 1640 – 1640.3. The eligibility criteria for each method is provided below:

Method 1

- Must have a pending contract with a California dental college to work as a full-time professor, an associate professor, or an assistant professor.
- Must have graduated from a dental college approved by the board, or have completed an advanced education program accredited by either the Commission on Dental Accreditation or a national accrediting body approved by the board.
- Must be certified as a diplomate of a specialty board, or meets either of the following criteria:
 - Establishes his or her qualifications to take a specialty board examination.

- Completed an advanced educational program in a discipline from a dental college approved by the board.
- Must pass the California Law and Ethics examination.
- Must pay all application fees as outlined below:
 - \$1,000.00 – Application for Special Permit
 - \$125.00 – Law and Ethics Application
 - \$49.00 – Fingerprint Processing

Method 2

- Must satisfy either of the following conditions:
 - Expertise or skill in a specialty area of dental practice approved by the American Dental Association and recognized by the board. The Board must receive verification, in writing from the dean of the dental school where a contract is pending, that the addition of this dentist to the faculty will benefit the students and the dental program.
 - Verification, in writing, from the dean of the dental school where a contract is pending, that the addition of this general dentist to the faculty will benefit the students and the dental program.
- Must provide a complete transcript of his/her academic and clinical dental school records. Certified copies and translations must be provided if applicable.
- Must provide a legible, true copy of his/her dental diploma or dental degree. A translation must be provided if applicable.
- Must provide a copy of his/her valid dental license.
- Must have a pending contract with a California dental college to work as a full-time professor, an associate professor, or an assistant professor.
- Must provide satisfactory evidence that his/her credentials were presented to the school's faculty credentialing committee or similar faculty review committee and the dean of the dental school provides written acknowledgment that he/she is an essential addition to the school's faculty and strongly recommends to the dean that the applicant be offered an employment contract.
- Must pass the California Law and Ethics examination.

- Must pay all application fees as outlined below:
 - \$1,000.00 – Application for Special Permit
 - \$125.00 – Law and Ethics Application
 - \$49.00 – Fingerprint Processing

Per dental school, special permits issued under Method 1 are limited to the number of permits that may be properly administered and supervised by the Board.

Per dental school, special permits issued under Method 2 are limited to five permits for specialists and five permits for general dentists.

The table below presents the statistics of special permit holders and the method by which they were issued a permit.

Dental School	<u>METHOD 1</u>		<u>METHOD 2</u>	
	General	Specialty	General	Specialty
Loma Linda University	0	3	1	0
UCLA	0	7	0	3
UC San Francisco	0	7	1	2
University of the Pacific	0	4	3	1
USC	0	2	2	1
Western U of Health Sciences	0	1	1	0
Totals	0	24	8	7

Approximately 62% of permit holders qualified through Method 1. The remaining 38% of permit holders qualified through Method 2.

Action Requested:

Staff request that the Board determine whether to implement a Faculty Teaching Permit. At minimum, the permit will allow for the Board to monitor unlicensed dental faculty members practicing as clinicians or instructors in California dental schools. The Board may also impose continuing education requirements for renewal of the permit.

If implemented, the development of a Faculty Teaching Permit would require Legislative and Regulatory changes.

Licensing Requirements

CHART 33 - FACULTY PERMITS/LIMITED LICENSES

State	License/ Permit	Renewal	Summary
AL	Teaching Permit*; Special Teaching Permit**	Annual*; Every 3 years as needed**	*Bona fide faculty member of state dental college holding a dental degree but is not licensed and registered to practice dentistry/dental hygiene in state; annual certification by Dean to Board; invalid if holder ceases to be faculty member; pay annual fee; may perform all clinical operations which a person licensed to practice dentistry or dental hygiene in the state is entitled to perform; operations may only be performed within the facilities of the dental college and as an adjunct to teaching functions; **All privileges of teaching permit, but also allowed to practice in faculty clinic.
AK	None		
AZ	Not Required		Dentist may practice in a recognized dental school or a dental hygiene school if not practicing on the public at large
AR	None		
CA	Special Permit	Annual	Full-time professor, an associate professor, or an assistant professor at a state dental college approved by the Board (minimum of four days per week); copy of employment contract filed with Board; graduated from dental college approved by the Board; evidence of being certified as a diplomate of a specialty board or in lieu thereof establishing qualification to take a specialty board exam; renew annually; revoked when full-time employment ends; may provide instruction in any setting or institution affiliated with the dental college and approved by the Board; an RDH licensed in another state may teach in a dental hygiene college if issued a special permit (Biennial)
CO	✓	✓	A dentist who is employed at an accredited school or college of dentistry in Colorado and who practices dentistry in the course of his/her employment responsibilities shall either make written application to the Board for an academic dentist license or become licensed as a dentist; an accredited degree is not required to be eligible for an academic license where it is required to become licensed as a dentist, and academic license cannot be used to practice outside of the school setting.
CT	Dentist-Provisional	Annual	To authorize a dentist to practice dentistry in a dental school - prerequisites: graduate of a dental school located outside the U.S. and possess exceptional qualifications as determined by CT State Dental Commission or hold a current, unrestricted dental license in another state in the U.S. and possess exceptional qualifications as determined by the CT State Dental Commission (see www.ct.gov/dph/license)
DE	Y	N	Limited licenses for dental residents valid for one year
DC	None		Pending promulgation of regulations
FL	Teaching Permit	None	Full-time faculty member of a dental school accredited by CODA of the ADA or a medical school accredited by the AMA's Liaison Committee for Medical Education; does not engage in the practice of dentistry except under the programs of the dental or medical school described above; is eligible to take the CDCA administered ADEX dental licensure exam or has not failed the dental examination in excess of three times without completing a one year general practice residency, advanced education general dentistry residency or pedodontic residency or a minimum of one year undergraduate clinical coursework in dentistry at a dental school approved by the ADA; teaching permit may be issued to a graduate of a foreign college if the graduate meets the requirements specified by rule; must pass state laws and rules exam
GA	Teaching License	Every Two Years	Granted to dentists/dental hygienists that are licensed in another state but do not hold a Georgia license; must be a graduate of ADA accredited dental/dental hygiene school, out-of-state license must be in good standing and unencumbered by past or pending disciplinary actions; must not have been found guilty of any felony or any crime of moral turpitude; written application must include the documentation on successful completion of Georgia's Jurisprudence examination, current CPR certification, official documentation of continuing education credits obtained for two years; letter of recommendation from dean or director of teaching institution; may engage in the practice of dentistry or dental hygiene only on the premises of the school for the sole purpose of educating students; must comply with state CPR and CE requirements
HI	None		State does not have any provisions on faculty permits, limited licenses of educators or waivers for faculty; no dental school in Hawaii
ID	None		
IL	Restricted Faculty License	May apply to renew	Must have received full-time appointment to teach dentistry at an approved dental school or hospital situated in the state; may receive without an examination, at the discretion of the Department, a restricted faculty license; an applicant shall be at least 21 years of age, is of good moral character, is licensed to practice dentistry in another state or country; valid only for a period of 3 years and may be extended or renewed; holder may perform such acts as may be prescribed by his or her teaching of dentistry; this license may be revoked upon proof that holder engaged in the practice of dentistry outside his teaching of dentistry
IN			The dental intern permit was eliminated. Added was a "limited dental residency permit." This is issued to a dental student or former student in order to complete a residency at an approved school. Also added was a limited dental faculty license. This is issued to practice at an approved school where the individual is employed and as a part of the individual's research or teaching responsibilities. The dentist is required to be a graduate of an American Dental Association accredited dental program and employed by an accredited dental program.

Licensing Requirements

CHART 33 - FACULTY PERMITS/LIMITED LICENSES

State	License/ Permit	Renewal	Summary
IA	Faculty Permit	Every Two Years	May issue a faculty permit to practice dentistry or dental hygiene within the college of dentistry or a dental hygiene program and affiliated teaching facilities as an adjunct to the faculty member's teaching position and associated responsibilities and functions and are not licensed to practice in the state; certification by the dean or chairperson; permit valid so long as the holder remains a member of the faculty; holders are required to meet continuing education requirements
KS	None		State does not issue faculty permits, limited licenses for educators or waivers for faculty
KY	Teaching Limited License	Every Two Years	Upon receiving an application for licensure and the required fee, the Board may issue, without clinical examination (successful completion of national boards required), a teaching limited license to a person who is a graduate of a dental school or post-graduate dental program approved by the Board and who has received an appointment as a full-time faculty member of one of the Commonwealth's dental schools; may only practice dentistry in conjunction with programs of the dental school and may only provide professional services to patients of these programs; shall be subjected to biennial renewal and shall automatically expire upon termination of the holder's status as a faculty member
LA	Restricted License	Annual	All holders of restricted licenses shall practice their profession only in connection with the terms of their employment; must successfully complete the state's examination in jurisprudence except those licenses issued for less than one year; recipients of restricted licenses who are members of the LSU system, graduate of a dental school accredited by CODA of the ADA, and who otherwise meet all requirements for a general license must receive same within two years from receipt of the original restricted license by successfully completing the LSBD clinical licensure examination or by credentials; those graduated from a dental school not accredited must submit a letter from the LSU system showing that the applicant is or is expected to be a member of its faculty; part-time faculty of the LSU system shall be exempt from the licensure requirements
ME	Faculty License	Every 2 years	May issue a faculty license to an applicant who teaches within a dental, dental hygiene or denturist school setting, including any satellite locations approved by the board; Maine issues a variety of temporary and special dentist licenses, such as charitable, limited license, etc.
MD	Teacher's License	Annual	Applicant for teacher's license to practice dentistry shall be licensed to practice in any other state, have been active in the dental profession for at least 5 years, be a full-time or part-time faculty member at a college or university where the applicant teaches a subject required by the dental school of that college or university and, if applicant is engaged in a teaching area that is designated as a specialty by the ADA, meet the requirements established by the ADA for that specialty; an applicant for a teacher's license to practice dental hygiene shall be licensed to practice dental hygiene in any other state, have been active as a dental hygienist for at least 5 years and be a full-time or part-time faculty member at a dental school where the applicant teaches a subject required by that school; in addition, a graduate of a foreign dental school must be 21 years or older, have completed at least 24 months of formal clinical training in a US or Canadian accredited institution, a license to practice dentistry by the foreign country or the proper subdivision of the country, two letters of recommendation written by persons acceptable to the Board certifying the good moral character of the applicant, passed parts I and II of the National Board Examinations, tested, licensed or qualified in some other state of the US.
MA	Limited Registration	Annual	A foreign trained dentist who has completed the equivalent of a dental degree, or someone who has received a DMD/DDS but has not fulfilled all the exam requirements, may practice in a specific public clinic, dental school or hospital under the supervision of a specific licensed dentist for up to 5 years, renewable annually; dentists with dental school faculty appointments who otherwise do not qualify for full licensure may obtain a faculty license renewable annually for as long as they hold a faculty appointment and must practice only at a specified location and limited licensees who pass the clinical portion of CDCA may re-apply for limited license indefinitely
MI	Limited License	Annual	The Board may issue a limited license to an individual who is a graduate dentist, dental hygienist or dental assistant who is employed by a dental program or a dental auxiliary program as a clinical teacher. The individual may perform dental procedures upon patients while employed as a clinical teacher by the dental or dental auxiliary program if such procedures are performed under the general supervision of a faculty member who is fully licensed as a dentist, the individual licensed under this subrule shall not do either of the following: hold himself or herself out to the public as being engaged in the practice of dentistry other than as a clinical instructor and provide dental services outside of his or her employment as a clinical instructor
MN	Faculty License Limited General License (LGL)	Limited/Annual Full/Biennial LGL Annual	In order to practice dentistry, a faculty member must be licensed by the Board. The Board may issue faculty members a license designated as either a "limited faculty license" (allowing practice in the school and its associated facilities only for the purposes of conducting research or instructing) or a "full faculty license" (allowing intramural or extramural practice if the individual maintains a teaching and research appointment of more than 50%) certification by the dean or program director is required. Faculty licensure is terminated when the person no longer is a faculty member (limited) or the teaching/research appointment drops below 50% (full). Limited General License (LGL) to be issued to graduates of non-accredited programs, requiring supervision in practice and 3 years then review prior to eligibility for full dental license

Licensing Requirements

CHART 33 - FACULTY PERMITS/LIMITED LICENSES

State	License/ Permit	Renewal	Summary
MS	Teaching License/ Provisional	Biennial	A teaching license shall authorize the licensee to perform only the following: instruction, performance of dentistry or dental hygiene adjunct to instruction and nonmechanical consultation with Federal or State Agencies whether for a fee or not; applicant is either a graduate of a fully accredited dental/dental hygiene school in the US or is licensed to practice in a foreign country or holds a faculty appointment in that country; recommended by the dean of the institution, interviewed by the Board; completes a jurisprudence examination prior to employment; valid one year and may be renewed annually upon written verification from the dean; shall be awarded to either full-time or part time faculty
MO	<u>Limited teaching license</u>	<u>Every 2 years</u>	*Limited teaching license allows faculty to practice dentistry within an accredited dental school program
MT	Exempt		Does not prevent a bona fide faculty member of a school, college, or department of a university recognized and approved by the Board from performing dental procedures necessary to the faculty member's teaching function
NE	Faculty License	March 1 of odd years	Requirements based on graduating from an accredited dental institution and non-accredited dental institution: Have a license to practice in another state; have a contract for a full-time faculty position with an accredited dental institution in Nebraska; pass the jurisprudence examination; agree to demonstrate continuing clinical competency for renewal; requirements based on graduating from a non-accredited dental institution: Complete at least 2 years postgraduate education at an accredited institution with a certificate or degree; have a contract for a full-time faculty position with an accredited dental institution in Nebraska; pass the jurisprudence examination; agree to demonstrate continuing clinical competency for renewal; passed Part 1 and 2 of National Boards given by JCNDE or Board Certification in a specialty recognized by the ADA
NV	Limited License	Annual	The Board shall, without a clinical examination required by NRS 631.240 or 631.300, issue a limited license to practice dentistry or dental hygiene to a person who: a) is qualified for a license to practice dentistry or dental hygiene in this state; b) pays the required appl fee; c) has entered into a contract with: 1) The Nevada System of Higher Education to provide services as a dental intern, dental resident or instructor of dentistry or dental hygiene at an educational or outpatient clinic, hospital or other facility of the Nevada System of Higher Education, or 2) an accredited program of dentistry or dental hygiene of an institution which is accredited by a regional educational accrediting organization that is recognized by the United States Department of Education to provide services as a dental intern, dental resident or instructor of dentistry or dental hygiene at an educational or outpatient clinic, hospital or other facility of the institution and accredited by the Commission on Dental Accreditation of the American Dental Association or its successor specialty accrediting organization; d) satisfies the requirements of NRS 631.230 or 631.290, as appropriate; and e) satisfies at least one of the following requirements: 1) has a license to practice dentistry or dental hygiene issued pursuant to the laws of another state or territory of the United States, or the District of Columbia; 2) presents to the Board a certificate granted by the Western Regional Examining Board which contains a notation that the person has passed, within the 5 years immediately preceding the date of the application, a clinical examination administered by the Western Regional Examining Board; 3) successfully passes a clinical examination approved by the Board and the American Board of Dental Examiners; or 4) has the educational or outpatient clinic, hospital or other facility where the person will provide services as a dental intern or dental resident in an internship or residency program submit to the Board written confirmation that the person has been appointed to a position in the program and is a citizen of the United States or is lawfully entitled to remain and work in the United States; if a person qualifies for a limited license pursuant to this subparagraph, the limited license remains valid only while the person is actively providing services as a dental intern or dental resident in the internship or residency program, is lawfully entitled to remain and work in the United States, and is in compliance with all other requirements for the limited license; contact board for additional details
NH	Temporary License to teach or do research	Length of program maximum one year	A temporary dental or dental hygiene license shall be granted on an individual request basis for a professional education program using dental clinical procedures; applicants shall meet the minimum requirements for licensure by examination or licensure by endorsement certification process in New Hampshire; if applicant does not meet the minimum requirements, the Board shall require the applicant to obtain license through the process of utilizing CDCA or other regional board clinical performance test or the endorsement certification application process
NJ	Limited Teaching Certificate	Annual	Board may issue to qualified applicants limited teaching certificates authorizing the licensee to teach, demonstrate, and practice dentistry in all its branches only upon the premises designated in the license in which the science of dentistry is taught; no person shall teach the science of dentistry in any of its branches unless licensee holds a regularly issued license to practice dentistry or a limited license under this act; shall be valid only in and upon the premises designated in the certificate and no certificate shall be deemed to authorize the licensee to engage in the private practice of dentistry; applicant must have general and technical knowledge similar to that required in this state for a license to practice without limitations, certification from the secretary or dean of a dental school college or department of a university approved by CODA, and complete continuing education requirements
NM	<u>N/A</u>		

Licensing Requirements

CHART 33 - FACULTY PERMITS/LIMITED LICENSES

State	License/ Permit	Renewal	Summary
NY	Limited Permit	Annual	May issue a limited permit for instructing in dentistry to a dentist not licensed to be employed by a registered school of dentistry or dental hygiene to instruct and supervise clinical dentistry or dental hygiene; may practice only on the premises of the school or such premises as may be used for instruction and only in the performance of duties required by the position; nothing shall be construed to affect or prevent a dentist licensed in another state who is employed on a full-time basis by a registered dental school as a faculty member with rank of assistant professor or higher from conducting research and clinical demonstrations as a part of such employment under the supervision of a licensed dentist and on the premises of the school
NC	Instructor License required		The Board may issue an instructor's license to a person who is not otherwise licensed to practice dentistry in this State if the person meets both of the following conditions: (1) is licensed to practice dentistry anywhere in the United States or in any country, territory or other recognized jurisdiction; (2) has met or been approved under the credentialing standards of a dental school or an academic medical center with which the person is to be affiliated; such dental school or academic medical center shall be accredited by the American Dental Association's Commission on Accreditation or the Joint Commission on Accreditation of Health Care Organizations; the holder of an instructor's license may teach and practice dentistry: (1) in or on behalf of a dental school or college offering a doctoral degree in dentistry operated and conducted in the State and approved by the North Carolina State Board of Dental Examiners; (2) in connection with an academic medical center; and (3) any teaching hospital adjacent to a dental school or an academic medical center
ND	None		Not regulated if at school
OH	Limited Teaching License	Annual	May issue to a dentist, who is a graduate of a dental college, is authorized to practice dentistry in another state or country, and has a full-time appointment to the faculty of the endorsing dental college; expires upon termination of full-time faculty appointment; may practice dentistry only in connection with programs operated by the endorsing dental college - Contact Board for additional information
OK	Faculty Permit	Annual	Must be able to pass WREB and obtain full license after 1 year; limits teaching permit to 1 year
OR	Instructor License	Every Two Years	Applicant must be a full-time instructor of dentistry engaged in dental activities, including but not limited to participation in a faculty practice plan, within the scope of employment at the Oregon Health Sciences University, be a graduate of a dental school accredited by ADA CODA, (if graduated from dental school not accredited by CODA, have a certificate in an advanced dental specialty program of at least two years duration from a dental school accredited by CODA), be licensed to practice in another state or a Canadian province; Board may refuse to renew if applicant has been convicted of an offense disciplined by a dental licensing body or falsified an application; license is restricted to the practice of dentistry in a facility devoted to dental care or campus of OHSU and is restricted to practice dentistry in the trained specialty - contact board for additional information
PA	Y	Y	<u>They are limited to the primary facilities of the dental school and may not engage in clinical teaching at satellite or other off-campus sites, such as clinics. Applicants must hold a current license to practice or teach dentistry by the proper licensing authority of another state, U.S. territory or country; have successfully completed a specialty dentistry program or advanced dental training in a clinical field that is approved by CODA; hold an appointment to the faculty of a CODA approved dental school in this Commonwealth; meet the educational requirements which requires a DMD/DDS degree from an accredited dental school or meets the U.S. equivalency for graduates of unaccredited dental schools and has not failed an examination for a license to practice dentistry in this Commonwealth.</u>
PR	Y		<u>To the members of the faculty of the School of Dentistry of the University of Puerto Rico that execute dental treatment as part of the official teaching duties in the school (Faculty License)</u>
RI	Limited Registration	Annual	A dentist of noteworthy, recognized professional attainment who is clearly an outstanding dentist and has been offered a full-time academic appointment shall be eligible for a limited registration while serving on the academic staff of the medical school, dental school or school of dental hygiene; a graduate of a foreign dental school and a person of professional rank whose knowledge and special training will benefit that school, upon recommendation of the dean, may be issued a limited registration to engage in the practice of dentistry to the extent that such practice is incidental to a necessary part of the academic appointment and then only in the hospital or hospitals and out-patient clinics connected with the school except to the extent authorized by this section, the registrant shall not engage in the practice of dentistry or receive compensation
SC	Instructor License	Biennial	<u>Board may issue an instructor's license to a dentist who holds a valid license in another state, passes an examination as prescribed by the Board, and is teaching dental medicine full-time at the Medical University of South Carolina College of Dental Medicine, or teaching at one of the technical colleges within the state.</u>
SD	Exempt		Excluded from practice of dentistry: any dental or dental auxiliary instructor, whether full-time or part-time, while engaged in teaching activities while employed in accredited dental or dental auxiliary educational institutions.

Licensing Requirements

CHART 33 - FACULTY PERMITS/LIMITED LICENSES

State	License/ Permit	Renewal	Summary
TN	Limited Educational License and Limited License	Every Two Years	Limited Educational License - if a dentist is licensed by any other state; this license will allow a dentist to practice dentistry under the auspices of a dental educational institution. Limited Licensure - allows a dentist who graduates from non-ADA accredited dental schools who have graduated from ADA accredited specialty programs to practice in ADA accredited institutions or dental education programs; both licenses are limited to practicing in programs offered by the educational institution and not outside the institution (except limited allows practice in federally designated health professional shortage areas also); evidence of good moral character and competency; proof of US or Canadian citizenship or evidence of being a legal resident in the US; If ever taken a regional exam must have achieved passing scores; evidence of CPR training, letter of recommendation from Dean of school and copy of contract with school.
TX	Faculty License		A faculty member of a reputable dental or dental hygiene school in which the member performs services for the sole benefit of the school is required to obtain a faculty license if not a licensed dentist or dental hygienist.
UT	License	Every 2 years	Appointed to faculty position at an accredited dental school may practice dentistry within the scope of the employment at the school.
VT	None		
VA	Faculty License	Annual	Faculty license may be issued to any dentist who is certified by the Dean of a dental school and who is serving on the faculty of a dental school or its affiliated clinics intramurally in the Commonwealth; valid only as long as serving as faculty; shall attest to reading and remaining current with the laws and regulations governing the practice of dentistry in Virginia; shall be a graduate of an accredited dental program, school or college or the dental department of a college or university; or an accredited advanced dental education program and is otherwise qualified; is not licensed to practice dentistry in the Commonwealth; has not failed exam for a license in Virginia; has a license in at least one other state; is not entitled to practice dentistry privately; may be granted without examination.
VI	N		Exempted from Licensure
WA	School Faculty License	Annual	The Commission, upon request of the dean of the dental school of the University of Washington, may request a license to practice dentistry to persons who have been licensed or otherwise authorized to practice dentistry in another state or country and have been accepted for employment by the school of dentistry as faculty members; shall practice dentistry within the confines of the university.
WV	Teaching Permit	Annual	Only available for teaching at accredited institutions in the state with a letter of certification from the dean/president of said institution requesting the same, and shall only be utilized for teaching in that particular institution; valid for a period of one year; may be reissued by the Board in its discretion; requirements: exam concerning the dental laws of the state, personal interview with board, letters of reference of good moral character, and letter of recommendation and good standing from the state board of any state where licensed; may perform all operations which persons licensed to practice dentistry/dental hygiene (have not taken a clinical board) in the state, may perform only within the facilities of the dental school and as an adjunct to his or her teaching functions in the school.
WI	Full-time Faculty License		An applicant must be licensed in good standing in another jurisdiction and supply proof that he or she has been offered full-time employment as a faculty member at a school of dentistry. The license only permits the practice of dentistry on-site at a dental school, and expires whenever the full-time employment ceases.
WY	None		



DENTAL BOARD OF CALIFORNIA

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

**SUBSTANCE USE AWARENESS COMMITTEE MEETING AGENDA
NOVEMBER 29, 2018**

Upon Conclusion of the Licensing, Certification, and Permits Committee Meeting

Sacramento Marriott of Rancho Cordova

11211 Point East Drive, Rancho Cordova Room

Rancho Cordova, CA 95742

(844) 203-4954 (Reservations) or (916) 263-2300 (Board Office)

Members of the Substance Use Awareness Committee:

Meredith McKenzie, Public Member, Chair

Steven Chan, DDS

Yvette Chappell-Ingram, Public Member

Tom Stewart, DDS

Bruce Whitcher, DDS

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

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

1. Call to Order/Roll Call/Establishment of Quorum
2. Approval of the August 10, 2017, Substance Use Awareness Committee Meeting Minutes
3. Diversion Program Report and Statistics
4. Update Regarding the October 23, 2018 Statewide Opioid Safety Workgroup Meeting

5. Discussion and Possible Action Regarding the Development of a Regulatory Proposal to Require the Completion of Mandatory Continuing Education Relating to the Risks of Addiction Associated with the Use of Schedule II Drugs as a Condition of Licensure Renewal
6. Public Comment on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
7. Future Agenda Items
Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
8. Committee Member Comments on Items Not on the Agenda
The Committee may not discuss or take action on any matter raised during the Committee Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).
9. Adjournment



DENTAL BOARD OF CALIFORNIA

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P (916) 263-2300 F (916) 263-2140 | www.dbc.ca.gov

**SUBSTANCE ABUSE AWARENESS COMMITTEE
MEETING MINUTES**

AUGUST 10, 2017

Crowne Plaza
1177 Airport Boulevard
Burlingame, CA 94010

Members Present:

Thomas Stewart, DDS, Chair
Bruce L. Witcher, DDS, Vice Chair
Yvette Chappell-Ingram, Public Member

Members Absent:

None

Staff Present:

Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Enforcement Chief
Ryan Blonien, Supervising Investigator I
Bernal Vaba, Staff Services Manager I
Jocelyn Campos, Associate Governmental Program Analyst
Zachary Raske, Associate Governmental Program Analyst
Allison Viramontes, Associate Governmental Program Analyst
Jeri Westerfeld, Executive Assistant

Agenda Item 1: Call to Order/Roll Call/Establishment of Quorum

A meeting of the Dental Board of California's (Board) Substance Abuse Awareness Committee (Committee) as called to order by Dr. Stewart at 0956 HRS on Thursday, August 10, 2017. Board staff called the roll and a quorum was established.

Agenda Item 2: Approval of the May 11, 2017 Substance Use Awareness Committee Meeting Minutes

Motion to approve was made by Dr. Witcher, Seconded by Chappell-Ingram. Minutes were approved, vote recorded below.

Committee Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Chappell-Ingram	x				
Stewart	x				
Witcher	x				

Agenda Item 3: Diversion Program Report and Statistics

Report given by Enforcement Chief, Carlos Alvarez to the Committee. He noted 18 participants in program, one was added recently.

Agenda Item 4: Update Regarding the Operative Date for Implementation of Senate Bill 482 (Lara) [Chapter 708, Statutes of 2016] Relating to the Controlled Substance Utilization Review and Evaluation System (CURES 2.0)

Enforcement Chief, Carlos Alvarez presented this report. The senate bill has not been triggered yet. The trigger will be activated once CURES staffing levels are met.

Members discussed CURES stats and expressed interest in working to improve CURES registration and usage.

Agenda Item 5: Update Regarding Controlled Substance Utilization Review and Evaluation System (CURES 2.0) Registration and Usage Statistics

Enforcement Chief, Carlos Alvarez reported that there are 34,105 licensed dentists in California. DEA reports that there are 24,633 permit dentists in California. As of July, CURES reports 7882 dentists registered.

Committee members expressed disappointment in the low number of dentists registered for CURES, noting that just over 25% have registered. There was discussion on how to improve the numbers before SB 482 mandates enforcement.

Chief Alvarez noted that it appears the efforts to educate providers about opiate abuse are leading to fewer prescriptions being written. Chief Alvarez also discussed staff efforts to educate licensees about CURES requirements in effort to increase compliance numbers.

Agenda Item 6: Update Regarding the June 28, 2017 Statewide Prescription Opioid Misuse and Overdose Prevention Workgroup Meeting

Chief Alvarez reported on the meeting and efforts to change the group name to exclude the word prescription from it. The group feels Statewide Opioid Misuse and Overdose Prevention puts more emphasis on the abuse of Opiates, not just prescription opiates.

There was also discussion about a new tool for providers to use to help detect and effectively treat patients who are suspected of substance abuse. Search and Rescue is the name of the website. <http://searchandrescueusa.org/reduce-opioid-abuse/>

Agenda Item 7: Discussion and Possible Action on Mission Statement Pertaining to Raising Awareness in the California Dental Profession of Opioid Use and Abuse Among Patients

The Committee discussed the draft mission statement for the group:

"The Dental Board of California (Board) recognizes that the widespread use and abuse of opioids in the country has risen to an epidemic level. The Board believes that educating both licensees and consumers on this important issue coincides with our

mission of public protection. The Board therefore encourages its licensees to learn more about this epidemic and its tragic effects on individuals and their families; and to understand best prescribing practices and patient education methods that can be used when prescribing opioids. The following links to educational resources are provided to assist both consumers and licensees in this effort.”

M/S/C (Dr. Whitcher/Chappell-Ingram) made a motion to have this statement forwarded to the entire board to be voted on and adopted. The motion was voted on and passed.

Committee Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Chappell-Ingram	x				
Stewart	x				
Whitcher	x				

Agenda Item 8: Public Comment on Items Not on the Agenda

Dr. Atcheson came forward for public comment on SB 482 and CURES.

Agenda Item 9: Future Agenda Items

There was discussion by the Committee about working to strengthen the website to increase awareness of CURES as future agenda items.

Agenda Item 10: Committee Member Comments on Items Not on the Agenda

No comments

Agenda Item 11: Adjournment

The meeting adjourned at 1047 HRS.



MEMORANDUM

DATE	November 1, 2018
TO	Substance Use Awareness Committee
FROM	Chrystal Williams, Diversion Program Manager
SUBJECT	SUA Agenda Item 3: Diversion Program Report and Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending September 30, 2018, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	July	August	September
Self-Referral	0	1	1
Enforcement Referral	0	0	0
Probation Referral	0	0	0
Closed Cases	0	0	0
Active Participants	12	13	14

The Board is currently recruiting for a public member position on the Northern DEC; two dental position on the Southern DEC; one physician/psychologist position on the Southern DEC; and dental auxiliary positions on both the Northern and Southern DEC.

The next DEC meeting is scheduled on January 9, 2019, in Southern California.

ACTION REQUESTED:

No action requested.



MEMORANDUM

DATE	November 15, 2018
TO	Members of the Substance Use Awareness Committee
FROM	Alexander Bourdaniotis, Enforcement Manager, IAU
SUBJECT	Agenda Item SUA 4: Statewide Opioid Safety Workgroup Meeting October 23, 2018

Background:

I attended the Statewide Opioid Safety Workgroup Meeting on October 23, 2018.

The following seven workgroup priorities for 2018-2019 were discussed.

1. Strengthen the workgroup infrastructure to improve effectiveness and expand collaboration.
 - Establish clear goals
 - State reports
 - Identify emerging issues, barriers and gaps
 - Expand state wide outreach and collaboration
2. Promote increases in treatment infrastructure, harm reduction services, MAT (Medication assisted treatment) access, and Naloxone.
 - Identify barriers to MAT, harm reduction services, and access to Naloxone
 - Integration in primary care (e.g., Mental health and Substance Use Disorder Services)
 - Harm reduction strategies (e.g., low threshold services access, fentanyl test strips)
3. Identify and prioritize best practices and policies for priority populations.
 - Youths
 - Veterans
 - Pregnant Women & Neonatal
 - Older Adults
 - LGBTQ
 - Incarcerated individuals
4. Promote and support expansion of data sharing

- Strengthen surveillance and data distribution system (California Opioid Overdose Surveillance Dashboard)
 - Real time data
 - Interoperability - integrate health system data, CURES
 - Analyze overdose data (Trends, vulnerable populations)
 - Promote evaluation of program effectiveness (e.g. naloxone distribution)
5. Identify promote and support implementation of effective policy and practice resolution.
 - Health care systems policy and practice changes
 - Appropriate safe pain management
 - Access to pain treatment alternatives
 - Prescriber education
 - Referral and treatment
 6. Support promote, and coordinate communication, education and awareness efforts among SOS workgroup partners and other state and local stakeholders.
 - Public consumer awareness- Focus on:
 - Highlight root causes
 - Pain management
 - Linkage between opioids and addiction
 - Safe storage and disposal
 - Naloxone use
 7. Support local opioid safety coalitions and community engagement.
 - Build local capacity through promotion, support, and funding of local Opioid Safety Coalitions
 - Community response
 - Harm reduction

California Opioid Overdose Surveillance Dashboard

The data available through the dashboards are the result of ongoing collaboration between the California Department of Public Health (CDPH), Office of Statewide Health Planning and Development (OSHPD), Department of Justice, and the California Health Care Foundation. The goal is to provide a data tool with enhanced data visualization and integration of statewide and geographically-specific non-fatal and fatal opioid-involved overdose and opioid prescription data.

There are two dashboards available for use. Both the State Dashboard and the County Dashboard display data with an emphasis on where the opioid overdose epidemic is most acute (i.e. by county and zip code), and how it has changed over time in these areas.

First Quarter 2018 data are now available on the CA Opioid Overdose Surveillance Dashboard, including first quarter prescription data (CURES), Emergency Department overdoses and preliminary 2018 opioid related overdose death data.

<https://discovery.cdph.ca.gov/CDIC/ODdash/>

Final Data for 2017

- 2,196 total opioid deaths
- 429 Fentanyl Overdose Deaths
- 4,281 Opioid (excluding Heroin) Overdose ED Visits
- 21,787,042 Opioid Prescriptions

Grants:

(Oct 1, 2018-Sept 30, 2019: \$1,950,000)

(Oct 1, 2019-Sept 30, 2020: \$1,950,000)

The Substance Abuse Mental Health Services Administration (SAMSHA), through an interagency agreement with Dept. of Health Care Services, has received two grants for the following:

- Procure virtualization and machine learning software and servers and contract with vendors to develop infrastructure and business intelligence for data linkages and natural language processing to support predictive analytics capability.
- Purchase toxicology lab testing equipment to detect fentanyl (and other drugs with abuse potential) and set up fentanyl reporting system for California.
- Conduct academic detailing trainings for health plans and health payer systems to improve prescribing practices among prescribers.
- Provide grants to local opioid safety coalitions across California to provide funds for local activities in support of reducing opioid-related overdoses and deaths.
- Update the California Opioid Overdose Surveillance Dashboard to include additional drugs with abuse potential (i.e., reporting of poly drug use) and expand display and analyses of social determinants of health as factors in opioid overdose deaths in California.
- Overall administrative support to Opioid related activities.

(Oct 1, 2018-Sept 30, 2019)

The California Department of Public Health has received a prescription drug overdose prevention initiative fund of \$2,632,077 for the following:

- To support contracts with coalition based academic detailing aimed to improve opioid safety in patient care across California. CDPH will use academic detailers to train doctors / prescribers on specific prescribing practices and or medications regarding opioids.
- Coalition support: Provide grants to 15 opioid safety coalitions.
- Media campaign: Operate a media campaign to increase opioid awareness targeting the rural northern counties of California. The campaign tag will be is "Your pain is real. So are the risks" to include a website for the general public to receive further information about opioids, safe storage, MAT and information and how to talk to with doctors about their pain.
- Support the SOS Workgroup and other Opioid-related Activities

SUA Agenda Item SUA 4: Statewide Opioid Safety Workgroup Meeting

Dental Board of California

November 29-30, 2018 Board Meeting

Page 3 of 2

Legislation

Existing law, currently under Title 16 CCR § 1016, the Dental Practice Act requires mandatory courses by the Board for license renewal to include a Board-approved course in Infection Control, a Board-approved course in the California Dental Practice Act and completion of certification in Basic Life Support. Senate Bill 1109- would add “The risk of addiction associated with the use of Schedule II drugs” to the Dental Boards area of continuing courses.

AB 2487- Opiate-dependent patient treatment and management: This bill authorizes a physician and surgeon to complete a one-time continuing education course on opiate-dependent patient treatment and management, as specified, as an alternative to the mandatory continuing education course on pain management and the treatment of terminally ill and dying patients.

SCR 115- Opioid Crisis

This measure would recognize the impact opioid-related deaths have had on California communities and would support groups and organizations working in California to combat the epidemic.

Action Requested:

Discussion for Substance Use Awareness Committee



MEMORANDUM

DATE	November 14, 2018
TO	Members of the Dental Board of California
FROM	Michael Chen, Legislative and Regulatory Analyst; David McClain, Legislative and Regulatory Analyst; Dental Board of California
SUBJECT	SUA Agenda Item 5: Discussion and Possible Action Regarding the Development of a Regulatory Proposal to Require the Completion of Mandatory Continuing Education Relating to the Risks of Addiction Associated with the Use of Schedule II Drugs as a Condition of Licensure Renewal

BACKGROUND

On September 22, 2018, Governor Brown signed Senate Bill (SB) 1109 (Bates, Chapter 693, Statutes of 2018). The Dental Practice Act (Act) provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California (Board). The Act authorizes the Board, as a condition of license renewal, to require licensees to successfully complete a portion of required continuing education hours in specific areas, including patient care, health and safety, and law and ethics. SB 1109 adds the risks of addiction associated with the use of Schedule II drugs to those specific areas of continuing education.

The Board recognizes that the widespread use and abuse of opioids in the country has risen to an epidemic level. The Board believes that educating both licensees and consumers on this important issue coincides with our mission of public protection. The Board therefore encourages its licensees to learn more, about this epidemic and its tragic effects on individuals and their families; and to understand best prescribing practices and patient education methods that can be used when prescribing opioids.

Pursuant to Business & Professions Code Section 1645, the Board has the authority to adopt regulations requiring, as a condition of licensure renewal, mandatory continuing education coursework within specific areas. The mandatory coursework prescribed by the Board shall not exceed 15 hours per renewal period for dentists and 7.5 hours for dental auxiliaries.

The Board's current regulations regarding continuing education are laid out in California Code of Regulations Title 16, Division 10, Chapter 1, Article 4, Sections 1016 and 1017. Currently, licensed dentists are required to complete 50 units of continuing education for each biennial renewal while all other Board licensees are required to complete 25 units.

As a condition of renewal, all licensees are required to complete the following mandatory continuing education during each renewal period:

- Two units of Infection Control
- Two units of California Dental Practice Act
- Maximum of four units in Basic Life Support

The Board has stated at a previous meeting its intentions to develop regulations to implement mandatory continuing education requirements related to the risks of addiction associated with the use of Schedule II drugs. Board staff is requesting the Committee discuss what requirements be included in the regulations; this will provide staff with clear direction as to how to draft the proposed language for the Board's consideration to initiate a rulemaking at a future meeting.

Specifically, Board staff is requesting the Committee provide feedback and direction on provisions to be included in the regulatory language related to:

- Number of mandatory units required;
- Frequency of completion of this mandatory course (one-time, biennial, etc.)
- Requirements for course content;

Committee Action Requested:

The Committee may discuss and provide direction to Board staff regarding the provisions that should be included in the amendments to the Board's continuing education requirements to require a mandatory course related to the risks of addiction associated with the use of Schedule II drugs.



MEMORANDUM

DATE	November 13, 2018
TO	Members of the Dental Board of California
FROM	Karen Fischer Executive Officer
SUBJECT	Agenda Item 7: Update regarding the Relationship between the State University of Medicine and Pharmacy “Nicolae Testemitanue” of the Republic of Moldova’s Faculty (School) of Dentistry and the University of Moldova USA Inc.

Background:

In September 2018 I received a flyer “Become a Dentist ...while living in Europe”. The flyer indicated that State University of Medicine and Pharmacy “Nicolae Testemitanue” of the Republic of Moldova’s Faculty (School) of Dentistry had an admissions office in Encino, California. On October 15, 2018 I emailed a letter to the Rector of the School requesting clarification of the relationship between the two entities, the University in Moldova and the office in Encino, CA. A copy of the letter and the response, as well as a copy of the flyer and website information is included in the meeting material.

The terms of this relationship between State University of Medicine and Pharmacy “Nicolae Testemitanue” of the Republic of Moldova’s Faculty (School) of Dentistry and the University of Moldova USA, Inc were never divulged during the site evaluation conducted in October 2016, despite the fact that the registration of the University of Moldova USA Inc occurred in April 2014.

Action Requested:

Does the Board have any additional questions to present to the State University of Medicine and Pharmacy “Nicolae Testemitanue” of the Republic of Moldova’s Faculty (School) of Dentistry to clarify this relationship?

DENTAL BOARD OF CALIFORNIA

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



October 15, 2018

SENT VIA EMAIL

Ion Ababii, MD, PhD, Professor – University Rector
State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of
Moldova – Faculty of Dentistry
MD 2004, blvd. Stefan cel Mare si Sfant, 165
Chisinau, Republic of Moldova

RE: Information Requested

Dear Dr. Ababii:

The Dental Board of California (Board) has been made aware of possible changes to the Faculty of Dentistry at State University of Medicine and Pharmacy “Nicolae Testemitanu” of the Republic of Moldova (University).

There currently exists a business representing itself as the University of Moldova USA, Inc., which conducts business at 17777 Ventura Boulevard, Suite 220, Encino, California 91316. All information contained on its business website [<http://usmfusa.org>] appears to indicate that it is associated with the University.

California Code of Regulations, Title 16, Division 10, Section 1024.8, requires the University to notify the Board in writing no later than 30 days after making any change in 1) location, 2) mission, purposes or objectives; 3) change of name; and 4) shift or change in control. Therefore, the Board requests that the University provide the Board with all documentation regarding the University of Moldova USA, Inc., including, but not limited to, records relating to its registration with the City of Los Angeles, Office of Finance; its relationship with the University; the authority that allows the University to maintain an admissions office in California; the authority permitting the University of Moldova USA, Inc. to accept admissions documents and conduct interviews and assessments in California; and an explanation regarding the information on the USMFUSA.org website which indicates that the University of Moldova USA, Inc. is operating as an administrative location of the University.

The aforementioned information must be received by the Board no later than October 31, 2018, and a representative of the University shall attend the November 29, 2018 Board meeting to answer questions relating to the University. If you have any questions, please contact me at (916) 263-2188 or Karen.Fischer@dca.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads 'Karen M. Fischer'.

Karen M. Fischer, MPA
Executive Officer

MINISTERUL SĂNĂTĂȚII, MUNCII
ȘI PROTECȚIEI SOCIALE AL REPUBLICII MOLDOVA
UNIVERSITATEA DE STAT DE MEDICINĂ
ȘI FARMACIE „NICOLAE TESTEMITANU”
DIN REPUBLICA MOLDOVA



MINISTRY OF HEALTH, LABOUR
AND SOCIAL PROTECTION OF THE REPUBLIC OF MOLDOVA
NICOLAE TESTEMITANU STATE UNIVERSITY
OF MEDICINE AND PHARMACY
OF THE REPUBLIC OF MOLDOVA

MD-2004, Chișinău, bd. Ștefan cel Mare și Sfânt, 165, tel.: (+373) 22 205 701, fax: (+373) 22 242 344, contact@usmf.md, www.usmf.md

30.10.2018 nr. 03-4224

la nr. _____ din _____

Ms. Karen Fischer
Executive Officer
Dental Board Of California
2005 Evergreen Street, Suite 1550
Sacramento CA 93815

RE: Information Request Letter October 15, 2018

Dear Ms. Fischer;

The Dental Board of California is requesting information of possible changes made to the Faculty of Dentistry at State University of Medical and Pharmacy “Nicolae Testemitanu”.

We understand that as an approved foreign dental school we are required by California Code of Regulations to notified the Board after making any changes of the location, mission, purposes or objectives change in name and shift or change in control. We have not made any changes in location, mission, purposes, name change, or shift in control of the University. The University is a State government institution of higher learning and there is no shift in control.

We are the single institution of higher education in our country that trains specialist in medicine, dentistry and pharmacy. The University is accredited at the national level by international bodies. We attract more than 6000 students from Moldova and from about 30 countries including California and the United States.

It is the University's practice to contract with entities in certain countries to perform marketing, recruitment, and intake of applications, represent the University at dental conventions, advertise in public social media and do special out-reaches to attract students to attend the University. This is a common practice we have.

The University of Moldova USA, Inc., is the “exclusive entity” for the United States. They are authorized to perform the above-mentioned scope of services as an independent contractor. This entity is licensed to operate in the City of Los Angeles. A copy of the license from the City of Los Angeles, Office of Finance is attached. I understand they are in good standing with the Secretary of State as we would require.

For the record, the University of Moldova USA, Inc., does not conduct interviews or make assessment to determine student admission.

As required by our rules and regulations, the Dean of the Dental School and Faculty review and evaluate the admission documents, make assessment and conduct interviews of the applicants

To accommodate the students not having to travel to the Republic of Moldova for their interviews, we utilize the conference room of University of Moldova USA, Inc.

All records and documents of applicants are maintained at the University of Moldova.

I hope this letter clarifies the contractual relationship we have with The University of Moldova USA, Inc. and has provided you with the information you requested thus far.

In addition, I understand you are requesting a representative of the University to the November 29, 2018 Board meeting to answer question relating to the University. I would appreciate it if you can forward the questions and maybe we can answer these in writing, without the time and expense of the trip. Please copy these to Senator Polanco (ret.). If we cannot answer the questions to your satisfaction, we will make arrangements for our representative to the Board meeting. If the Board has any question please send them in advance to my attention and to Senator Polanco (ret.).

Sincerely,

Rector



Ion Ababii
PhD, professor



CITY OF LOS ANGELES
Office of Finance
P.O. Box 53200
Los Angeles CA 90053-0200

UNIVERSITY OF MOLDOVA US INC

17777 VENTURA BLVD SUITE #220
ENCINO, CA 91316-3738

17777 VENTURA BLVD SUITE #220
ENCINO, CA 91316-3738

THIS CERTIFICATE MUST BE POSTED AT PLACE OF BUSINESS
CITY OF LOS ANGELES TAX REGISTRATION CERTIFICATE
THIS CERTIFICATE IS GOOD UNTIL SUSPENDED OR CANCELLED
BUSINESS TAX

ISSUED: 10/17/2018

ACCOUNT NO.	FUND/CLASS	DESCRIPTION	STARTED	STATUS
0002745569-0001-1	L049	Professions / Occupations	04/10/2014	Active

ISSUED
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ENCINO, CA 91316-3738

ISSUED FOR TAX COMPLIANCE PURPOSES ONLY
NOT A LICENSE, PERMIT, OR LAND USE AUTHORIZATION

ISSUED BY:

Clari Bartels

DIRECTOR OF FINANCE

"No registration certificate or permit issued under the provisions of the Business Tax ordinances of the LAMC, or the payment of any tax required under the provisions of the Business Tax ordinances of the LAMC shall be construed as authorizing the conduct or continuance of any illegal business or of a legal business in an illegal manner."

PLEASE READ ALL INFORMATION CAREFULLY

Sections 21.08(b) / 21.7.6(4) Los Angeles Municipal Code

"This business tax registration certificate (and/or) Transient Occupancy Registration Certificate signifies that the person named on the face hereof has fulfilled the requirements of Article 1 of Chapter II of the Los Angeles Municipal Code (and/or) the Uniform Transient Occupancy Tax Ordinance, by registering with the Director of Finance for the purpose of paying business tax for the classification of business for which this certificate is issued (and/or) collecting from transients the Transient Occupancy Tax and remitting said tax to the Director of Finance. This certificate does not authorize the person to conduct any unlawful business or to conduct any lawful business in an illegal (or) unlawful manner or to conduct within the City of Los Angeles the business for which this certificate has been issued, nor to operate a hotel, without strictly complying with all the provisions of the ordinances of said City (or) all local applicable laws, including but not limited to those requiring a permit from any board, commission, department or office of the City. **THIS BUSINESS TAX REGISTRATION CERTIFICATE (AND/OR) CERTIFICATE DOES NOT CONSTITUTE A PERMIT.** Any failure to comply with the requirements of Article 1 of Chapter II of the Los Angeles Municipal Code shall constitute grounds for suspension of this certificate."

This certificate is void upon any change of ownership or location. Annual taxes are due and payable January 1st each year and delinquent if not paid on or before the last day of February each year. Quarterly taxes are due and payable on the first day of January, April, July, and October of each year, and delinquent if not paid on or before the last day of the month due.

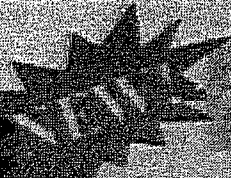
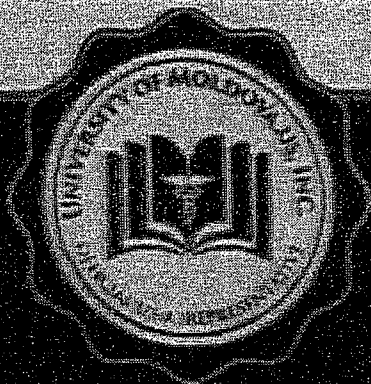
STATE BOARD OF EQUALIZATION

Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office.

BECOME A DENTIST ...while living in Europe

Straight from High School! No College Needed

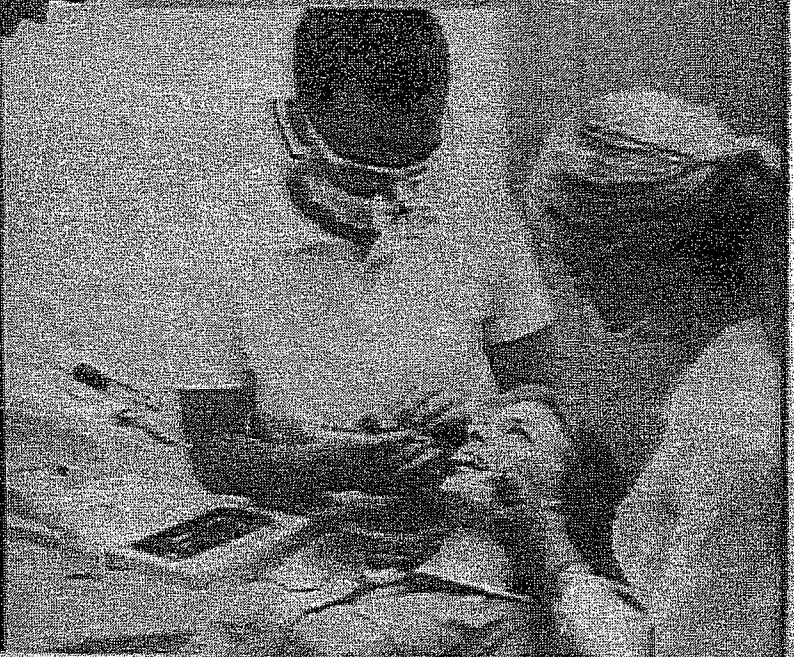
**The only Dental School in English outside the United States
Fully Approved by the Dental Board of California**



2-year international program for
foreign dentist also available

European School Advantages:

- No ACT, SAT or DAT Required
- No College Degree Required
- Low Tuition
- All courses are taught in English
- Established Dental School



DENTAL SCHOOL ADMISSION REQUIREMENTS:

- Complete application
- High School Diploma
- Background check
- Official Transcript

Call now: 818.219.0040 • Visit our web site • USMIFusa.org

Admissions office in Encino, California



**MOLDOVA STATE UNIVERSITY
OF MEDICINE AND PHARMACY**
OFFICIAL U.S.A. REPRESENTATIVE



State University of Medicine
and Pharmacy Nicolae Testemitanu
the Republic of Moldova

HOME ABOUT USMFUSA ONLINE APPLICATION CONTACT

FULLY APPROVED 5-YEAR DENTAL PROGRAM

European Dental School Advantages:

- No SAT Required
- No ACT Required
- No DAT Required
- Apply Right After Graduating From High School
- No Bachelor's Degree Required
- No College Degree Required
- Low Tuition
- All Courses are taught in English
- Established Dental School
- *NEW* Full Approval by the Dental Board of California

Thank you for your interest in attending the State University of Medicine and Pharmacy Nicolae Testemitanu of the Republic of Moldova (USMF). With great delight we would like to announce that our dental school has recently been granted full approval by the Dental Board of California. It gives us even greater pleasure to inform you this is the only foreign dental program in the world taught entirely in English and fully approved by the Dental Board of California. (Please see [USMFUSA approval letter](#) by the Dental Board of California).

What are the advantages of studying in our fully approved English dental program in Moldova?

1. You can apply to the program right after finishing high school. No need to spend extra time and money on a college education in order to apply to dental school.
2. All interviews and assessments are completed in Encino, California.
3. No need to travel out of the country to determine your admittance.
4. The program is taught in English.
5. Just like dental students in the United States, you are eligible to take the first part of National Dental Board Exam (NDB) Part 1 after successfully completing the second year of study and the NDB Part 2 after successfully completing the fourth year of study.
6. While in school and doing rotations you will be trained for the required Western Regional Examination Board (WREB) clinical examination and Law & Ethics
7. Apply for a license to practice in California after the completion of the USMF International dental program. CA required exams are National Dental Board Exams (NDB) Part 1 and Part 2, the Western Regional Board (WREB) and Law & Ethics. Most students will take these exams during the fifth year of the program
8. You will have a rich and exciting experience of living in Europe, traveling and learning new cultures.
9. You will save money, as tuition and living expenses in Europe are much lower.

Should you have any questions, do not hesitate to contact us at umusa.org@gmail.com or call us at (+1) 818-219-0040 or (+1) 818-457-6710.

Thank you for your interest in our Dental Program!
We look forward to seeing you among our students!

5-Year Dental Program Requirements:

- Program Duration: 5 years
- Minimum Education Level Required to Apply: Completion of High School Education (High School Diploma)
- Program Language: English
- Application Deadline: August 23, 2018. CLOSED
- Application process for academic year 2019-2020 will reopen on February 1, 2019
- Program Start date: October 1, 2018
- Tuition fee: \$20,000 for the 2018-2019 academic year, payable yearly

- Once admitted, the tuition is due by September 5, 2018
- Degree Earned Upon Completion: Doctor of Dental Medicine. (California Code of Regulations 1700.5 allows licensees to append "D.D.S." to his or her name)

Applicant's Document Requirements:

Please make sure all the documents are designated only with the name on your valid passport.

1. A completed **Application Form** for the USMFUSA Dental Program in English fully approved by the California Dental Board
2. A notarized copy of your High School Diploma, endorsed with an **Apostille**
3. A notarized copy of your Birth Certificate
4. A notarized copy of your High School Transcript
5. A copy of your **passport**. Passport must be valid for a period not less than one year from the program start date
6. A Criminal Background check by a governmental agency of the applicant's country of residency, endorsed with an **Apostille**
7. A recent bank statement proving that sufficient funds (at least \$20 000) are available to pay tuition expenses
8. A letter on a Physician's letterhead confirming that the applicant does not suffer from any communicable diseases that may pose a threat to public health. This medical certificate shall also state the applicant's ABO blood type (including Rh factor). Here is a **sample medical certification form**
9. 10 passport size pictures on the white background
10. A completed and signed **Declaration Form**
11. If the applicant is married, a notarized copy of the Marriage certificate
12. If the applicant graduated from a high school outside of the United States, verification of English proficiency is required
13. In case if available, any other Diploma, confirming college or university education, endorsed with an **Apostille**
14. Application fee – \$150.00

IMPORTANT:

- All documents shall have notarized translation into English or Romanian, if applicable.
- All the materials shall be submitted to umusa.org@gmail.com. Each document shall be scanned separately into PDF format and attached as a separate file. Each file name shall consist of the Applicant's Last, First Name_Type of document (Example: << Smith, John _Application Form>>). Use only the name on your valid passport.
- Application fee shall be paid by check, payable to University of Moldova.US and mailed to:
University of Moldova.US, 17777 Ventura Blvd. Ste.220, Encino, CA 91316
Please mark the memo area of the check with the applicant's name and designate as an application fee
(Example: << Smith, John _Application Fee>>).
- Applicant must submit original hard copies of electronically submitted documents upon request.

Upon receipt and review of your application, you will be scheduled for an examination to assess your proficiency in basic Biology and Chemistry. An interview will also be conducted.

Disclaimer: USMFUSA reserves the right to modify or change admission standards or requirements at any time without prior notice and effective immediately. The information provided on this site is for informational purposes only and does not create any agreement or understanding or establish any rights or responsibilities whatsoever between USMFUSA and any student or prospective student.

WELCOME TO OUR WEBSITE!

Come join our dental school at Moldova State University.

With great delight we would like to share that our dental school has been granted **full approval by the Dental Board of California**. It gives us even greater pleasure to inform you that this is the first and only foreign dental program in the world taught entirely in English and fully approved** by the Dental Board of California. Moreover, the University's 2-year International Dental Program (for foreign dentist who wish to practice in CA) has recently been found to be in compliance by the Dental Board of California.

** Please see [USMFUSA approval letter](#) by the Dental Board of California as well as the notice of approval at the DBC.ca.gov website. Please look under "Moldova".

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MEMORANDUM

DATE	November 9, 2018
TO	Members of the Dental Board of California
FROM	Tina Vallery, Dental Assisting Unit Manager Dental Board of California
SUBJECT	Agenda Item 8: Discussion and Possible Action Regarding Appointment of New Registered Dental Assistant in Extended Functions (RDAEF) Examiners

Background:

Pursuant to Business and Professions Code Section 1753.4, on and after January 1, 2010, each applicant for licensure as a registered dental assistant in extended functions (RDAEF) shall successfully complete an examination consisting of specified procedures. The specific procedures are assigned by the Dental Board of California (Board), after considering recommendations of its Dental Assisting Council, and are graded by examiners appointed by the Board.

The Board has received applications from three candidates interested in becoming appointed as RDAEF examiners. These candidates' qualifications have been reviewed by Board staff and the Board's Chief RDAEF Examiner, Dr. Richard Frieden. All three are recommended for appointment by the Board. Board staff has included the Curriculum Vitae (CV) for each of the candidates for the Board's review.

The three candidates for appointment as RDAEF examiners are:

1. Merlin Lai, DDS
2. Richard Liebig, DDS
3. Richard Plasch, DDS

Action Requested:

Staff recommends the three candidates be appointed as examiners for the RDAEF clinical and practical examinations.

MERLIN L. LAI, D.D.S.

PROFILE

I was born and raised in Sacramento. I graduated from the University of the Pacific, School of Dentistry in 1991. To stay current in my profession, I regularly attend continuing education programs and am an active member of the American Dental Association, the California Dental Association and the Sacramento District Dental Society. I was voted one of Sacramento Magazine's Top Dentist six years in a row by my peers from 2011-2016.

EXPERIENCE

ARENA FAMILY DENTAL CARE; SACRAMENTO, CA – 2005-PRESENT

Sole Proprietor

CALIFORNIA NORTHSTATE UNIVERSITY COLLEGE OF MEDICINE; ELK GROVE, CA - 2017-PRESENT

Guest Lecturer

SOUTH SACRAMENTO MEDICAL/DENTAL GROUP; SACRAMENTO, CA – 1998-2003

Associate Dentist

FOUNDATION HEALTH DENTAL SERVICES; SACRAMENTO, CA – 1995-1997

Associate Dentist

NORTHGATE DENTISTS; SACRAMENTO, CA – 1991-2005

Dentist in Partnership

EDUCATION

UNIVERSITY OF THE PACIFIC SCHOOL OF DENTISTRY, SAN FRANCISCO, CA

Doctor of Dental Surgery, June 1991

CALIFORNIA STATE UNIVERSITY, SACRAMENTO, CA

Bachelor of Science; Majoring in Human Biology with a minor in Chemistry, May 1987

SACRAMENTO CITY COLLEGE, SACRAMENTO, CA

Associate of Arts, December 1984

CREDENTIALS

California State Board Examination and Certification, June 1991.

American Dental Association, Joint Commission on National Dental Examination Certification, December 1990



CURRICULUM VITAE

Richard John Liebig, D.D.S.

PERSONAL:

Birth Date:

Address :

Home Phone:

License : Calif. State License #21382

EDUCATION:

University of California, 1966 - 1970
Los Angeles - D.D.S.

El Camino College, California 1963 - 1966

Leuzinger High School, Calif. 1959 - 1963

POSTDOCTORAL TRAINING AND SPECIAL EXPERIENCE:

Orthodontic Program 1976 - 1978
University of Bergen, Bergen 5000, Norway
Chairman: Professor Asbjorn Hasund, Dr. Odont.

Pediatric Dentistry Program, 1973 - 1975
UCLA Certificate.
Chairman: Dr. T. K. Barber

UAF Trainee, NPI, UCLA 1974 - 1975

RJL
1-3

ACADEMIC APPOINTMENTS:

Visiting Lecturer, UCLA School of Dentistry
Harbor - UCLA Hospital
1980 - 1981

Assistant Professor in Pediatric Dentistry
Medical College of Virginia, Richmond, Virginia
Chairman: Dr. K. C. Troutman
Dept. of the Year Award
1975 - 1976

Appointment at Crippled Children's Hospital
Richmond, Virginia
1975 - 1976

Part-time Assistant in Pediatric Dentistry, UCLA
Clinical and Laboratory teaching
1974 - 1975

OTHER WORK EXPERIENCE:

Dental Board of California
Dental Consultant - Enforcement Unit
1994 - 2016 (Retired) (part-time 1992-1994)

Private Practice in Pediatric Dentistry, San Diego, CA
1980 - 1994

Children's Hospital and Health Center, San Diego
Dental Department Staff
1981 to 1994 (2000)

California Board of Dental Examiners
Exam Committee Member and Examiner
1980 - 1994

Private Practice in Pediatric Dentistry, Tustin, CA
1978 -1979

Harbor - UCLA Medical Center
Department of Dentistry
Wilmington Health Center, Dental Clinic
Craniofacial Clinic Team Member
Pediatric Residents Training
- Orthodontic lecture, lab, and treatment
- Hospital Dentistry
- Clinical Pediatric Dentistry
1978 - 1981 Dr. K. C. Troutman, Chairman

Private Practice of Dentistry
Ojai, California
1972 - 1974

Lt., Dental Corps, United States Navy
Camp Pendelton, California
1970 -1972

PROFESSIONAL ORGANIZATIONS:

ADA, CDA, OCDA

American Society of Dentistry for Children
1975 - ?

Naval Reserve, Dental Corps, Retired-5 years
Lt. Commander

SPECIAL AWARDS:

Regents Scholarship - UCLA School of Dentistry
1966 - 1970

Chemistry Award, El Camino College - 1966

UCLA Alumni Scholarship - 1963 (not accepted)

BIBLIOGRAPHY:

"Oral Hygiene" talk and demonstration, children's TV show, Casey the Keystone Cop, Oceanside, CA 1972.

"Nutrition and Dentistry" presentation, Casey the Keystone Cop, 1972.

Translation of Cephalometrics for the Bergen Technique (Orthodontic Manual). 1977

Dental training courses for dental investigators from 1997 to 2016.

Curriculum Vitae

Richard L. Plasch, DDS, FAGO



UCSF School of Dentistry

USAF dentist after dental school

Fellow, Academy of General Dentistry

Fellow, Dental Organization for Conscious Sedation

Fellow, Pierre Fauchard Academy

Fellow, Academy of Dentistry International

International Association of Physiologic Dentistry

American Academy of Dental Sleep Medicine

American Academy of Cosmetic Dentistry

Crown Council, Founding and Lifetime Qualified Member

Las Vegas Institute for Advanced Dental Studies

Sunrise Dental Solutions

American Dental Association

California Dental Association

Southern Alameda County Dental Society

Various study clubs

Cosmetic Dentist of the Year, Mrs. Globe Pageant

Past President of a Rotary Club

Giving back to the community:

- CDA Cares

- Dentistry From the Heart

- Smiles for Life

- Give Back a Smile

- Relay for Life

- Women in Need Foundation

Past expert examiner for California Dental Board

- Both the dental and RDAEF clinical exams



MEMORANDUM

DATE	November 14, 2018
TO	Members of the Dental Board of California
FROM	Laura Fisher, Educational Program Coordinator Dental Board of California
SUBJECT	Agenda Item 9: Discussion and Possible Action Regarding Compliance Issues Related to the Registered Dental Assistant Program Reevaluations and Provisional Approval of Dental Assisting Programs

This agenda item was requested by staff; however, additional information is being collected to present to the Board at the next meeting. Board staff requests this item be tabled until February.