

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY . GAVIN NEWSOM, GOVERNOR

#### **DENTAL BOARD OF CALIFORNIA**

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



# DENTAL BOARD OF CALIFORNIA DENTAL ASSISTING COUNCIL MEETING AGENDA Friday, July 26, 2019

2005 Evergreen Street 1st Floor Hearing Room Sacramento, CA 95815 916-263-2300 or 877-729-7789

### Members of the Dental Assisting Council:

Jennifer Rodriguez, RDAEF, Chair Rosalinda Olaque, RDA, Vice Chair

Anne Contreras, RDA, Cindy Ovard, RDA Pamela Peacock, 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 https://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.blog/webcasts/.

Friday, July 26, 2019

#### 9:30 A.M. MEETING OF THE DENTAL ASSISTING COUNCIL

- 1. Call to Order/Roll Call/Establishment of a Quorum
- 2. Approval of February 7, 2019 Dental Assisting Council Meeting Minutes
- 3. Discussion and Possible Action Regarding Initiation of a Rulemaking to Amend California Code of Regulations, Title 16, Division 10, Chapter 3 Relating to the Dental Assisting Comprehensive Rulemaking Proposal

- 4. 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)).
- 5. Future Agenda Items
  Stakeholders are encouraged to propose items for possible consideration by the Committee at a future meeting.
- 6. 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)).
- 7. Adjournment



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### DENTAL BOARD OF CALIFORNIA DENTAL ASSISTING COUNCIL MINUTES FEBRUARY 7, 2019

Embassy Suites by Hilton San Diego La Jolla 4550 La Jolla Village Drive San Diego, California 92122 (858) 453-0400

### **Members Present:**

Cindy Ovard, RDA Pamela Peacock, RDA Jennifer Rodriguez, RDAEF Rosalinda Olague, RDA Bruce Whitcher, DDS

#### **Members Absent:**

Anne Contreras
Pamela Davis-Washington

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

The meeting of the Dental Assisting Council was called to order by acting Chair Dr. Bruce Whitcher. Roll was called and a quorum established.

### Agenda Item 2: Approval of November 29, 2018 Dental Assisting Council Meeting Minutes

M/S/C (Olague/Ovard) to approve the minutes without any changes. There was no public comment.

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

Motion passed and the minutes were approved.

Agenda Item 3: Election of Dental Assisting Council Chair and Vice Chair Dr. Whitcher opened nominations for Vice Chair. Jennifer Rodriquez nominated Rosalinda Olague to serve as vice chair. Ms. Olague accepted the nomination. There were no further nominations from the floor.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras				<b>✓</b>	
Davis-Washington				<b>✓</b>	
Olague	✓				
Ovard	✓				
Peacock	✓				
Rodriguez	<b>√</b>				
Whitcher	<b>√</b>				

Ms. Olague was elected vice chair of the DAC.

Dr. Whitcher opened nominations for Chair. Rosalinda Olague nominated Ms. Jennifer Rodriguez to serve as Chair. Ms. Rodriguez accepted the nomination. There were no further nominations from the floor.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras				<b>✓</b>	
Davis-Washington				<b>✓</b>	
Olague	✓				
Ovard	✓				
Peacock	✓				
Rodriguez	$\checkmark$				
Whitcher	$\checkmark$				

Ms. Rodriguez was elected chair of the DAC and took over the meeting.

### Agenda Item 4: Update on Dental Assisting Program and Course Applications and RDA Program Re-evaluations

Tina Vallery, Dental Assisting Program Manager, reported that as of January 9, 2019 the Board has sent out 57 notices to programs and received 55 responses; 14 programs have notified the Board of closures; one program requested an extension; eight programs have been re-evaluated and were re-approved; eight programs were reviewed by subject matter experts and have been notified of deficiencies; twelve programs have submitted curriculum and applications for review, ten of which are currently being evaluated by subject matter experts and two were recently received in the office. Twelve new notices were sent in November 2018 and January 2019.

Ms. Ovard asked whether programs which submit responses to deficiencies are reviewed quickly in order to release the deficiency. Staff responded that deficiency responses are given priority over new audits.

### Public Comment:

Ms. Zena Delling is representing a group of educators who asked that she read their comments relating to the course re-evaluations and site visits into the record because they

### Dental Assisting Council

DRAFT – February 7, 2019 Meeting Minutes

were unable to attend the meeting today. As she began, Legal Counsel suggested it would be more appropriate for her to read the comments under a separate agenda item – public comments for items not on the agenda.

### Agenda Item 5: Update on Dental Assisting Examination Statistics

Ms. Vallery reported on the dental assisting examination statistics. Please refer to the DAC meeting materials for this information. There was no public comment.

### Agenda Item 6: Update on Dental Assisting Licensing Statistics

Ms. Vallery reported on the dental assisting licensing statistics. Please refer to the DAC meeting materials for this information. Ms. Rodriguez asked how long a license can remain delinquent. Staff responded that after five years, delinquent licenses are cancelled. Ms. Ovard asked about the process to receive a license if it had been cancelled. Staff responded that the licensee would be required to submit an applicatior for a new license to replace a cancelled license. There was no public comment.

### Agenda Item 7: Update on the Development of the Dental Assisting Comprehensive Rulemaking Proposal

Ms. Sarah Wallace, Assistant Executive Officer reported. Stakeholder workshops have developed revised regulatory language that will be brought to the DAC for review and comment at the May 2019 meeting. There was no public comment.

### Agenda Item 8: Public Comment on Items Not on the Agenda

Ms. Zena Delling is representing three educators who asked that she read their comments relating to the course re-evaluations and site visits into the record because they were unable to attend the meeting today. DAC members were given a list of 20 suggestions to streamline the audit program for RDA programs.

Ms. Delling read Cara Miyasaki's comments. She is Program Director, Dental Assisting, Foothill College and reports that she had received numerous calls from Northern California program directors expressing concerns about the re-evaluation audit process. She feels that six weeks advance notice to submit audit documentation is not enough time. Program Directors are also concerned with repetitive reporting requirement and the difficulty completing existing forms. Ms. Miyasaki believes that the educational regulatory requirements should be revised before program audits occur. She asked the DAC to suspend the re-evaluation process until the educational regulations are updated. Also, she requested that DAC form a subcommittee to evaluate the audit process.

Ms. Delling read Dr. Lidia Hulshof's comments. She recommended that the application be reformatted to allow the programs to plug in data and responses after each question.

Ms. Delling read Diana Harshman's comments. She is the Dental Director for Grossmont Health Occupational Center. She agrees with the suggestions outlined in the "Suggestions for Streamlining Dental Board Audit of RDA Programs".

Dawn Klein, Citrus College, RDA Program Director commented that she is willing to host the meeting with educators and DBC staff to discuss the re-evaluation process.

### Agenda Item 9: Future Agenda Items

Ms. Zena Delling requested that the suggestions for streamlining the Board's audit of RDA programs be put on a future agenda.

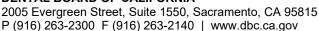
Agenda Item 10: Council Member Comments on Items Not on the Agenda Dr. Whitcher asked if there was a program director workshop planned for the future. Staff responded in the Spring. Ms. Ovard asked if DAC members would attend. Ms. Wallace did not anticipate a DAC meeting, but rather a staff driven workshop with subject matter experts.

Adjourned



#### BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY . GAVIN NEWSOM, GOVERNOR

#### **DENTAL BOARD OF CALIFORNIA**





### MEMORANDUM

DATE	July 19, 2019
то	Members of the Dental Assisting Council
FROM	Sarah Wallace, Assistant Executive Officer Dental Board of California
SUBJECT	<b>Agenda Item 3:</b> Discussion and Possible Action Regarding Initiation of a Rulemaking to Amend California Code of Regulations, Title 16, Division 10, Chapter 3 Relating to the Dental Assisting Comprehensive Rulemaking Proposal

### Background:

The Dental Assisting Council (Council) of the Dental Board of California (Board) has held several stakeholder workshops since 2015 to develop its comprehensive rulemaking proposal relative to dental assisting. The last workshop took place in March 2018. During each workshop, Board staff received comments from Council members, interested parties, and members of the public regarding needed changes in the current regulatory language relating to dental assisting education, application and examination requirements, and licensure.

Board staff has drafted the attached proposed language for the Council's review and comment. This is the staff's first attempt at addressing all comments and feedback received over the last few years from the Council and stakeholders and compile it into one working document with actual regulatory language. This is still very much a working document and should not be considered final.

Board staff has attempted to reorganize the regulatory requirements to provide consistency, clarity, and try to avoid duplication. Additionally, staff has attempted to mesh Board requirements with CODA standards where applicable in an effort to streamline Board requirements with CODA for the approval process; this was done in an effort to eliminate the potential burden for some programs to produce different information for the Board than what is provided to CODA.

Board staff requests the Council review the attached language and provide feedback and direction to aid staff in the further development of the comprehensive rulemaking proposal. Staff will present this document to the Council at the meeting on Friday, July 26 and ask the Council for feedback regarding each section included in the attached language.

Please note: Regulatory language is formatted using underline to indicate new text and strikethrough to indicate deleted text. For ease of reading, staff has taken the approach to insert all new language at the top using underlined text and delete all existing text at the end of each section using strikethrough. Staff did not intentionally leave any previously discussed amendments out or intentionally exclude existing language that is still necessary. Staff requests the Council and stakeholders comment during the meeting regarding any omitted proposed language and any incorrect language.

### **Action Requested:**

Staff requests the Council discuss the proposed language and provide staff with feedback and direction on the preparation of the final proposed language to be considered by the Council and the Board for the initiation of this rulemaking at a future meeting.

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

### **PROPOSED LANGUAGE**

Title 16. Professional and Vocational Regulations
Division 10. Dental Board of California
Chapter 3. Dental Auxiliaries
Article 1. General Provisions

### § 1067. Definitions.

As used in this subchapter:

(a) "Dental auxiliary" means a person who may perform dental supportive procedures authorized by the provisions of these regulations under the specified supervision of a licensed dentist.

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

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

(d) "Registered dental hygienist" or "RDH" means a licensed person who may perform all procedures authorized by the provisions of these regulations and in addition may perform all functions which may be performed by a dental assistant and registered dental assistant, under the designated supervision of a licensed dentist.

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

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

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

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

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

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

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

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

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

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

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

Note: Authority cited: Sections 1614 and 1762, Business and Professions Code. Reference: Sections 1741(d), 1754, 1759, 1760 and 1762, Business and Professions Code.

§ 1068. Posting of Dental Auxiliary Duties.

All dentists utilizing the services of dental auxiliaries shall post a notice in a common area of the office which delineates duties and functions deemed by the board as delegable within stipulated settings and/or circumstances. Such notice shall be readily accessible to all individuals under supervision of the dentist.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1751, 1754, 1757, 1759 and 1762, Business and Professions Code.

### 1 § 1069. Permit Reform Act

- 2 Permit" as defined by the Permit Reform Act of 1981 means any license, certificate,
- 3 registration, permit, or any other form of authorization required by a state agency to engage in
- 4 a particular activity or act. Processing times for the committee's programs are set forth below.
- 5 The actual processing times apply to those persons who take and pass the first available
- 6 examination.

	Maximum				
	period of time	Maximum			
	in which the	period of			
	Board will	time after			
	notify	the filing			
	applicant				
	that	of a complete			
	application				
	is complete	application			
	or deficient	in which			
	and what	the Board			
	specific	will notify	<b>Actual Proc</b>	essing Tim	es Based On
	information	applicant of a	Prior Two Y	<del>ears</del>	
Name of Program	<del>is required</del>	<del>permit</del> decision	Minimum	Median	Maximum
RDA Licensure		180 days	<del>75 days</del>	114 days	<del>358 days</del>
RDAEF Licensure	75 days	120 days	28 days	35 days	<del>55 days</del>
RDH Licensure	90 days	120 days	<del>32 days</del>	113 days	<del>270 days</del>
RDHEF Licensure	<del>75 days</del>	120 days	<del>32 days</del>	113 days	<del>270 days</del>
Review and Approval					
RDA Educational	120 days	150 days	<del>64 days</del>	219 days	<del>370 days</del>
<del>Programs</del>					
RDA Coronal Polish	90 days	<del>120 days</del>	<del>67 days</del>	102 days	191 days
and/or Ultrasonic					
<del>Scaler Course</del>					
RDAEF Educational	90 days	<del>120 days</del>	<del>60 days</del>	90 days	<del>150 days</del>
<del>Programs</del>					
RDHEF Educational	90 days	<del>120 days</del>	<del>60 days</del>	90 days	150 days
<del>Programs</del>					
Auxiliary Licensure	<del>30 days</del>	<del>90 days</del>	<del>20 days</del>	<del>39 days</del>	<del>60 days</del>
Renewal					

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 15375 and 15376, Government Code; and Section 1614, Business and Professions Code.

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**Article 2. Educational Programs** 

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

(a) The criteria herein shall be met by all registered dental assisting (RDA) programs, registered dental assistant in extended functions (RDAEF) programs, and orthodontic assisting permit courses, dental sedation assistant permit courses, pit and fissure sealant course, coronal polishing courses, ultrasonic scaling courses, infection control courses, and radiation safety courses to secure and maintain approval by the Board as provided in this Article.

 (1) All Board-approved programs and courses shall be re-evaluated by the Board 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.

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

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

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

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

(b) Requirements to Obtain and Maintain Board Approval. A new program or course provider shall submit an application for approval to the Board accompanied by a non-refundable application fee as specified in Section 1022.

(1) The Board may approve only those educational programs and courses that continuously meet all requirements as set forth in this Article.

1	(2) As it relates to the application process for approval of registered dental assistant
2	(RDA) programs and registered dental assistant in extended functions (RDAEF)
3	programs:
4	
5	(A) The Board may approve, provisionally approve, or deny approval of an
6	application.
7	
8	(B) If the Board provisionally approves a program, the Board shall state the
9	reasons for such provisional approval in writing within 90 days of such finding.
10	
11	(i) Provisional approval shall be limited to those programs that
12	substantially comply with all existing requirements for full approval.
13	
14	(ii) A program applying for Board approval shall receive a finding of
15	provisional approval from the Board prior to enrollment and instruction
16	of students.
17	
18	(iii) A program granted provisional approval shall immediately inform all
19	applicants and enrolling student of its provisional status and again prior
20	to the beginning of instruction. In addition, students shall be informed of
21	the potential for graduation while still under provisional status.
22	
23	(iii) Within one (1) year, the Board shall conduct a final program site visit
24	to ensure adherence to current regulations and shall be granted "full
25	approval" status upon successful reporting of the final site visit team.
26	
27	(3) As it relates to the application process for approval of stand-alone certification
28	courses in radiation safety, infection control, coronal polishing, pit and fissure sealants,
29	orthodontic assistant permit, and the dental sedation assistant permit:
30	
31	(A) The Board may approve or deny approval of an application.
32	
33	(B) A stand-alone certification course provider shall receive approval from the
34	Board prior to enrollment and instruction of students.
35	
36	(C) All stand-alone certification course providers shall require students to
37	possess a current certification in Basic Life Support for health care providers as
38	required by California Code of Regulations, Title 16, Section 1016 to be eligible
39	for admission to the course.
40	
41	(4) In the event a course or program application is found to be deficient, such deficiency
42	shall be sufficiently addressed and cleared within 30 days from the date of the
43	deficiency notification or otherwise such application may be withdrawn from

1	consideration and a new application filing with fee may be required at the discretion of
2	the Board.
3	
4	(A) In the event a subsequent deficiency is issued, the applicant provider shall
5	have 30 days to clear the deficiency or otherwise such application shall be
6	withdrawn from consideration.
7	
8	(B) In the event application requirements are not met upon issuance of a
9	subsequent deficiency, a denial of approval shall be issued, reported to the
10	Board and the applicant shall be subject to all application and fee requirements
11	as a new applicant.
12	
13	(5) Each approved course or program shall be subject to audit of records or site
14	evaluation and review by the Board at any time.
	<del></del>
15	(6) In order to maintain approval, a course or program shall provide the resources
16	necessary to accomplish education as specified in this Article.
	······································
17	(7) Course and program providers shall be responsible for informing the Board, in
18	writing, of any changes to the course or program content, physical facilities, increased
19	enrollment, or change in Program Director personnel within 10 days of such changes.
20	(8) At no time shall a program or course provider advertise or represent itself to
21	communities of interest as "pending approval" nor shall registration or enrollment of
22	students begin until "provisional" status has been achieved and noticed in writing by the
23	Board.
	<u></u>
24	(9) All courses and programs shall be taught at the postsecondary educational level.
	1-7
25	(10) All course and program faculty shall be evaluated periodically utilizing student,
26	administration and peer evaluation to help identify areas of strengths and weaknesses
27	for each instructor. The evaluations should be communicated to each faculty member.
28	(c) Additional Board Actions. Board-approved registered dental assisting programs evaluated
29	and found to be non-compliant shall be placed on "probationary status" following notification
30	of the evaluation findings. Consistent with CCR Section 1068, the program shall have 120 days
31	to respond to the findings, demonstrate compliance and take corrective action.
32	
33	(1) In the event the program should remain on "probationary status" for more than 120
34	days without taking corrective action, or if the program is unable to meet the required
35	corrective action within the specified timeframe, the Board shall notify the program or
36	institution of its intent to withdrawal approved status. Student enrollment shall be
37	discontinued. The Board shall monitor the program until all students enrolled prior to
38	the effective date of the withdrawal of approval are no longer enrolled.

1	
2	(2) Programs or courses who seek to voluntarily cancel their approved status due to a
3	planned discontinuance, business closure or program closure shall notify the Board no
4	less than 90 days prior to such action. The Board shall monitor the program or course
5	provider until all students enrolled prior to the effective date of the withdrawal of
6	approval are no longer enrolled. Students completing the program shall be considered
7	graduates of an approved program during this time.
8	
9	(d) Qualifications for Program and Course Faculty and Instructional Staff.
LO	
l1	(1) As it relates to certificate courses, both stand-alone and those incorporated into the
L2	curriculum of a dental assisting program, all faculty and instructional staff providing
L3	didactic, laboratory, pre-clinical and clinical shall meet and maintain, at minimum, the
L4	following qualifications:
L5	
<b>L</b> 6	(A) Possess a valid, active California license to practice dentistry or registered
L7	dental assisting or registered dental assisting in extended functions or DSA or
L8	OA?] for at least two (2) years immediately preceding any provision of course
L9	instruction;
20	
21	(B) Provide pre-clinical and clinical instruction only in procedures within the
22	scope of practice of their respective license or permit and shall demonstrate
23	expertise in each subject area for which they are teaching;
24	
25	(C) Complete and show evidence of completion of educational methodology
26	courses equaling two (2) hours immediately preceding any provision of course
27	instruction;
28	
29	(D) Shall be certified in basic life support (BLS) for healthcare professionals to
30	include use of AED as required by Title 160, Division 10, Chapter 1, Article 4,
31	Section 1016 (b)(1)(C) of the California Code of Regulations. Recertification
32	intervals may not exceed two (2) years.
33	
34	(E) Be calibrated in instruction and grading at least annually.
35	
36	(2) As it relates to dental assisting and registered dental assisting programs, all faculty
37	and instructional staff providing didactic, laboratory, pre-clinical and clinical instruction,
38	except those serving as a clinical supervising dentist, shall meet and maintain, at
39	minimum, the following qualifications:
10	
11	(A) Possess a valid, active California license to practice dentistry or registered
12	dental assisting or registered dental assisting in extended functions [ or DSA or OA
13	for duties they can legally perform? for at least two (2) years immediately
14	preceding any provision of course instruction;

1	
2	(B) Shall possess at least two (2) years' experience in the application of clinical
3	chairside dental assisting;
4	
5	(C) Provide pre-clinical and clinical instruction only in procedures within the scope
6	of practice of their respective license or permit and shall demonstrate expertise in
7	each subject area for which they are teaching;
8	
9	(D) Prior to instruction, or within two (2) years of initial hire, complete 30-hours
10	of educational methodology, and
11	
12	(E) Be calibrated in instruction and grading at least annually.
13	
14	(3) As it relates to registered dental assisting in extended functions programs, all faculty
15	and instructional staff providing didactic, laboratory, pre-clinical and clinical instruction,
16	except those serving as a clinical supervising dentist, shall meet and maintain, at
17	minimum, the following qualifications:
18	
19	(A) Possess a valid, active California license to practice dentistry or registered
20	dental assisting in extended functions for at least two (2) years immediately
21	preceding any provision of course instruction;
22	
23	(B) Shall possess at least two (2) years' experience in the application of clinical
24	chairside dental assisting involving four-handed dentistry;
25	
26	(C) Provide pre-clinical and clinical instruction only in procedures within the scope
27	of practice of their respective license or permit and shall demonstrate expertise in
28	each subject area for which they are teaching;
29	(D) Drive to instruction, an within six months of initial him, compulate six (C) have
30	(D) Prior to instruction, or within six-months of initial hire, complete six (6) hours
31	of educational methodology, and
32 33	(E) Be calibrated in instruction and grading by the program director at least
	<u>-</u>
34 35	annually.
36	(4) In accordance with B&P Section 1907(b), a registered dental hygienist shall be
37	deemed qualified to teach in a course or program only if licensure as a registered dental
38	hygienist was obtained prior to January 1, 2006, otherwise licensure as a registered
39	dental assistant shall be required prior to instruction in the program.
40	dental assistant shall be required prior to instruction in the program.
<del>1</del> 0 41	(e) Qualifications and Responsibilities of Stand-Alone Course Directors.
	10/ Quantitations and hesponsionales of states Alone Course Directors.

1	(1) On or after the effective date of these regulations (insert date), the course director
2	of a stand-alone certificate course shall possess, at minimum, the following
3	<u>qualifications:</u>
4	
5	(A) Possess a valid, active California license to practice dentistry or registered
6	dental assisting or registered dental assisting in extended functions for at least
7	two (2) years immediately preceding any provision of course instruction;
8	
9	(B) Provide pre-clinical and clinical instruction only in procedures within the
10	scope of practice of their respective license or permit and shall demonstrate
11	expertise in each subject area for which they are teaching;
12	
13	(C) Complete and show evidence of completion of educational methodology
14	courses equaling two (2) hours immediately preceding provision of any course
15	instruction.
16	
17	(2) A course director shall actively participate in and be responsible for the following
18	responsibilities:
19	
20	(A) The implementation and maintenance of all applicable statutory and
21	regulatory requirements;
22	
23	(B) Ensure all faculty and instructional staff complete or show evidence of
24	completion of educational methodology courses equaling two (2) hours
25	immediately preceding provision of any course instruction;
26	
27	(C) Maintaining for a period of not less than five (5) years copies of curricula,
28	program outlines, course goals and objectives, grading criteria, copies of
29	faculty/staff credentials, licenses, and certificates, and individual student
30	records, including those necessary to establish satisfactory completion of the
31	<u>course;</u>
32	
33	(D) Informing the Board of any major change to the course including changes to
34	course content, physical facilities including the use of extramural facilities,
35	faculty or instructional staff, ownership, or intent to conclude business
36	operations within 10 days of the change; and
37	
38	(E) Ensure all faculty and staff are calibrated in curriculum, instructional methods
39	and grading criteria at least annually.
40	
41	(f) Qualifications and Responsibilities of Program Directors.
42	

1	(1) On or after the effective date of these regulations (insert date), the program director
2	of a dental assisting, registered dental assisting or registered dental assisting in
3	extended functions program shall possess, at minimum, the following qualifications:
4	
5	(A) Possess a valid, active California license to practice dentistry or registered
6	dental assisting or registered dental assisting in extended functions for at least
7	two (2) years immediately preceding any provision of program instruction;
8	
9	(B) Provide pre-clinical and clinical instruction only in procedures within the
10	scope of practice of their respective license or permit and shall demonstrate
11	expertise in each subject area for which they are teaching;
12	
13	(C) Shall possess at least three (3) years' experience in the application of clinical
14	chairside dental assisting involving four-handed dentistry; and
15	
16	(D) Shall complete and show evidence of completion of educational
17	methodology coursework equal to one of the following:
18	
19	i. 30-hours for registered dental assisting programs
20	
21	ii. 30-hours for registered dental assisting programs in extended
22	functions
23	
24	(2) The program director shall actively participate in and be responsible for the
25	following:
26	
27	(A) The implementation and maintenance of all applicable statutory and
28	regulatory requirements;
29	
30	(B) Ensure that all faculty and instructional staff complete or show evidence of
31	completion of educational methodology courses as defined herein immediately
32	preceding provision of course instruction and shall maintain evidence of
33	compliance;
34	
35	(C) Maintaining for a period of not less than five (5) years copies of curricula,
36	program outlines, objectives, grading criteria, copies of faculty/staff credentials,
37	licenses, and certifications, and individual student records, including those
38	necessary to establish satisfactory completion of the program;
39	
40	(D) Informing the Board of any major change to the program including changes
41	to theoretical content, physical facilities including the use of extramural facilities,
42	faculty or instructional staff, ownership, or intent to conclude business
43	operations within 10 days of the change;
44	

1 2	(E) Ensure all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least annually;
3	
4	(F) Ensure opportunities have been provided by the institution or program for
5	faculty and instructional staff of a program to continue their professional
6	development in order to stay current with advancing technologies and
7	educational theory. The program director shall ensure that time and budget
8	allocations are provided by the institution or program for professional
9	association activities, continuing education, or practical experiences related to
10	dental assisting education; and
11	
12	(G) Maintain documentation pertaining to completed continuing education and
13	professional development coursework of the instructors. The program director
14	shall maintain records for a period of no less than five (5) years.
15	(g) Facilities and Equipment. The facilities of all programs and courses shall provide each student
16	with sufficient opportunity, with instructor supervision, to develop minimum competency in all
17	duties for which the program or course is approved to instruct. All laboratory and pre-clinical
18	instruction shall be held at the physical facility.
19	
20	(1) Facilities and equipment shall be maintained and updated to ensure instruction using
21	contemporary equipment occurs.
22	(2) All madia annulais agreement and facilities about fallow the California Department of
23	(2) All radiographic equipment and facilities shall follow the California Department of
24	Public Health, California Code of Regulations, Title 17, required for equipment and
25 26	<u>facilities.</u>
27	(3) In addition, a facility shall have all of the following:
28	15) In addition, a racinty shall have all of the following.
29	(A) A lecture classroom, a lab area, a clinical area, a central sterilization area and a
30	radiology area for use by the students.
31	
32	(B) Operatories shall be sufficient in number to allow a ratio of at least one
33	operatory for every six (6) students who are simultaneously engaged in clinical
34	instruction.
35	
36	(C) Each operatory shall contain functional equipment, including a power-operated
37	chair for patient or simulation-based instruction in a supine position, dental units
38	and mobile stools for the operator and the assistant which are designed for the
39	application of current principles of dental assistant utilization, air-water syringe,
40	adjustable overhead patient light, oral evacuation equipment, work surface,
41	handpiece connection, and hand hygiene area.
42	

1	(D) Each operatory shall be of sufficient size to simultaneously accommodate one
2	student, one instructor, and one patient or student partner.
3	
4	(E) Access by all students to equipment necessary to develop dental assisting skills
5	in each designated duty.
6	
7	(F) Infection control equipment shall be provided according to the requirements of
8	CCR Title 16, Division 10, Chapter 1, Article 1, Section 1005.
9	
10	(h) Minimum Standards for Health and Safety. All programs and courses shall establish written
11	laboratory, preclinical, and clinical protocols including mechanisms to ensure the health and
12	safety of faculty and students and the management of emergencies.
13	
14	(1) Written protocols for handling emergencies shall be provided to all students, faculty
15	and appropriate staff.
16	
17	(2) Emergency equipment shall include oxygen delivery system and first aid kits readily
18	accessible and fully functional within the area(s) of instruction. Additional emergency
19	equipment may be onsite as deemed appropriate and in compliance within institutional
20	guidelines, where applicable.
21	
22	(3) Students, faculty and appropriate support staff shall be encouraged to be immunized
23	against and/or tested for infectious diseases in accordance with current CDC guidelines
24	for Dental Healthcare Professionals, prior to contact with patients and/or infectious
25	objects or materials, to minimize the risk to patients and personnel.
26	<del>- · · · · · · · · · · · · · · · · · · ·</del>
27	(i) Curriculum Organization, Competency and Learning Resources. The organization of the
28	curriculum for all courses and programs shall be flexible, creating opportunities for adjustments
29	to and research of advancements and emerging technologies in the profession of dental assisting
30	as provided in this Article.
31	
32	(1) Curriculum shall provide students with an understanding of all procedures as provided
33	in each Section of this Article and an ability to perform each procedure with competence.
34	
35	(2) A program or course shall sequence curriculum in such a manner so as to ensure that
36	students become certified in basic life support (BLS) for healthcare professionals to
37	include use of AED as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016
38	(b)(1)(C) of the California Code of Regulations prior to pre-clinical or clinical experiences.
39	
40	(3) Curriculum shall include remediation procedures and a policy outlining guidelines for
41	students who fail to successfully complete the course or program.
42	
43	(4) Students shall be provided a course syllabus that contains:
44	<u> </u>

1	(A) A course title, course number or identifier, course description, course hours, all
2	faculty names, and contact information;
3	
4	(B) Course content outline including topics to be presented;
5	
6	(C) Specific instructional objectives for each topic presented;
7	
8	(D) Learning experiences with associated assessment mechanisms;
9	
10	(E) Course or program schedule including time allocated for didactic, lab or
11	preclinical, and clinical learning experiences;
12	
13	(F) Specific evaluation procedures for course-grade calculating which includes
14	competency evaluations and rubrics, and
15	
16	(G) A remediation policy and procedures.
17	
18	(5) Students shall be provided a course outline that contains:
19	
20	(A) Specific performance objectives and the evaluation criteria used for all
21	assessments of laboratory, pre-clinical and clinical experiences;
22	
23	(B) The minimum number of satisfactory performances in each evaluated area
24	necessary for program or course success; and
25	
26	(C) The minimum standards for performance in each evaluated area, the grading
27	criteria and the protocols or procedures that may cause the student to fail the task
28	<u>or procedure.</u>
29	
30	(6) Students shall have reasonable access to dental and medical reference textbooks,
31	electronic and internet resources, current scientific journals, audiovisual materials and
32	other relevant resources.
33	
34	(j) Didactic Instruction. All theoretical instruction (didactic) shall meet the content and hours
35	requirements of each Section within this Article.
36	
37	(1) The total required didactic hours of a program or course may be delivered through in-
38	person, hybrid or online instruction. Online learning shall be overseen by qualified faculty
39	with experience and education in online learning formats and electronic delivery of
40	curriculum content.
41	
42	(A) All students shall have access to the course's hazardous waste management
43	plan for the disposal of needles, cartridges, and medical waste.
44	

1	(B) All students shall have access to the course's clinic and radiation hazardous
2	communication plan.
3	
4	(C) All students shall receive a copy of the course's bloodborne and infectious
5	diseases exposure control plan, which shall include emergency exposure
6	information.
7	
8	(D) All instructional staff and faculty of programs and courses shall review
9	emergency management protocols at least annually during staff calibration
10	meetings to ensure consistency and compliance and such meetings shall be
11	documented and maintained by the course or program director for a period for no
12	less than five (5) years.
13	
14	(k) Clinical Instruction. Unless otherwise stated herein, clinical instruction shall be of sufficient
15	duration to allow the procedures to be performed to clinical proficiency.
16	duration to allow the procedures to be performed to clinical proficiency.
17	(1) Prior to demonstrating clinical competencies, patient-based assignments, and
18	externships, students shall demonstrate minimum competence in laboratory or preclinica
19	performance of each procedure they will be expected to perform in their clinical
20	experiences.
21	experiences.
22	(2) Each program or course provider utilizing a dental clinic or dental practice as an
23	extramural dental facility for the purposes of clinical training shall have a contract of
24	affiliation completed and retained for a period of at least five (5) years and made available
25	upon site evaluation by the Board. Such written contract shall include a description of the
26	settings in which the clinical training may be received and shall provide for direct
27	supervision of such training by qualified staff and the supervising licensed dentist of the
28	facility.
29	racinty.
30	(3) The program or course director, or a designated faculty member, shall be responsible
31	for selecting extramural clinical facilities and evaluating student competence before and
32	after the clinical assignment.
33	arter the chinear assignment.
34	(4) Prior to student assignment in an extramural clinical facility, the program or course
35	director, or a designated faculty or instructional staff member, shall make available to all
36	extramural staff information that shall include, at a minimum, the objectives of the
37	program or course, the student's preparation for the clinical assignment, and a review of
38	procedures and criteria to be used by the dentist or the licensed personnel in the
39	extramural dental facility in evaluating the student during the assignment.
40	extramatar dentar racinty in evaluating the student during the assignment.
41	(5) Prior to clinical experiences on any subject, including student partners, the patient
42	shall complete a health history and consent acknowledging the procedure is being
12	nerformed by a student of the course or program. Such documentation shall be

1	maintained in all student records.
2	(C) In accordance with Dusiness and Dusfassions Code Costion 1636 1, the angustions by
3	(6) In accordance with Business and Professions Code Section 1626.1, the operations by
4	bona fide students enrolled in a Board-approved course or educational program in
5	registered dental assisting or registered dental assisting in extended functions, whereby
6	the performance of clinical procedures are a required element and that are under the
7	general programmatic and academic supervision of that educational program or course,
8	are exempt from the laws prohibiting the unlicensed practice of dentistry until such time
9	as all clinical requirements of the program or course have been completed or upon
10	graduation. This provision shall be clearly stated in all contracts of affiliation issued to
11	extramural facilities and to all supervising dentists prior to the utilization of enrolled
12 13	students in a clinical setting.
14	(I) Recordkeeping. All course and program directors shall be responsible to obtain and maintain
15	the following records for a period of not less than five (5) years:
16	
17	(1) A copy of each approved curriculum including a course/program syllabi and
18	<pre>course/program outline(s);</pre>
19	
20	(2) A copy of completed written examinations, rubrics, and completed competency
21	<u>evaluations;</u>
22	
23	(3) Evidence of faculty calibration meetings, faculty credentials, licenses, and certificates;
24	
25	(4) Minutes of all advisory board meetings and meeting sign-in sheets;
26	
27	(5) Individual student records, including those necessary to establish satisfactory
28	completion of the course or program; and
29	
30	(6) A copy of all certificates issued at the time of completion of the course or program.
31	
32	(m) Certificate of Completion as Prescribed by the Board. All course providers and programs shall
33	issue an original certificate of completion which shall have been approved by the Board at the
34	time of course and program application for approval. Only after a student has demonstrated
35	successful completion of all educational requirements and final examinations in accordance with
36	each Section of this Article shall a program or course issue a certificate of completion.
37	
38	(1) The Board shall issue provider numbers to all approved dental assisting courses and
39	programs which shall be clearly indicated on all certificates.
40	
41	(A) For coursework in radiation safety, infection control and dental assisting
42	jurisprudence completed by students of a registered dental assisting program who,
12	with ar without graduation, successfully completes the educational requirements

1	for each subject as part of the program curriculum, the program shall issue such
2	certificates of completion. The Board shall recognize certificates of completion
3	issued by the program as equivalent to having completed a stand-alone course.
4	
5	(2) Each certificate shall include the total number of program or course hours completed.
6	
7	(3) Providers shall retain hard copy or electronic copy of records of course or program
8	completion for five (5) years from the date of completion and provide records upon written
9	request by the Board within 30 days.
10	
11	(n) Appeal Process for a Denied Application for Approval. The Board may deny or withdraw its
12	approval of a course or program. If the Board denies or withdraws approval, the reasons for
13	withdrawal or denial will be provided in writing within ninety (90) days.
14	withdrawar or definal will be provided in writing within finitely (50) days.
15	(1) Any course or program provider whose approval is denied or withdrawn shall be
16	granted an informal conference before the Executive Officer or his or her designee, prior
17	to the effective date of such action. The course provider shall be given at least ten days'
18	notice of the time and place of such informal conference and the specific grounds for the
19	proposed action.
20	<u>proposed determinants</u>
21	(2) The course provider may appeal the denial or withdrawal of approval by either:
22	
23	(A) Appearing at the informal conference. The Executive Officer shall notify the
24	course or program provider of the final decision of the Board within ten days of
25	the informal conference. Based on the outcome of the informal conference, the
26	provider may then request a hearing to contest the Board's final decision. A
27	provider shall request a hearing by written notice to the Board within 30 calendar
28	days of the postmark date of the letter of the Board's final decision after informal
29	conference. Hearings shall be held pursuant to the provisions of Chapter 5
30	(commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the
31	Government Code; or,
32	
33	(B) Notifying the Board, in writing, the program or course provider's election to
34	forego the informal conference and to proceed with a hearing pursuant to the
35	provisions of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3
36	of Title 2 of the Government Code. Such notification shall be made to the
37	Committee before the date of the informal conference.
38	
39	(a) (1) The criteria in subdivisions (b) to (j), inclusive, shall be met by a dental assisting
40	program or course and all orthodontic assisting and dental sedation assisting permit
41	programs or courses to secure and maintain approval by the Board as provided in this
42	Article.

1	
2	(2) The Board may approve, provisionally approve, or deny approval of any program or
3	course for which an application to the Board for approval is required. All Registered
4	Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF)
5	programs and dental assisting educational courses shall be re-evaluated approximately
6	every seven years, but may be subject to re-evaluation and inspection by the Board at
7	any time to review and investigate compliance with this Article and the Dental Practice
8	Act (Act). Re-evaluation may include a site visit or written documentation that ensures
9	compliance with all regulations. Results of re-evaluation shall be reported to the Board
10	or its designee for final consideration and continuance of program or course approval,
11	provisional approval or denial of approval.
12	
13	(3) Program and course records shall be subject to inspection by the Board at any time.
14	
15	(4) The Board may withdraw approval at any time that it determines that a program or
16	course does not meet the requirements of this Article or any other requirement in the
17	Act.
18	
19	(5) All programs and courses shall be established at the postsecondary educational level
20	or deemed equivalent thereto by the Board.
21	
22	(6) The Board or its designee may approve, provisionally approve, or deny approval to
23	any such program. Provisional approval shall not be granted for a period which exceeds
24	the length of the program. When the Board provisionally approves a program, it shall
25	state the reasons therefore. Provisional approval shall be limited to those programs
26	which substantially comply with all existing standards for full approval. A program given
27	provisional approval shall immediately notify each student of such status. If the Board
28	denies approval of a program, the specific reasons therefore shall be provided to the
29	program by the Board in writing within 90 days after such action.
30	
31	(b) The program or course director shall possess a valid, active, and current license issued by
32	the Board or the dental hygiene committee. The program or course director shall actively
33	participate in and be responsible for the administration of the program or course. Specifically,
34	the program or course director shall be responsible for the following requirements:
35	
36	(1) Maintaining for a period of not less than five years copies of curricula, program
37	outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and
38	certifications, and individual student records, including those necessary to establish
39	satisfactory completion of the program or course.
40	
41	(2) Informing the Board of any major change to the program or course content, physical
42	facilities, or faculty, within 10 days of the change.

# WORKING DOCUMENT: DRAFT PROPOSED REGULATORY LANGUAGE (3) Ensuring that all staff and faculty involved in clinical instruction meet the

1	(3) Ensuring that all staff and faculty involved in clinical instruction meet the
2	requirements set forth in this Article.
3	
4	(c) Course faculty and instructional staff shall be authorized to provide instruction by the
5	program or course director at the educational facility in which instruction is provided.
6	
7	(d) No faculty or instructional staff member shall instruct in any procedure that he or she does
8	not hold a license or permit in California to perform. Each faculty or instructional staff member
9	shall possess a valid, active, and current license issued by the Board or the Dental Hygiene
10	Committee of California, shall have been licensed or permitted for a minimum of two years, and
11	possess experience in the subject matter he or she is teaching. An instructor who has held a
12	license as a registered dental assistant or registered dental assistant in extended functions for
13	at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after
14	January 1, 2010, shall not be required to have held such a permit for two years in order to
15	instruct in the subject area.
16	
17	(e) A certificate, diploma, or other evidence of completion shall be issued to each student who
18	successfully completes the program or course and shall include the following: the student's
19	name, the name of the program or course, the date of completion, and the signature of the
20	program or course director or his or her designee.
21	
22	(f) Facilities and class scheduling shall provide each student with sufficient opportunity, with
23	instructor supervision, to develop minimum competency in all duties for which the program or
24	course is approved to instruct.
25	
26	(1) The location and number of general use equipment and armamentaria shall ensure
27	that each student has the access necessary to develop minimum competency in all of
28	the duties for which the program or course is approved to instruct. The program or
29	course provider may either provide the specified equipment and supplies or require that
30	the student provide them. Nothing in this Section shall preclude a dental office that
31	contains the equipment required by this Section from serving as a location for
32	laboratory instruction.
33	
34	(2) Clinical instruction shall be of sufficient duration to allow the procedures to be
35	performed to clinical proficiency. Operatories shall be sufficient in number to allow a
36	ratio of at least one operatory for every five students who are simultaneously engaged
37	in clinical instruction.
38	
39	(A) Each operatory shall contain functional equipment, including a power-
40	operated chair for patient or simulation based instruction in a supine position,
41	operator and assistant stools, air water syringe, adjustable light, oral evacuation
42	equipment, work surface, handpiece connection, and adjacent hand-washing
43	sink.
44	

1	(B) Each operatory shall be of sufficient size to simultaneously accommodate one
2	student, one instructor, and one patient or student partner.
3	
4	(C) Prior to clinical assignments, students shall demonstrate minimum
5	competence in laboratory or preclinical performance of the procedures they will
6	be expected to perform in their clinical experiences.
7	
8	(g) The program or course shall establish written clinical and laboratory protocols that comply
9	with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section
10	1005) and other federal, state, and local requirements governing infection control. The program
11	or course shall provide these protocols to all students, faculty, and instructional staff to ensure
12	compliance. Adequate space shall be provided for handling, processing, and sterilizing all
13	armamentarium.
14	
15	(h) A written policy on managing emergency situations shall be made available to all students,
16	faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient
17	care activities shall be certified in basic life support procedures, including cardiopulmonary
18	resuscitation. Recertification intervals may not exceed two years. The program or course
19	director shall ensure and document compliance by faculty and instructional staff. A program or
20	course shall sequence curriculum in such a manner so as to ensure that students complete
21	instruction in basic life support prior to performing procedures on patients used for clinical
22	instruction and evaluation.
23	
24	(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject
25	matter, hours of didactic, laboratory, and clinical instruction, general program or course
26	objectives, instructional objectives, theoretical content of each subject, and, where applicable,
27	the use of practical application. Objective evaluation criteria shall be used for measuring
28	student progress toward attainment of specific program or course objectives. Students shall be
29	provided with all of the following:
30	
31	(1) Specific performance objectives and the evaluation criteria used for measuring levels
32	of competence for each component of a given procedure including those used for
33	examinations.
34	
35	(2) Standards of performance that state the minimum number of satisfactory
36	performances that are required for each performance evaluated procedure.
37	
38	(3) Standards of performance for laboratory, preclinical, and clinical functions, those
39	steps that would cause the student to fail the task being evaluated, and a description of
40 41	each of the grades that may be assigned during evaluation procedures.
41 42	(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural
43	organized program of instruction, be provided with planned, supervised clinical
44	instruction. Laboratory and preclinical instruction shall be performed under the direct

1	supervision of program or course faculty or instructional staff and shall not be provided
2	in an extramural dental facility.
3	, , , , , , , , , , , , , , , , , , ,
4	(2) The program or course director, or a designated faculty member, shall be responsible
5	for selecting extramural dental facility and evaluating student competence before and
6	after the clinical assignment.
7	
8	(3) Prior to student assignment in an extramural dental facility, the program or course
9	director, or a designated faculty or instructional staff member, shall orient dentists and
LO	all licensed dental healthcare workers who may provide instruction, evaluation, and
L1	oversight of the student in the clinical setting. Orientation shall include, at a minimum,
L2	the objectives of the program or course, the student's preparation for the clinical
L3	assignment, and a review of procedures and criteria to be used by the dentist or the
L4	licensed personnel in the extramural dental facility in evaluating the student during the
L5	assignment, which shall be the same as the evaluation criteria used within the program
L6	<del>or course.</del>
L7	
L8	(4) There shall be a written contract of affiliation between the program and each
L9	extramural dental facility that includes written affirmation of compliance with the
20	regulations of this Article.
21	
22	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750,
23	1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.
24	
25	§ 1070.1. Educational Program and Course Definitions and Instructor Ratios.
26	As used in this Article, the following definitions and student to teacher ratios shall apply:
27	(a) "Clinical instruction" excess instruction in which students receive supervised
28	(a) "Clinical instruction" means instruction in which students receive supervised experience in performing procedures in a clinical setting on patients. Clinical procedures
29 30	shall only be allowed upon successful demonstration and evaluation of laboratory and
30 31	preclinical skills. There shall be at least one instructor for every six students who are
32	simultaneously engaged in clinical instruction.
33	simultaneously engaged in clinical instruction.
34	(b) "Didactic instruction" means lectures, demonstrations, and other instruction
35	involving theory that may or may not involve active participation by students. The
36	faculty or instructional staff of an educational institution or approved provider may
37	provide didactic instruction via electronic media, home study materials, or live lecture
38	modality.
39	modulity.
10	(c) "Extramural dental facility" means any clinical facility utilized by a Board-approved
11	dental assisting educational program for instruction in dental assisting that exists
12	outside or beyond the walls, boundaries or precincts of the primary location of the
13	Board-approved program and in which dental treatment is rendered.

1	(d) "Laboratory instruction" means instruction in which students receive supervised
2	experience performing procedures using study models, mannequins, or other simulation
3	methods. There shall be at least one instructor for every 1412 students who are
4	simultaneously engaged in <u>laboratory</u> instruction.
5	
6	(e) "Pre-clinical instruction" means instruction in which students receive supervised
7	experience within the educational facilities performing procedures on simulation
8	devices or patients which are limited to students partners, faculty, or instructional staff
9	members. There shall be at least one instructor for every six <u>(6)</u> students who are
10	simultaneously engaged in <u>pre-clinical</u> instruction.
11	
12	(f) "Simulated clinical instruction" means instruction in which students receive
13 14	supervised experience performing procedures using simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed
15	intraoral environment, or mounted on a dental chair in a dental operatory. Clinical
16	simulation spaces shall be sufficient to permit one simulation space for each two (2)
17	students at any one time.
18	
19	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750,
20	1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.
21	
22	§ 1070.2. Approval of Board-Approved Registered Dental Assistant Educational Programs
23	Requirements.
24	
25	(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive, at
26	minimum, provisional approval prior to operation and in compliance with CCR Sections 1070 and
27	<u>1070.1.</u>
28	
29	(b) A registered dental assistant program provider applying for approval shall submit to the Board
30	a completed "Application for Approval of Registered Dental Assistant Program (New INSERT
31	DATE)", which is hereby incorporated by reference, accompanied by the designated, non-
32	refundable fee as defined in CCR Section 1022.
33	
34	(c) New programs approved by the American Dental Association, Commission on Dental
35	Accreditation prior to submission of an application for approval by the Board may submit proof
36	of status by the Commission, an electronic copy of the institutional self-study in addition to the
37	application requirements set forth in this Section.
38	
39	(d) General Requirements. In order for a registered dental assistant program to secure and
40	maintain approval by the Board, it shall establish and continually adhere to the requirements of
41	Sections 1070 and 1070.1. In addition:

(1) A program shall notify the Board, in writing, if it wishes to increase the maximum student enrollment for which it is approved and shall provide documentation to the Board

42

43

1	to reapprove the program for the increased enrollment prior to accepting additional
2	students.
3	
4	(2) The program shall establish goals and objectives that measure the instructional
5	effectiveness through ongoing planning and outcome assessments that are documented
6	and annually reviewed. Findings and conclusions are used for program improvement and
7	revisions to the overall planning and outcomes assessment.
8	
9	(3) Programs shall establish and maintain an advisory committee comprised of practicing
10	dentists and clinical dental assistants, all currently licensed by the Board. In addition,
11	consideration shall be given to appointing a student, a recent graduate or a public
12	representative to serve on the advisory committee.
13	
14	(A) The advisory committee shall meet at least once each academic year with the
15	program director, faculty, and appropriate institutional personnel to monitor the
16	ongoing quality and performance of the program.
17	
18	(B) The advisory committee shall review the programs goals, objectives and overall
19	effectiveness.
20	
21	(4) The program director and faculty shall ensure a form of governance that allows
22	participation in the program and institution's decision-making process. The program
23	director is consulted when matters directly related to the program are considered by
24	committees that do not include program faculty.
25	<del></del>
26	(5) The program shall have sufficient financial resources available to support the program
27	and to comply with this Section.
28	
29	(6) If the program or institution requires approval by any other governmental agency, that
30	approval shall be obtained prior to application to the Board for approval and shall be
31	maintained at all times. The failure to maintain that approval may result in the automatic
32	withdrawal of Board approval of the program.
33	
34	(d) Program Directors of Registered Dental Assisting Programs.
35	10/ 110 fram Directors of Hegistered Defical 710515till frame.
36	(1) The program director's teaching contact hours and program responsibilities shall be
37	less than a full-time instructor who does not have administrative responsibilities and
38	shall allow sufficient time to fulfill assigned administrative responsibilities. In addition to
39	the requirements of CCR Section 1070, pertaining to the qualification and
40	responsibilities of the program director, the program director shall have the authority
41	and responsibilities for:
41	ини гезропзівінцез тог.
42 43	(A) Budget preparation
43 44	In budget preparation

1	(B) Fiscal administration
2	
3	(C) Curriculum development and coordination
4	
5	(D) Selection and recommendation of individuals for faculty appointment and
6	<u>promotion</u>
7	(E) Companision and application of faculty.
8	(E) Supervision and evaluation of faculty
9	(E) Determining faculty teaching assignments and schedules
10 11	(F) Determining faculty teaching assignments and schedules
12	(G)Determining admissions criteria and procedures
13	(G)Determining aumissions criteria and procedures
14	(H) Scheduling use of program facilities
15	(11) Schedding use of program facilities
16	(I) Development and responsibilities to maintain compliance and documentation
17	(1) Development and responsibilities to maintain compliance and documentation
18	(e) Facilities, Equipment and Resources. At all times, the program shall demonstrate the manner
19	in which the program will provide all necessary equipment specific to the current duties and
20	functions of dental assisting and registered dental assistant duties, with the exception of duties
21	pertaining to patient monitoring, and how the equipment shall be utilized during laboratory,
22	preclinical, and clinical instruction as appropriate to each type of session.
23	
24	(1) With the exception of a CAD machine, the program shall own the necessary equipment
25	and have it readily available upon inspection. In the event instruction in basic life support,
26	and use of the CAD machine is provided by an outside provider, the RDA program shall not
27	be required to have available or own the necessary equipment.
28	
29	(2) The program shall demonstrate how the equipment and armamentaria ratios
30	established successfully meet the total number of enrolled students of each class.
31	
32	(3) Instruments shall be provided to accommodate students' needs in learning to identify,
33	exchange, prepare procedural trays and assist in procedures as they relate to general and
34	specialty dentistry.
35	
36	(4) Provision shall be made for reasonable access to current and diverse dental assisting
37	and multidisciplinary literature including reference texts, current journals, audiovisual
38	materials, and other resources necessary to support teaching, student learning needs,
39	services and research. Library holdings, which may include access through the Internet,
40	shall include materials relating to all subject areas of the program curriculum.
41	
42	(5) Consistent with CCR Section 1070, all necessary emergency and first aid equipment
43	shall be maintained and in good operating order.
44	

1	(f) Length of Program.
2	
3	(1) The program shall be of sufficient duration for the student to develop minimum
4	competence in performing dental assistant and registered dental assistant duties, but in
5	no event less than 800 hours, at least 275 hours of didactic instruction, at least 260 hours
6	of combined laboratory or pre-clinical instruction conducted in the program's facilities
7	under the direct supervision of program faculty or instructional staff and the remaining
8	hours utilized in an extramural dental facility providing direct patient care and performing
9	chairside assisting functions.
10	
11	(2) As part of the program's curriculum, no more than 20 hours of didactic and laboratory
12	instruction shall be devoted to clerical, administrative, dental practice management
13	specific to curriculum content defined herein.
14	
15	(g) Program Curriculum – General Guidelines. Didactic, laboratory, preclinical, and clinical
16	performance evaluations are integral parts of the program's curriculum.
17	(4) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
18	(1) In addition to the requirements of Sections 1070 and 1070.1, curriculum content and
19	instruction in all registered dental assisting programs shall include provide theoretica
20	content, laboratory and clinical experiences in a well-defined sequence that ensures each
21	students level of learning is consistent with the programs stated learning outcomes in
22	each content area described herein.
23	
24	(2) Where regulations exist specific to areas of study resulting in an independent
25	certificate, such as, but not limited to, Radiation Health and Safety, Infection Control and
26	Coronal Polishing, instruction in each subject shall be consistent with related regulations
27	
28	(3) Curriculum documentation shall be reviewed annually and revised, as needed, to
29	reflect new concepts and techniques. Program content shall be integrated and or
30	sufficient depth, scope, sequence of instruction, quality and emphasis to ensure
31	achievement of the curriculum's all defined competencies.
32	
33	(4) Programs that admit students in phases, including modular, wheel or open-entry
34	programs, shall provide at minimum, basic pre-requisite instruction in tooth denta
35	anatomy, tooth numbering, emergencies, first-aid and safety precautions, infection
36	control, OSHA and sterilization protocols prior to instruction in any other area of the
37	program's curriculum. Such Pre-requisite instruction shall consist of no less than 100
38	hours of direct, live, interactive didactic instruction, and shall occur prior to performances
39	or activities involving patients including student partners.
40	
41	(5) All programs shall provide students with additional instruction in the California
42	Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title
43	8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal

1	Code Regs., Title 16, Section 1005). Students shall successfully complete a comprehensive
2	written final examination prior to the student's performance of procedures on patients.
3	
4	(6) Ongoing instruction and utilization of safety procedures, infection control protocols,
5	and equipment care shall be adhered to at all times. Students shall meet a minimum level
6	of satisfactory competency as defined by the program.
7	
8	(h) Didactic Instruction. The content categories include, but are not limited to Biomedical and
9	Dental Sciences, Dental Materials, Ethics and Professional Responsibilities, Dental Instruments
10	and Equipment, Chairside Assisting, Dental Practice Management, Health and Safety,
11	Emergencies, Dental Office Communication, and New and Emerging Technologies.
12	
13	(1) In the area of Biomedical Sciences, the program shall integrate throughout the
14	didactic, preclinical, laboratory, and clinical performance components of the curriculum,
15	the following content:
16	
17	(A) Bloodborne pathogens and related diseases
18	
19	(D) Applicable State and Federal Laws and Regulations
20	
21	(E) Hazard Communication Standards
22	
23	(F) Microbiology
24	
25	(2) In the area of Dental Sciences, the program shall provide instruction in and didactic
26	evaluation of the following areas:
27	
28	(A) Medical and dental terminology
29	
30	(B) General anatomy and physiology
31	
32	(C) Head and neck anatomy
33	
34	(D) Oral anatomy, histology and embryology
35	
36	(G) Oral pathology
37	
38	(J) Pharmacology related to dentistry and the patient to include:
39	
40	(i) Drug requirements, agencies and regulations
41	
42	(ii) Common drugs and prescriptions use in dentistry
43	

1	(iv) Anesthetics and topical agents used in dentistry
2	/ the Adaptic to Locality of Athenance and the Annual Control
3	(vi) Administration of nitrous oxide-oxygen
5	(vii) Drugs and agents used for treating dental related infection
6 7	(viii) Nutrition
8	
9	(3) In the area of dental materials, the program shall provide instruction in and laboratory
10	and performance evaluation in the properties, use and manipulation of:
11	
12	(A) Gypsum
13	
14	(B) Restorative materials
15	
16	(C) Bases, liners and bonding agents
17	
18	(D) Matrix retainers, bands and wedges
19	
20	(E) Impression materials
21	
22	(F) Acrylics and or thermoplastics
23	
24	(G) Waxes
25	
26	(H) Abrasive agents
27	
28	(I) Dental laboratory procedures
29	
30	(i) Study casts
31	
32	(ii) Fabrication of custom trays
33	
34	(iii) Temporary crowns and bridges
35	
36	(J) Preventive materials: polishing agents, fluorides, sealants, varnish
37	
38	(4) In the areas of Ethics and Professional Responsibilities, the program shall provide
39	instruction in and didactic performance evaluation of the following:
40	(A) C 155
41	(A) California Dental Practice Act, including information specific to:
42	(4) The language of the state o
43	(1) The laws and regulations pertaining to the profession of dental assisting
44	

1	(2) The duties and supervision levels of all licensed and unlicensed dental
2	<u>assistants</u>
3	
4	(3) The legal responsibilities of all dental assisting licensee and permit
5	holders as defined in statute
6	
7	(B) Malpractice, liability, negligence, abandonment, and fraud
8	
9	(F) Health Insurance Portability and Accountability Act (HIPAA)
10	
11	(G) Express, implied and informed consent
12	
13	(H) Legal and ethical issues in dentistry
14	
15	(I) Report abuse and domestic violence and neglect; mandatory reporter
16	requirements for all dental healthcare workers
17	
18	(J) Risk management
19	
20	(K) Code of ethics consistent with the dental assisting profession
21	
22	(L) Laws governing harassment, labor and employment
23	
24	(M) Licensing, certification and permit requirements to obtain and maintain such
25	<u>certificates</u>
26	
27	(5) In the areas of Dental Operatory, Instruments and Equipment, the program shall
28	provide instruction in and didactic, preclinical, clinical and laboratory performance
29	evaluation of the following:
30	
31	(A) Identification, types, functions and operations of dental operatory and
32	laboratory equipment;
33	
34	(B) Identification, types, functions and tray set up of dental instruments used in
35	dental procedures;
36	
37	(C) Operatory set-up and equipment maintenance
38	
39	(D) Anesthetic syringe set-up and handling
40	
41	(E) Clean removable appliances
42	
43	(6) In the area of Chairside Assisting, the program shall provide instruction in and didactic,
14	preclinical clinical performance evaluation of the following:

1	
2	(A) Assist in four-handed dentistry procedures
3	
4	(B) Patient education to include pre- and post-operative instructions
5	
6	(C) Oral hygiene Instructions
7	
8	(D) Isolation techniques
9	
10	(E) Basic supportive procedures
11	
12	(F) All dental assisting and Registered Dental Assistant duties defined by statute
13	
14	(G) Record patient information and treatment documentation
15	
16	(H) Aseptic techniques
17	
18	(I) Chairside assistant ergonomics
19	
20	(7) In the area of Dental Business Office Management and Procedures, the program shall
21	provide instruction in and didactic and laboratory performance evaluation of the
22	following:
23	
24	(A) Appointment control
25	
26	(B) Financial records and fees
27	
28	(C) Dental office inventory control and purchasing
29	
30	(D) Computer and dental software
31	
32	(E) Recall/Recare systems
33	
34	(F) Management of patient records including paperless and technology-based
35	records management systems
36	
37	(G) Oral and written communications
38	<del>(0) 0 to 10 to 10</del>
39	(H) Employment skills resume writing
40	,,p.s,sss.s.s.ss
41	(I) Privacy and confidentiality pertaining to patient records, HIPAA/HITECH
42	requirements
43	- ogan emente
44	(J) Practice management systems

1	
2	(K) Insurance systems claims processing and procedure coding
3	
4	(L) Ethical and legal responsibilities including financial misconduct, patient billing,
5	misrepresentation of services performed, and treatment plan presentation
6	
7	(8) In the areas of Dental Office Communication and Patient Management, instruction
8	and didactic performance evaluation of the following:
9	
10	(A) Psychology considerations influencing communication and behaviors
11	
12	(B) Adapt skills to varied levels of understanding and cultural orientation
13	
14	(C) Verbal and non-verbal communication
15	
16	(D) Interpersonal skills
17	
18	(E) Communicating with dental office employees
19	
20	(9) In the areas of Emergencies, Health and Safety, the program shall provide instruction
21	in and didactic and laboratory performance evaluation of the following:
22	
23	(A) Respond to medical emergencies:
24	
25	(1) Take and record vital signs
26	
27	(2) CPR
28	
29	(3) Administer oxygen
30	
31	(B) Basic first aid kit and first aid procedures
32	
33	(C) Common medical emergencies in a dental office
34	
35	(D) Common dental emergencies
36	
37	(E) Safe transport and transfer of patients
38	
39	(F) Emergency procedures in response to workplace accidents:
40	
41	(G) Roles and responsibilities of the dental office employer and employee
42	
43	(1) The role of the injury and illness prevention program of the dental office
44	

1 2	(2) The reporting process for workplace injuries including exposure incidents
3	<del></del>
4	(H) Maintain safe and healthy work environments
5	(10) As it relates to many and arranging to describe in destitue, the management shall
6	(10) As it relates to new and emerging technologies in dentistry, the program shall
7	integrate throughout the didactic and laboratory performance components of the
8	curriculum, the following content:
9 LO	(A) Advancements in dental instruments and equipment
LO L1	A) Advancements in dental instruments and equipment
12	(B) Advanced and emerging dental materials and products
13	Aby Advanced and emerging dental materials and products
L4	(C) Procedures and techniques that incorporate emerging technology used in the
L5	workplace
L6	
L7	(D) Procedures and techniques related to dental specialties including, but not
L8	limited to, prosthodontics, orthodontics, and endodontics.
L9	
20	(11) A course or coursework in basic life support that, when successfully completed, shall
21	result in certification, and shall be provided by an instructor approved by the American
22	Red Cross or the American Heart Association, or any other provider recognized by the
23	Board as equivalent. The program may require that the student complete certification as
24	a prerequisite to program enrollment, or that the student provide evidence of having
25	completed certification prior to patient-based competencies and clinical assignment.
26	
27	(i) Clinical Instruction. Assisting a dentist shall be an integral part of the educational program
28	designed to perfect students' competence in performing chairside assisting functions, rather than
29	to provide basic instruction. In addition to the requirements of Section 1070 and 1070.1 with
30	regard to extramural instruction and facility use:
31	
32	(1) If utilized, no more than 25 percent of the total hours of extramural clinical instruction
33	shall take place in a specialty dental practice. Specialty dentistry clinical experiences are
34	optional and are not required of a registered dental assisting program.
35	
36	(2) Each student shall be assigned to two or more offices or clinics for clinical experience
37	and assisting in general dentistry situations is emphasized.
38	
39	(3) The major portion of the students' time in clinical assignments shall be spent assisting
10	with, or participating in, patient care.
11	(A) The decide extension for the U. H. H.
12	(4) The dental assisting faculty shall plan, approve, supervise, and evaluate the student's
13	clinical experience, and the following conditions shall be met:

1	
2	(A) A formal agreement exists between the educational institution and the facility
3	providing the experience.
4	
5	(B) The program administrator retains authority and responsibility for the student.
6	
7	(C) Policies and procedures for operation of the facility are consistent with the
8	philosophy and objectives of the dental assisting program.
9	
10	(D) The facility accommodates the scheduling needs of the program.
11	
12	(E) Notification for termination of the agreement ensures that instruction will not
13	be interrupted for currently assigned students.
14	
15	(F) Expectations and orientation are provided to all parties prior to student
16	assignment.
17 10	(C) Students shall maintain a record of their activities in each clinical assignment
18 10	(G) Students shall maintain a record of their activities in each clinical assignment.
19 20	(H) The student shall be present and working clinically at the time of the site visit
20 21	and a report by the visiting faculty member shall be completed and entered into
21 22	the student record. At no time shall a telephone communication with the
23	extramural facility be deemed equivalent to or determined to be an acceptable
23 24	alternative to a physical site visit by the program faculty or staff.
25	arternative to a physical site visit by the program faculty of starr.
26	(j) Optional Program Content: A registered dental assisting program that desires to provide
27	instruction in the following regulated areas shall apply separately for approval to incorporate
28	curriculum on a specific application form issued by the board, herein incorporated by reference,
29	(insert here):
30	(4) An outly of outly and the standard and the standard of the
31	(1) An orthodontic assistant permit course that shall meet the curriculum requirements of
32	CCR Section 1070.7, except that a program shall not be required to obtain approval to teach
33	the orthodontic duties allowed for an unlicensed dental assistant which are already
34 25	required areas of instruction, specifically the duties of placing ligature ties and archwires,
35 26	removing orthodontic bands, and removing excess cement from surfaces of teeth with a
36 27	hand instrument. The incorporated curriculum shall be no less than 51 hours, of combined didactic, laboratory and pre-clinical instruction consistent with the requirements of Section
37 20	
38 39	1070.7 plus additional hours of instruction in ultrasonic scaling for cement removal consistent with the requirements of Section 1070.5. All experiences shall be performed and
39 40	evaluated up to the pre-clinical level and within the institutional facilities under the
40 41	supervision of the program faculty. Upon successful graduation of the program, students
41 42	shall not be required to complete 12 months of work experience as a dental assistant and

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shall be considered immediately eligible to apply for board examination and obtain a permit

as an orthodontic assistant which may occur before or after examination and licensure as a registered dental assistant.

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

#### (k) Certificates of Completion.

(1) Upon successful completion of the program, students shall receive certificates consistent with the requirements defined in CCR Section 1070.

(2) In the event the student does not complete the program, but has meet all the educational requirements consistent with an eight (8) hour infection control course, a two (2) hour DPA course or a 32-hour radiation health and safety course, the program will provide certificates to the student verifying that the minimum educational requirements for employment as an unlicensed dental assistant have been met and shall include the programs Registered Provider Number issued by the Board for each subject area as defined in this Article.

 (I) **Notice of Compliance.** To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant Educational Programs (insert date)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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

approved by the Commission shall apply to the Board and shall submit proof of Provisional 1 Approval status by the Commission, a copy of the institutional self study, and applications for 2 Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an 3 RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings 4 5 is at the discretion of the Board and does not prohibit the Board from exercising its right to site-6 evaluate a program. 7 (c) If the program is granted the status of "Approved with Reporting Requirements" from the 8 Commission, the program shall submit to the Board copies of any and all correspondence 9 received from or submitted to the Commission until such time as the status of "Approval 10 without Reporting Requirements" is granted. Additionally, if the program withdraws from 11 accredited status by the Commission, the program shall notify the Board, in writing, of such 12 13 status within 30 days. 14 15 (d) In order for a registered dental assistant program to secure and maintain approval by the Board, it shall meet the requirements of Sections 1070 and 1070.1 and the requirements 16 contained in this Section. 17 18 (1) A program shall notify the Board in writing if it wishes to increase the maximum 19 student enrollment for which it is approved and shall provide documentation to the 20 Board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove 21 the program for the increased enrollment prior to accepting additional students. 22 23 24 (2) Programs shall establish and maintain an advisory committee whose membership provides for equal representation of dentists and dental assistants, all currently licensed 25 by the Board. In addition, consideration shall be given to a student, a recent graduate or 26 a public representative to serve on the advisory committee. The advisory committee 27 shall meet at least once each academic year with the program director, faculty, and 28 appropriate institutional personnel to monitor the ongoing quality and performance of 29 the program and to receive advice and assistance from the committee. 30 31 (3) Adequate provision for the supervision and operation of the program shall be made. 32 In addition to the requirements of Sections 1070 and 1070.1, the following 33 requirements shall be met: 34 35 36 (A) By January 1, 2012, each faculty member shall have completed a course or certification program in educational methodology of at least 30 hours, unless he 37 or she holds any one of the following: a postgraduate degree in education, a 38 Ryan Designated Subjects Vocational Education Teaching Credential, a Standard 39 Designated Subjects Teaching Credential, or a Community College Teaching 40 Credential. Each faculty member employed after January 1, 2012, shall complete 41

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a course or certification program in educational methodology within six months

of employment. The program director or designated administrator shall be

1	responsible to obtain and maintain records of each faculty member showing
2	evidence of having met this requirement.
3	
4	(B) The program director shall have teaching responsibilities that are less than
5	those of a full time faculty member. He or she shall actively participate in and be
6	responsible for the administration of the program including the following:
7	
8	(i) Participating in budget preparation and fiscal administration,
9	curriculum development and coordination, determination of teaching
10	assignments, supervision and evaluation of faculty, establishment of
11	criteria and procedures, design and operation of program facilities, and
12	selection of extramural facilities and coordination of instruction in those
13	<del>facilities.</del>
14	
15	(ii) Holding periodic staff meetings to provide for subject matter review,
16	instructional calibration, curriculum evaluation, and coordinating
17	activities of full-time, part-time, and volunteer faculty or instructional
18	<del>staff.</del>
19	
20	(iii) Maintaining copies of minutes of all advisory committee and staff
21	meetings for not less than five years.
22	
23	(C) The owner or school administrator shall be responsible for the compliance of
24	the program director with the provisions of this Section and Sections 1070 and
25	<del>1070.1.</del>
26	
27	(4) The program shall have sufficient financial resources available to support the
28	program and to comply with this Section. If the program or school requires approval by
29	any other governmental agency, that approval shall be obtained prior to application to
30	the Board for approval and shall be maintained at all times. The failure to maintain that
31	approval shall result in the automatic withdrawal of Board approval of the program.
32	
33	(5) The program shall be of sufficient duration for the student to develop minimum
34	competence in performing dental assistant and registered dental assistant duties, but in
35	no event less than 800 hours, including at least 275 hours of didactic instruction, at least
36	260 hours of combined laboratory or preclinical instruction conducted in the program's
37	facilities under the direct supervision of program faculty or instructional staff, and the
38	remaining hours utilized in clinical instruction in extramural dental facilities. No more
39	than 20 hours of instruction shall be devoted to clerical, administrative, practice
40	management, or similar duties. Programs whose demonstrated total hours exceed 800
41	and who meet all the instructional requirements in this Section, may utilize the
42	additional instructional hours as deemed appropriate for program success. To maintain
43	approval, programs approved prior to the effective date of these regulations shall

44

submit to the Board a completed "Notice of Compliance with New Requirements for

Registered Dental Assistant Educational Programs (New 9/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

2 3 4

1

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

5 6 7

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

8 9 10

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

11 12 13

14

15

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

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(A) The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session: amalgamator, model trimmers in the ratio of one for every seven students, dental rotary equipment in the ratio of one for every three students, vibrators in the ratio of one for every three students, light curing devices in the ratio of one for every operatory, functional typodonts and bench mounts in the ratio of one for every two students, functional orthodontically banded typodonts in the ratio of one for every four students, facebows in the ratio of one for every ten students, automated blood pressure device, EKG machine, pulse oximeters in the ratio of one for every ten students, capnograph or simulated device, one set of hand instruments in the ratio of one set for every two students for each procedure, respiration device, camera for intraoral use, camera for extraoral use. CAD machine or simulated device, caries detection device in the ratio of one for every ten students, and all other equipment and armamentaria required to teach dental assistant and registered dental assistant duties. With the exception of a CAD machine and patient monitoring equipment specific to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary equipment and have it readily available upon inspection. Patient monitoring equipment owned by the institution and utilized by more than one program within the institution premises is acceptable and may be used by the RDA program as needed for instruction. Instruction by a licensed healthcare provider is acceptable. In the event instruction in patient monitoring procedures and use of the CAD machine is provided by an outside provider, the RDA program shall not be required to have available or own patient monitoring equipment or CAD machine.

41 42

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1	(B) Instruments shall be provided to accommodate students needs in learning to
2	identify, exchange, and prepare procedural trays and assist in procedures as they
3	relate to general and specialty dentistry.
4	
5	(C) Provision shall be made for reasonable access to current and diverse dental
6	and medical reference texts, current journals, audiovisual materials, and other
7	necessary resources. Library holdings, which may include, in total or in part,
8	access through the Internet, shall include materials relating to all subject areas of
9	the program curriculum.
10	
11	(D) Emergency materials shall include, at a minimum, an oxygen tank that is
12	readily available and functional. Medical materials for treating patients with life-
13	threatening conditions shall be available for instruction and accessible to the
14	operatories. Facilities that do not treat patients shall maintain a working model
15	of a kit of such emergency materials for instructional purposes.
16	
17	(8) Curriculum documentation shall be reviewed annually and revised, as needed, to
18	reflect new concepts and techniques. This content shall be integrated and of sufficient
19	depth, scope, sequence of instruction, quality and emphasis to ensure achievement of
20	the curriculum's defined competencies.
21	
22	(A) Programs that admit students in phases, including modular or open entry
23	programs, shall provide, at minimum, basic instruction in tooth anatomy, tooth
24	numbering, general program guidelines, basic chairside skills, emergency and
25	safety precautions, infection control, and sterilization protocols associated with
26	and required for patient treatment. Such instruction shall occur prior to any
27	other program content and prior to
28	performances or activities involving patients.
29	
30	(B) All programs shall provide students with additional instruction in the
31	California Division of Occupational Safety and Health (Cal/OSHA) Regulations
32	(Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum
33	Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) prior to
34	the student's performance of procedures on patients.
35	
36	(9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b)(11)
37	and (b)(12) of this Section, programs shall include the following content:
38	
39	(A) Instruction in radiation safety that meets all of the requirements of Cal. Code
40	Regs., Title 16, Sections 1014 and 1014.1.
41	
42	(B) Instruction in coronal polishing that meets all of the requirements of Cal.
43	Code Regs., Title 16, Section 1070.4.
44	

1	(C) Instruction in the application of Pit and Fissure Sealants that meets all of the
2	requirements of Cal. Code Regs., Title 16, Section 1070.3.
3	
4	(D) A course in basic life support provided by an instructor approved by the
5	American Red Cross or the American Heart Association, or any other course
6	approved by the Board as equivalent. The program may require that the student
7	complete this course as a prerequisite to program enrollment, or that the
8	student provide evidence of having completed the course from another
9	<del>provider.</del>
10	
11	(E) Instruction in infection control that meets all of the requirements of Cal. Code
12	Regs., Title 16, Section 1070.6.
13	
14	(F) Instruction in the Dental Practice Act that includes the content specified in
15	Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing
16	education courses.
17	
18	(10) A program that desires to provide instruction in the following areas shall apply
19	separately for approval to provide the following courses:
20	
21	(A) A course in the removal of excess cement with an ultrasonic scaler, that shall
22	meet the requirements of Cal. Code Regs., Title 16, Section 1070.5.
23	
24	(B) An orthodontic assistant permit course that shall meet the requirements of
25	Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be
26	required to obtain separate approval to teach the duties of placing ligature ties
27	and archwires, removing orthodontic bands, and removing excess cement from
28	surfaces of teeth with a hand instrument, and shall be no less than 51 hours,
29	including at least 9 hours of didactic instruction, at least 22 hours of laboratory
30	instruction, and at least 20 hours of clinical instruction.
31	
32	(C) A dental sedation assistant permit course that shall meet the requirements of
33	Cal. Code Regs., Title 16, Section 1070.8.
34	
35	(D) A Registered Dental Assisting educational program that includes instructional
36	content for either the orthodontic assistant permit or dental sedation assistant
37	permit, or both, shall provide a certificate or certificates of completion to the
38	graduate. The certificate holder shall be deemed an eligible candidate for the
39	permit examination process as having met all educational requirements for the
40	permit examination.
41	
42	(11) General didactic instruction shall include, at a minimum, the following:
43	

# WORKING DOCUMENT: DRAFT PROPOSED REGULATORY LANGUAGE (A) Principles of general anatomy, physiology, oral embryology, tooth histology.

2 and head-neck anatomy. 3 4 (B) Principles of conditions related to and including	
4 (B) Principles of conditions related to and including	
-	
poriodontics and adontics nodictric dontictry and	surgery, prosthodontics, and
5 periodontics, endodontics, pediatric dentistry, oral-	
6 esthetic dentistry.	
7	
8 (C) Instruction in the Dental Practice Act that includ	les the content specified
9 in Cal. Code Regs., Title 16, Section 1016, as well as	principles of the Health
10 Insurance Portability and Accountability Act (HIPAA	N) privacy and security
11 standards, risk management, and professional code	• • • •
12	
13 (D) Principles of infection control, waste management	ent, and hazardous
14 communication requirements in compliance with the	
15 Standards for Infection Control (Cal. Code Regs., Tit	
16 other federal, state, and local requirements govern	
17 Instruction in infection control shall meet the education	
18 in Section 1070.6(e).	
19	
20 (E) Principles related to pharmacology and biomedi	ical sciences including
21 nutrition and microbiology.	
22	
23 (F) Principles of medical dental emergencies and fir	rst aid management.
24	5
25 (G) Principles of the treatment planning process inc	cluding medical health history
26 data collection, patient and staff confidentiality, an	
27	3
28 (H) Principles of record classifications including mar	nagement, storage, and
29 retention protocol for all dental records including le	
30 involving patient records.	
31	
32 (I) Principles and protocols of special needs patient	management, the psychology
33 and management of dental patients, and overall int	
34	
35 (J) Principles, protocols, and armamentaria associat	ted with all dental assisting
36 <del>chairside procedures.</del>	J
37	
38 (K) Principles, protocols, manipulation, use, and arm	<del>namentaria for contemporary</del>
39 dental materials used in general and specialty denti	
40	•
41 (L) Principles and protocols for oral hygiene preven	tative methods including,
42 plaque identification, toothbrushing and flossing te	
43	•

1	(M) Principles, protocols, armamentaria, and procedures associated with
2	operative and specialty dentistry.
3	
4	(N) Principles, protocols, armamentaria, and procedures for each duty that
5	dental assistants and registered dental assistants are allowed to perform.
6	
7	(O) All content for instruction in radiation safety as set forth in Cal. Code Regs.,
8	Title 16, Section 1014.1.
9	
10	(P) All content for instruction in coronal polishing as set forth in Cal. Code Regs.,
11	Title 16, Section 1070.4.
12	
13	(Q) All content for instruction in the application of Pit and Fissure Sealants as set
14	forth in Cal. Code Regs., Title 16, Section 1070.3.
15	
16	(12) Laboratory and clinical instruction shall be of sufficient duration and content
17	for each student to achieve minimum competence in the performance of each
18	procedure that dental assistant and registered dental assistant is authorized to
19	<del>perform.</del>
20	
21	(13) Each student shall pass a written examination that reflects the curriculum
22	content, which may be administered at intervals throughout the course as
23	determined by the course director.
24	
25	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1752.1,
26	1752.4 and 1752.6, Business and Professions Code.
27	
28	§ 1070.3. Approval of Pit and Fissure Sealant Courses.
29	
30	(a) A course in the application of pit and fissure sealants is one in which has, as its primary
31	purpose, providing theory and clinical application in preventative sealant techniques. A single
32	standard of care shall be maintained, and the board shall approve and continue to approve only
33	courses which continuously maintain a high-quality standard of instruction.
34	
35	(b) A pit and fissure sealant course provider applying for initial approval shall submit ar
36	application for approval, hereby incorporated by reference (insert date), accompanied by the
37	designated, non-refundable fee as defined in CCR Section 1022. Consistent with CCR Section
38	1070, the board may approve or deny approval after evaluation of all components of the course
39	have been performed.
40	<u> </u>
41	(c) Continuation of approval will be contingent upon continued compliance with CCR Sections
42	1070, 1070.1 and all requirements as required herein.

43

T	(a) <b>General Provisions:</b> Adequate provisions for the supervision and operation of the course shall
2	be made in compliance with this Article and the following:
3	
4	(1) Unless otherwise incorporated in a board-approved registered dental assisting
5	program, providers shall require evidence that all course pre-requisites have been met
6	prior to acceptance of the participant in the course. Pre-requisites include current
7	certification in basic life support, completion of an 8-hour board-approved course in
8	infection control, a 2-hour board-approved course in dental assisting jurisprudence,
9	
LO	(2) When instruction is incorporated in a registered dental assisting program, students
l1	shall have completed instruction in infection control, basic chairside skills, anatomy, tooth
L2	morphology and dental materials and shall have obtained certification in basic life
L3	support, as defined herein, prior to the start of instruction in coronal polish.
L4	(2) The requirements for the quantity qualifications and responsibilities of the course
L5	(3) The requirements for the quantity, qualifications and responsibilities of the course director and all faculty or instructional staff as defined in CCR Sections 1070 and 1070.1,
L6	
L7	shall be adhered to at all times.
L8	(4) Providers shall not be required to employ a dentist for the purposes of oversight during
19 20	clinical instruction.
21	Cilifical Histraction.
22	(5) Providers shall require a written permission letter or prescription by a licensed dentist
23	who shall diagnose and prescribe sealant placement when patient-based experiences are
24	performed.
<u>2</u> 5	<del>perrormes.</del>
26	(e) Facilities and Equipment:
27	<u>,c, - u</u>
28	(1) Adequate supplies, materials and provisions for instruction in the application of pit
29	and fissure Sealants shall be provided in compliance with the requirements of CCR
30	Section 1070.
31	
32	(2) There shall be a sufficient number of safe, adequate, and educationally conducive
33	lecture classrooms and operatories in compliance with the requirements of CCR Section
34	1070. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided.
35	
36	(3) All disinfection and sterilization procedures specified in CCR Section 1005 shall be
37	incorporated in the course content and followed during all laboratory, simulated-clinical
38	and clinical experiences.
39	
10	(f) Course Duration: As part of an organized course of instruction, sufficient time shall be
11	available for all students to achieve minimum competence in the various protocols used in the
12	application of pit and fissure sealants. The course shall, however, be no less than 16 hours in length
13	consisting of a combination of didactic, laboratory, and simulated-clinical or clinical instruction
14	designed for the student to develop minimum competency in all aspects of the subject area.

1	
2	(g) Course Curriculum and Examination:
3	
4	(1) A detailed course outline shall be established and maintained consistent with the
5	requirements of CCR Section 1070 and shall be provided to students prior to the start of
6	instruction.
7	
8	(2) General course objectives and specific instructional unit objectives shall be stated in
9 10	writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the course shall provide the content necessary for
11	students to make judgments regarding the application of pit and fissure sealants.
12	
13	(3) Objective evaluation criteria shall be used for measuring student progress toward
14	attainment of specific course objectives. Students shall be provided with specific
15	performance objectives and the evaluation criteria that will be used for all aspects of the
16	curriculum.
17	
18	(4) Each student shall pass a written examination which reflects the curriculum content.
19	
20	(5) Each student shall pass a practical examination in which the student successfully
21	completes the application of pit and fissure sealants on four (4) teeth.
22	
23	(h) Didactic Instruction: Areas of instruction shall include the following as they relate Dental
24	Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal and Abnormal
25	Anatomical and Physiological Tooth Descriptions
26	
27	(1) Morphology
28	
29	(2) Dental Materials
30	
31	(3) Sealant Basics:
32	
33	(i) Legal requirements
34	
35	(ii) Description and goals of sealants
36	
37	(iii) Indications and contraindications
38	
39	(iv) Role in preventive programs
40	
41	(v) Use of caries identification devices and materials
42	
43	(4) Sealant Materials and Caries Identification Devices:
44	

1	(i) Etchant and/or etchant/bond combination material composition, process,
2	storage and handling
3	
4	(ii) Sealant material composition, polymerization type, process, storage and
5	<u>handling</u>
6	
7	(iii) Armamentaria for etching and sealant application
8	
9	(iv) Problem solving for etchant and sealant material placement/manipulation
10	
11	(v) Armamentaria for caries identification
12	
13	(5) Sealant Criteria:
14	(1) A
15	(i) Areas of application
16	(") Delical coloria of salars
17	(ii) Patient selection factors
18	(iii) Coning identification Other indication feature materials
19	(iii) Caries identification Other indication factors protocols
20	(6) Proparation Factors:
21 22	(6) Preparation Factors:
23	(i) Moisture control protocol
24	(1) Moisture control protocol
25	(ii) Tooth/teeth preparation procedures prior to etching or etchant/bond
26	in rooth teeth preparation procedures prior to etaining or etailant, bond
27	(iii) Recording of caries identification devices or materials
28	,,
29	(7) Acid Etching or Etchant/Bond Combination:
30	
31	(i) Material preparation
32	
33	(ii) Application areas
34	
35	(iii) Application time factors
36	
37	(iv) Armamentaria
38	
39	(v) Procedure
40	
41	(8) Sealant Application:
42	
43	(i) Application areas
44	

1	(ii) Application time factors
2	(iii) Armamentaria
4	<del>()</del>
5 6	(iv) Procedure for chemical cure and light cure techniques
7	(v) Sealant evaluation criteria
8 9	(vi) Sealant adjustment technique
10	<u>,, </u>
11	(9) Infection control protocols
12	, . ,
13	(10) Clinical re-call re-evaluation protocols
14	
15	(i) Laboratory, Simulated-Clinical and Clinical Instruction:
16	
17	(1) Providers shall adhere to student/teacher ratios as defined in CCR Section 1070.1 at
18	all times during laboratory, simulated clinical and clinical instruction.
19	
20	(2) Students shall be provided with established written competencies identifying specific
21	objective evaluation criteria and performance objectives for all evaluated experiences.
22	An experience has been successfully completed only if each sealant placed meets or
23	exceeds all stated performance criteria.
24	
25	(3) Upon completion of all didactic instruction, students shall complete the following
26	competency evaluated experiences:
27	(A) Laborator of the control of the
28	(A) Laboratory experiences which may be conducted on a typodont and/or
29	mounted extracted teeth. Sufficient time shall be available for students to
30	demonstrate minimum competency on both posterior and anterior teeth.
31	(B) Sufficient time shall be available for students to demonstrate competency on
32 33	anterior and posterior teeth which shall be conducted on either a simulation
34	mannequin or clinical patients or a combination thereof.
35	mannequin of chinical patients of a combination thereof.
36	(4) When patient-based competencies are performed, each patient shall undergo a
37	caries identification procedure performed by the student as part of the evaluated
38	experience.
39	скрепенее.
40	(A) Each tooth selected for clinical experience shall be sufficiently erupted to
41	maintain a dry field for application of sealant materials.
42	manifestion a differential of application of activate materials.
43	(j) Course Completion: Upon completion of the course, each student shall be able to:
44	my seem to the seem of the see

1	(1) Identify the major characteristics of oral anatomy, histology, physiology, oral
2	pathology, normal/abnormal anatomical and physiological tooth descriptions,
3	morphology and microbiology as they relate to pit and fissure application.
4	
5	(2) Explain the procedure to patients.
6	
7	(3) Recognize decalcification, caries and fracture lines.
8	
9	(4) Identify the indications and contraindications for sealants.
10	
11	(5) Identify the characteristics of a caries identification device, light curing devices,
12	isolation devices, and self-curing and light-cured sealant materials.
13	
14	(6) Define the appropriate patient selection factors and indication factors for sealant
15	application.
16	
17	(7) Utilize proper armamentaria in an organized sequence.
18	
19	(8) Maintain appropriate moisture control protocol before and during application of
20	etchant and sealant material.
21	
22	(9) Demonstrate the proper technique for teeth preparation prior to etching.
23	
24	(10) Select and dispense the proper amount of etchant and sealant material when using
25	materials requiring etchant; and the proper use of etchless sealant materials including
26	bondable materials.
27	
28	(11) Demonstrate the proper techniques for application of the etchant and sealant
29	material.
30	
31	(12) Implement problem solving techniques associated with pit and fissure sealants.
32	
33	(13) Evaluate the etchant and sealant placement techniques according to appropriate
34	<u>c</u> riteria.
35	
36	(14) Check the occlusion and proximal contact for appropriate placement techniques.
37	<u> </u>
38	(15) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.
39	
40	(16) Maintain aseptic techniques including disposal of contaminated material.
41	
42	(k) Certificate of Completion. Upon successful completion of the course, students shall receive a
43	certificate consistent with the requirements defined in CCR Section 1070.
44	

1	(I) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
2	these regulations shall submit to the Board a completed "Notice of Compliance with New
3	Requirements for Pit and Fissure Sealant Certificate Courses" (insert date), hereby incorporated
4	by reference, within ninety (90) days of the effective date of these regulations.
5	
6	The following minimum criteria shall be met for a course in the application of pit and fissure
7	sealants to secure and maintain approval by the Board.
8	
9	(a) Educational Setting. The course shall be established at the post-secondary educational level.
10	
11	(b) Prerequisites. Each student shall possess the necessary requirements for application for RDA
12	licensure or currently possess an RDA license. Each student shall have already completed a
13	Board-approved course in coronal polishing.
14	
15	(c) Administration/Facility. Adequate provision for the supervision and operation of the course
16	<del>shall be made.</del>
17	
18	(1) The course director and each faculty member shall possess a valid, active, and
19	current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA
20	license issued by the Board if the person has completed Board approved courses in
21	coronal polishing and the application of pit and fissure sealants. All faculty shall have
22	been licensed for a minimum of two years. All faculty shall have the education,
23	background, and occupational experience and/or teaching expertise necessary to teach,
24	place, and evaluate the application of pit and fissure sealants. All faculty responsible for
25	clinical evaluation shall have completed a two hour methodology course in clinical
26	evaluation.
27	
28	(2) The course director shall have the education, background, and occupational
29	experience necessary to understand and fulfill the course goals. He/she shall actively
30	participate in and be responsible for the day-to-day administration of the course
31	including the following:
32	
33	(A) Providing daily guidance of didactic, laboratory and clinical assignments.
34	
35	(B) Maintaining for a period of not less than 5 years:
36	
37	1. Copies of curricula, course outlines, objectives, and grading criteria.
38	
39	2. Copies of faculty credentials, licenses, and certifications.
40	
41	3. Individual student records, including those necessary to establish
42	satisfactory completion of the course.

43

1	(C) Informing the Board of any changes to the course content, physical facilities,
2	and/or faculty, within 10 days of such changes.
3	
4	(d) Length of Course. The program shall be of sufficient duration for the student to develop
5	minimum competence in the application of pit and fissure sealants, but shall in no event be less
6	than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory
7	training, and at least 8 hours of clinical training.
8	
9	(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to
10	each student who successfully completes the course.
11	
12	(f) Facilities and Resources. Facilities and class scheduling shall provide each student with
13	sufficient opportunity, with instructor supervision, to develop minimum competency in
14	applying pit and fissure sealants. Such facilities shall include safe, adequate and educationally
15	<del>conducive:</del>
16	
17	(1) Lecture classrooms. Classroom size and equipment shall accommodate the number
18	of students enrolled.
19	
20	(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one
21	operatory for every five students at any one time.
22	
23	(A) Each operatory shall replicate a modern dental office containing functional
24	equipment including: a power-operated chair for treating patients in a supine
25	position; operator and assistant stools; air water syringe; adjustable light; oral
26	evacuation equipment; work surface; hand-washing sink; curing light, and all
27	other armamentarium required to instruct in the application of pit and fissure
28	<del>sealants.</del>
29	
30	(B) Each operatory shall be of sufficient size to accommodate a practitioner, a
31	student, an instructor, and a patient at one time.
32	
33	(3) Laboratories. The location and number of general use equipment shall assure that
34	each student has the access necessary to develop minimum competency in the
35	application of pit and fissure sealants. Protective eyewear is required for each student.
36	
37	(4) Infection Control. The program shall establish written clinical and laboratory
38	protocols to ensure adequate asepsis, infection and hazard control, and disposal of
39	hazardous wastes, which shall comply with the board's regulations and other Federal,
40	State, and local requirements. The program shall provide such protocols to all students,
41	faculty, and appropriate staff to assure compliance with such protocols. Adequate space
42	shall be provided for preparing and sterilizing all armamentarium.
43	- -
44	(5) Emergency Materials/Basic Life Support.

1	
2	(A) A written policy on managing emergency situations shall be made available
3	to all students, faculty, and staff.
4	
5	(B) All students, faculty, and staff involved in the direct provision of patient care
6	shall be certified in basic life support procedures, including cardiopulmonary
7	resuscitation. Re-certification intervals may not exceed two years. The program
8	shall document, monitor, and ensure compliance by such students, faculty, and
9	<del>staff.</del>
10	
11	(g) Program Content.
12	
13	(1) Sufficient time shall be available for all students to obtain laboratory and clinical
14	experience to achieve minimum competence in the various protocols used in the
15	application of pit and fissure sealants.
16	
17	(2) A detailed course outline shall be provided to the board which clearly states
18	curriculum subject matter and specific instruction hours in the individual areas of
19	didactic, laboratory, and clinical instruction.
20	
21	(3) General program objectives and specific instructional unit objectives shall be stated
22	in writing, and shall include theoretical aspects of each subject as well as practical
23	application. The theoretical aspects of the program shall provide the content necessary
24	for students to make judgments regarding the application of pit and fissure sealants.
25	The course shall assure that students who successfully complete the course can apply
26	pit and fissure sealants with minimum competence.
27	
28	(4) Objective evaluation criteria shall be used for measuring student progress toward
29	attainment of specific course objectives. Students shall be provided with specific unit
30	objectives and evaluation criteria that will be used for all aspects of the curriculum
31	including written and practical examinations. The program shall establish a standard of
32	performance that states the minimum number of satisfactory performances that are
33	required for each procedure.
34	
35	(5) Areas of instruction shall include at least the following as they relate to pit and
36	<del>fissure sealants:</del>
37	
38	(A) Dental Science Oral Anatomy, Histology, Physiology, Oral Pathology,
39	Normal/Abnormal Anatomical and Physiological Tooth Descriptions
40	
41	(B) Morphology and Microbiology
42	
43	(C) Dental Materials and Pharmacology
44	

1	<del>(D) Sealant Basics</del>
2	1. Legal requirements
3	2. Description and goals of sealants
4	3. Indications and contraindications
5	4. Role in preventive programs
6	
7	(E) Sealant Materials
8	
9	1. Etchant and/or etchant/bond combination material composition,
10	<del>process, storage and handling</del>
11	2. Sealant material composition, polymerization type, process, storage
12	and handling
13	3. Armamentaria for etching and sealant application
14	4. Problem solving for etchant and sealant material
15	placement/manipulation
16	
17	<del>(F) Sealant Criteria</del>
18	
19	1. Areas of application
20	2. Patient selection factors
21	3. Other indication factors
22	
23	(G) Preparation Factors
24	
25	1. Moisture control protocol
26	2. Tooth/teeth preparation procedures prior to etching or etchant/bond
27	
28	(H) Acid Etching or Etchant/Bond Combination
29	
30	1. Material preparation
31	2. Application areas
32	3. Application time factors
33	4. Armamentaria
34	<del>5. Procedure</del>
35	6. Etchant or etchant/bond evaluation criteria
36	
37	(I) Sealant Application
38	
39	1. Application areas
40	2. Application time factors
41	3. Armamentaria
42	4. Procedure for chemical cure and light cure techniques
43	5. Sealant evaluation criteria
44	6. Sealant adjustment techniques

1	
2	(J) Infection control protocol
3	
4	(K) Clinical re-call re-evaluation protocols
5	
6	(6) There shall be no more than 14 students per instructor during laboratory instruction.
7	Laboratory instruction may be conducted on a typodont, a simulated model, and/or
8	mounted extracted teeth. Sufficient time shall be available for all students to obtain
9	laboratory experience to achieve minimum competence in pit and fissure sealant
10	application prior to the performance of procedures on patients.
11	
12	(7) Clinical instruction shall be of sufficient duration to allow the procedures to be
13	performed to clinical proficiency. There shall be no more than 6 students per instructor
14	during clinical instruction. Clinical instruction shall include clinical experience on four
15	patients with two of the four patients used for the clinical examination. Each clinical
16	patient shall have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently
17	erupted so that a dry field can be maintained, for application of the etching, or
18	etchant/bond combination, and sealant materials. Such clinical instruction shall include
19	teeth in all four quadrants for each patient.
20	
21	(h) Externship Instruction.
22	
23	(1) If an extramural clinical facility is utilized, students shall, as part of an organized
24	program of instruction, be provided with planned, supervised clinical instruction in the
25	application of pit and fissure sealants.
26	
27	(2) The program director/coordinator or a dental faculty member shall be responsible
28	for selecting extern clinical sites and evaluating student competence in performing
29	procedures both before and after the clinical assignment.
30	
31	(3) Objective evaluation criteria shall be used by the program faculty and clinic
32	<del>personnel.</del>
33	
34	(4) Dentists who intend to provide extramural clinical practices shall be oriented by the
35	program director/coordinator or a dental faculty member prior to the student
36	assignment. Orientation shall include the objectives of the course, the preparation the
37	student has had for the clinical assignment, and a review of procedures and criteria to
38	be used by the dentist in evaluating the student during the assignment.
39	
40	(5) There shall be a written contract of affiliation with each extramural clinical facility
41	utilized by the program. Such contract shall describe the settings in which the clinical
42	training will be received, affirm that the clinical facility has the necessary equipment and
43	armamentarium appropriate for the procedures to be performed, and affirm that such
44	equipment and armamentarium are in safe operating condition.

2	(i) Evaluation and Examination.
3 4	(1) Upon completion of the course, each student shall be able to:
5	(1) opon completion of the course, each student shall be able to:
6	(A) Identify the major characteristics of oral anatomy, histology, physiology, oral
7	pathology, normal/abnormal anatomical and physiological tooth descriptions,
8	morphology and microbiology as they relate to pit and fissure application.
9	τ μ
10	(B) Explain the procedure to patients.
11	
12	(C) Recognize decalcification, caries and fracture lines.
13	
14	(D) Identify the indications and contraindications for sealants.
15	
16	(E) Identify the characteristics of self curing and light cured sealant material.
17	
18	(F) Define the appropriate patient selection factors and indication factors for
19	sealant application.
20	
21	(G) Utilize proper armamentaria in an organized sequence.
22	
23	(H) Maintain appropriate moisture control protocol before and during
24	application of etchant and sealant material.
25	
26	(I) Demonstrate the proper technique for teeth preparation prior to etching.
27	
28	(J) Select and dispense the proper amount of etchant and sealant material.
29	
30	(K) Demonstrate the proper techniques for application of the etchant and
31	sealant material.
32	
33	(L) Implement problem solving techniques associated with pit and fissure
34	<del>sealants.</del>
35	
36	(M) Evaluate the etchant and sealant placement techniques according to
37	<del>appropriate criteria.</del>
38	
39	(N) Check the occlusion and proximal contact for appropriate placement
40	<del>techniques.</del>
41	
42	(O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.
43	
44	(P) Maintain asentic techniques including disposal of contaminated material

1	
2	(2) Each student shall pass a written examination which reflects the entire curriculum
3	<del>content.</del>
4	
5	(3) Each student shall pass a clinical examination in which the student successfully
6	completes the application of pit and fissure sealants on two of the four clinical patients
7	required for clinical instruction. The examination shall include teeth in all four
8	<del>quadrants.</del>
9	
10	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1754
11	and 1777, Business and Professions Code.
12	
13	§ 1070.4. Approval of Coronal Polishing Courses.
14	
15	(a) A course in the performance of coronal polishing procedures is one that has as its primary
16	purpose providing theory and clinical application in plaque and stain removal techniques from
17	supragingival tooth surfaces. A single standard of care shall be maintained, and the board shall
18	approve and continue to approve only programmatic curricula and stand-alone courses which
19	continuously maintain a high-quality standard of instruction.
20	
21	(b) A coronal polishing course provider applying for initial approval shall submit an application
22	for approval, hereby incorporated by reference (insert date), accompanied by the designated,
23	non-refundable fee as defined in CCR Section 1022. Consistent with CCR Section 1070, the board
24	may approve or deny approval after evaluation of all components of the course have been
25	performed.
26	<del>perrormed.</del>
27	(c) Continuation of approval will be contingent upon continued compliance with CCR Sections
28	1070, 1070.1 and all requirements as required herein.
29	1070, 1070.1 and an requirements as required herein.
2 <i>9</i> 30	(d) <b>General Provisions:</b> Adequate provisions for the supervision and operation of the course shall
30	be made in compliance with this Article and the following:
32	be made in compliance with this Article and the following.
	(1) Unless otherwise incorporated in a heard approved registered dental assisting
33	(1) Unless otherwise incorporated in a board-approved registered dental assisting
34	program, providers shall require evidence that all course pre-requisites have been met
35	prior to acceptance of the participant to include current certification in basic life support,
36	completion of an 8-hour board-approved course in infection control, and a 2-hour board-
37	approved course in dental assisting jurisprudence.
38	
39	(2) When instruction is incorporated in a registered dental assisting program, students
40	shall have completed instruction in infection control, basic chairside skills, anatomy, tooth
41	morphology and dental materials and shall have obtained certification in basic life
42	support, as defined herein, prior to the start of instruction in coronal polish.

43

1	(3) The requirements for the quantity, qualifications and responsibilities of the course
2	director and all faculty or instructional staff, as defined in CCR Section 1070 and 1070.1,
3	shall be adhered to at all times.
4	
5	(4) Dental assisting programs and stand-alone courses teaching coronal polish shall not
6	be required to employ a dentist for the purposes of oversight during pre-clinical or clinical
7	instruction. Each clinical patient approved for coronal polishing shall be deemed calculus
8	free by faculty of the course or program prior to clinical performances by the student.
9	
10	(5) Additionally, all patient's or their guardian shall complete a health history form with
11	consent acknowledging the procedure is being performed by a student of the course or
12	program. Such documentation shall be maintained in the student records.
13	
14	(e) Facilities and Equipment:
15	
16	(1) Adequate supplies, materials and provisions for instruction in Coronal Polishing shall
17	be provided in compliance with the requirements of CCR Section 1070.
18	
19	(f) Course Duration: A course in coronal polishing shall be of sufficient duration, but in no event
20	less than 12 hours including at least 4 hours of didactic instruction, at least 4 hours of laboratory
21	instruction, and at least 4 hours of supervised clinical instruction for the student to obtain
22	applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve
23	minimum competence.
24	
25	(g) Course Curriculum and Examination:
26	
27	(1) A detailed course outline shall be established and maintained consistent with the
28	requirements of CCR Section 1070 and shall be provided to students prior to the start of
29	instruction.
30	
31	(2) General course objectives and specific instructional unit objectives shall be stated in
32	writing and shall include theoretical aspects of each subject as well as practical
33	application. The theoretical as pects of the course shall provide the content necessary for
34	students to make judgments regarding coronal polishing.
35	
36	(3) Objective evaluation criteria shall be used for measuring student progress toward
37	attainment of specific course objectives. Students shall be provided with specific
38	performance objectives and the evaluation criteria that will be used for all aspects of the
39	<u>curriculum.</u>
40	
41	(4) Each student shall pass a written examination which reflects the curriculum content.
42	
43	(5) Each student shall pass a clinical examination.
44	

1	(h) <b>Didactic Instruction:</b> Areas of instruction shall include the following as they relate to coronal
2	polishing:
3	
4	(1) Coronal Polishing Basics:
5	(A) Legal requirements
6	(B) Description and goals of coronal polishing
7	(C) Indications and contraindications of coronal polishing
8	(D) Criteria for an acceptable coronal polish
9	
10	(2) Principles of plaque and stain formation:
11	(A) Clinical description of plaque, intrinsic and extrinsic stains, and calculus
12	(B) Etiology of plaque and stain
13	(C) Clinical description of teeth that have been properly polished and are free of
14	<u>stain</u>
15	(D) Tooth morphology and anatomy of the oral cavity as they relate to polishing
16	techniques and to retention of plaque and stain
17	(3) Polishing materials:
18	(A) Polishing agent(s) composition, storage and handling
19	(B) Abrasive material(s) composition, storage, and handling, and factors which
20	affect rate of abrasion
21	(C) Disclosing agent composition, storage and handling
22	(D) Armamentaria for disclosing and polishing techniques
23	(E) Contraindications for disclosing and polishing techniques
24	
25	(4) Principals of tooth polishing:
26	(A) Clinical application of disclosing before and after a coronal polish
27	(B) Instrument grasps and fulcrum techniques
28	(C) Purpose and techniques of the mouth mirror for indirect vision and retraction
29	(D) Characteristics, manipulation and care of dental handpieces, mechanical
30	devices and rotary devices used when performing a coronal polish procedure
31	(E) Introduction of advanced technologies in coronal polishing including the use
32	of air polishing devices and selective polishing procedures
33	(F) Use of traditional and contemporary polishing techniques, including selective
34	polishing
35	(G) <u>Techniques for coronal polishing of adults and children</u>
36	(H) Procedures for cleaning fixed and removable prosthesis and orthodontic
37	<u>appliances</u>
38	(I) <u>Disclosing and polishing evaluation criteria</u>
39	
40	(5) Infection control protocols
41	
42	(6) OSHA Bloodborne Pathogens Standards
43	

1	(A) Successful completion of a comprehensive written examination to include all
2	areas of didactic instruction shall occur prior to pre-clinical instruction and
3	experiences.
4	
5	(i) Laboratory, Simulated-Clinical and Clinical Instruction:
6	
7	(1) Providers shall adhere to student/teacher ratios as defined in CCR Section 1070.1 at
8	all times during laboratory, simulated clinical and clinical instruction.
9	
LO	(2) Students shall be provided with established written competencies identifying specific
l1	objective evaluation criteria and performance objectives for all evaluated experiences.
L2	An experience has been successfully completed only if each procedure meets or exceeds
L3	all stated performance criteria.
L4	
L5	(3) Upon completion of all didactic instruction, students shall complete the following
L6	competency evaluated experiences:
L7	
L8	(A) Laboratory experiences which shall be conducted on a fully articulated and
L9	mounted typodont. Sufficient time shall be available for students to
20	demonstrate minimum competency performing two (2) laboratory experiences;
21	<u>or</u>
22	
23	(B) Simulated clinical experiences which shall be conducted on a simulator or
24	mannequin device. Sufficient time shall be available for students to demonstrate
25	minimum competency performing two (2) simulated clinical experiences.
26	
27	(C) Clinical experiences which shall be conducted on three (3) patients with two
28	(2) of the three (3) patients used for the clinical examination. The clinical
29	experiences shall include one performance utilizing selective polishing technique
30	and one performance utilizing full mouth polishing technique. Patient selection
31	and evaluation shall follow all stated criteria.
32 33	(i) Each clinical nations shall have at minimum, a mixed dentition or at
34	(i) Each clinical patient shall have, at minimum, a mixed dentition or at least 2/3 of their natural teeth in place. Careful consideration shall be
34 35	given to utilizing selective polishing techniques on clinical patients
36	possessing implants, orthodontic bands and brackets, or removable
37	appliances.
38	аррнансез.
9 39	(j) Upon completion of the course, each student shall be able to:
	(1) Identify the major characteristics of oral anatomy, histology, physiology, oral
10 11	pathology, normal/abnormal anatomical and physiological tooth descriptions,
+1 12	morphology and microbiology as they relate to coronal polishing.
+2 13	(2) Explain the procedure to patients.
+3 1Δ	(3) Recognize decalcification and mottled enamel

1	(4) Identify plaque, calculus and stain formation within the oral cavity.
2	(5) Identify the indications and contraindications for disclosing and selective polishing.
3	(6) Recognize advanced technologies in coronal polishing including the use of air
4	polishing devices and selective polishing procedures
5	(7) Utilize proper armamentaria in an organized sequence for disclosing and polishing.
6	(8) Perform plaque disclosure.
7	(9) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue
8	retraction.
9	(10)Utilize both full mouth and selective polishing techniques
10	(11)Demonstrate proper polishing techniques using traditional and contemporary
11	mechanical devices
12	(12) Demonstrate the use of floss, tape, and abrasive strips when appropriate.
13	(13)Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic
14	appliances.
15	(14) Maintain aseptic techniques including disposal of contaminated material.
16	
17	(k) Certificate of Completion. Upon successful completion of the course, students shall receive a
18	certificate consistent with the requirements defined in CCR Section 1070.
19	
20	(I) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
21	these regulations shall submit to the Board a completed "Notice of Compliance with New
22	Requirements for Coronal Polish Certificate Courses" (insert date), hereby incorporated by
23	reference, within ninety (90) days of the effective date of these regulations.
24	
25	The following minimum criteria shall be met for a course in coronal polishing to secure and
26	maintain approval by the Board.
27	
28	(a) Educational Setting. The course shall be established at the post-secondary educational level.
29	
30	(b) Prerequisites. Each student shall possess the necessary requirements for application for RDA
31	licensure or currently possess an RDA license. Each student shall satisfactorily demonstrate to
32	the instructor clinical competency in infection control requirements prior to clinical instruction
33	in coronal polishing.
34	
35	(c) Administration/Faculty. Adequate provision for the supervision and operation of the course
36	<del>shall be made.</del>
37	
38	(1) The course director and each faculty member shall possess a valid, active, and
39	current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA
40	license issued by the Board if the person has completed a board approved course in
41	coronal polishing. All faculty shall have been licensed for a minimum of two years. All
42	faculty shall have the education, background, and occupational experience and/or
43	teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty

1	responsible for clinical evaluation shall have completed a two hour methodology course
2	in clinical evaluation.
3	
4	(2) The course director shall have the education, background, and occupational
5	experience necessary to understand and fulfill the course goals. He/she shall actively
6	participate in and be responsible for the day to day administration of the course
7	including the following:
8	
9	(A) Providing guidance of didactic, laboratory and clinical assignments.
LO	
l1	(B) Maintaining for a period of not less than 5 years:
L2	
L3	i. Copies of curricula, course outlines, objectives, and grading criteria.
L4	
L5	ii. Copies of faculty credentials, licenses, and certifications.
L6	
L7	iii. Individual student records, including those necessary to establish
L8	satisfactory completion of the course.
L9	
20	(C) Informing the board of any changes to the course content, physical facilities,
21	and/or faculty, within 10 days of such changes.
22	
23	(d) Length of Course. The program shall be of sufficient duration for the student to develop
24	minimum competence in coronal polishing, but shall in no event be less than 12 clock hours,
25	including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at least
26	4 hours of clinical training.
27	(a) Fuidance of Completion. A cortificate or other suidence of completion shall be issued to
28	(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to each student who successfully completes the course.
29	each student who successivily completes the course.
30 31	(f) Facilities and Resources. Facilities and class scheduling shall provide each student with
32	sufficient opportunity, with instructor supervision, to develop minimum competency in coronal
33	polishing. Such facilities shall include safe, adequate and educationally conducive:
34	ponsiting. Such racingles shall include safe, adequate and educationally conducive.
35	(1) Lecture classrooms. Classroom size and equipment shall accommodate the number
36	of students enrolled.
30 37	or students emoned.
38	(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one
39	operatory for every six students at any one time.
10	operatory for every six students at any one time.
11	(A) Each operatory shall replicate a modern dental office containing functional
12	equipment including: a power-operated chair for treating patients in a supine
13	position; operator and assistant stools; air-water syringe; adjustable light; oral
14	evacuation equipment: work surface: hand-washing sink: slow-speed handniece

1	and all other armamentarium required to instruct in the performance of coronal
2	<del>polishing.</del>
3	
4	(B) Each operatory shall be of sufficient size to accommodate a student, an
5	instructor, and a patient at one time.
6	
7	(3) Laboratories. The location and number of general use equipment shall assure that
8	each student has the access necessary to develop minimum competency in coronal
9	polishing. Protective eyewear is required for each student.
10	
11	(4) Infection Control. The program shall establish written clinical and laboratory
12	protocols to ensure adequate asepsis, infection and hazard control, and disposal of
13	hazardous wastes, which shall comply with the board's regulations and other Federal,
14	State, and local requirements. The program shall provide such protocols to all students,
15	faculty, and appropriate staff to assure compliance with such protocols. Adequate space
16	shall be provided for preparing and sterilizing all armamentarium.
17	
18	(5) Emergency Materials/Basic Life Support.
19	
20	(A) A written policy on managing emergency situations shall be made available
21	to all students, faculty, and staff.
22	
23	(B) All students, faculty, and staff involved in the direct provision of patient care
24	shall be certified in basic life support procedures, including cardiopulmonary
25	resuscitation. Re-certification intervals may not exceed two years. The program
26	shall document, monitor, and ensure compliance by such students, faculty, and
27	staff.
28	
29	(g) Program Content.
30	
31	(1) Sufficient time shall be available for all students to obtain laboratory and clinical
32	experience to achieve minimum competence in the various protocols used in the
33	performance of coronal polishing.
34	
35	(2) A detailed course outline shall be provided to the board which clearly states
36	curriculum subject matter and specific instruction hours in the individual areas of
37	didactic, laboratory, and clinical instruction.
38	, , , , , , , , , , , , , , , , , , , ,
39	(3) General program objectives and specific instructional unit objectives shall be stated
40	in writing, and shall include theoretical aspects of each subject as well as practical
41	application. The theoretical aspects of the program shall provide the content necessary
42	for students to make judgments regarding the performance of coronal polishing. The
43	course shall assure that students who successfully complete the course can perform
44	coronal polishing with minimum competence.

1	
2	(4) Objective evaluation criteria shall be used for measuring student progress toward
3	attainment of specific course objectives. Students shall be provided with specific unit
4	objectives and the evaluation criteria that will be used for all aspects of the curriculum
5	including written and practical examinations. The program shall establish a standard of
6	performance that states the minimum number of satisfactory performances that are
7	required for each procedure.
8	
9	(5) Areas of instruction shall include at least the following as they relate to coronal
10	polishing:
11	
12	(A) Coronal Polishing Basics
13	
14	<del>i. Legal requirements</del>
15	
16	ii. Description and goals of coronal polishing
17	
18	iii. Indications and contraindications of coronal polishing
19	
20	iv. Criteria for an acceptable coronal polish
21	
22	(B) Principles of plaque and stain formation
23	
24	i. Clinical description of plaque, intrinsic and extrinsic stains, and calculus
25	
26	ii. Etiology of plaque and stain
27	
28	iii. Clinical description of teeth that have been properly polished and are
29	free of stain.
30	
31	iv. Tooth morphology and anatomy of the oral cavity as they relate to
32	polishing techniques and to retention of plaque and stain
33	
34	(C) Polishing materials
35	
36	i. Polishing agent composition, storage and handling
37	
38	ii. Abrasive material composition, storage, and handling, and factors
39	which affect rate of abrasion
40	
41	iii. Disclosing agent composition, storage and handling.
42	
43	iv. Armamentaria for disclosing and polishing techniques.
44	

1	v. Contraindications for disclosing and polishing techniques.
2	
3	(D) Principals of tooth polishing
4	i Clinical application of disclosing before and after a carenal polich
5 6	i. Clinical application of disclosing before and after a coronal polish.
6 7	ii. Instrument grasps and fulcrum techniques
8	11. Instrument grasps and raicrain teeningaes
9	iii. Purpose and techniques of the mouth mirror for indirect vision and
10	retraction.
11	
12	iv. Characteristics, manipulation and care of dental handpieces when
13	performing a coronal polish.
14	
15	v. Pre-medication requirements for the compromised patient.
16	
17	vi. Use of adjunct materials for stain removal and polishing techniques
18	
19	vii. Techniques for coronal polishing of adults and children.
20	
21	viii. Procedures for cleaning fixed and removable prosthesis and
22	orthodontic appliances.
23	
24	ix. Disclosing and polishing evaluation criteria.
25	
26	(E) Infection control protocols
27	
28	(6) There shall be no more than 6 students per instructor during laboratory instruction
29	Sufficient time shall be available for all students to obtain laboratory experience to
30	achieve minimum competence in the performance of coronal polishing prior to the
31	performance of procedures on patients.
32	
33	(7) Clinical instruction shall be of sufficient duration to allow the procedures to be
34	performed to clinical proficiency, which may include externship instruction as provided
35	in subdivision (h). There shall be no more than 6 students per instructor during clinical
36	instruction. Clinical instruction shall include clinical experience on at least three
37	patients, with two of the three patients used for the clinical examination.
38	
39	(h) Externship Instruction.
40	(4) If an extraord altrical facility is unit and for all start and a second start and a s
41	(1) If an extramural clinical facility is utilized for clinical instruction as provided in
42	subdivision (g)(7), students shall, as part of an organized program of instruction, be
43	provided with planned, supervised clinical instruction in the application of coronal polishing.
44	<del>DONSTRIE.</del>

1	
2	(2) The program director/coordinator or a dental faculty member shall be responsible
3	for selecting extern clinical sites and evaluating student competence in performing
4	procedures both before and after the clinical assignment.
5	
6	(3) Objective evaluation criteria shall be used by the program faculty and clinic
7	<del>personnel.</del>
8	
9	(4) Dentists who intend to provide extramural clinical practices shall be oriented by the
10	program director/coordinator or a dental faculty member prior to the student
11	assignment. Orientation shall include the objectives of the course, the preparation the
12	student has had for the clinical assignment, and a review of procedures and criteria to
13	be used by the dentist in evaluating the student during the assignment.
14	
15	(5) There shall be a written contract of affiliation with each extramural clinical facility
16	utilized by the program. Such contract shall describe the settings in which the clinical
17	training will be received, affirm that the clinical facility has the necessary equipment and
18	armamentarium appropriate for the procedures to be performed, and affirm that such
19	equipment and armamentarium are in safe operating condition.
20	
21	(i) Evaluation and Examination.
22	
23	(1) Upon completion of the course, each student shall be able to:
24	
25	(A) Identify the major characteristics of oral anatomy, histology, physiology, oral
26	pathology, normal/abnormal anatomical and physiological tooth descriptions,
27	morphology and microbiology as they relate to coronal polishing.
28	
29	(B) Explain the procedure to patients.
30	
31	(C) Recognize decalcification and mottled enamel.
32	
33	(D) Identify plaque, calculus and stain formation within the oral cavity.
34	
35	(E) Identify the indications and contraindications for disclosing and coronal
36	polishing.
37	
38	(F) Identify the pre-medications for the compromised patient.
39	
40	(G) Utilize proper armamentaria in an organized sequence for disclosing and
41	polishing.
42	
43	(H) Perform plaque disclosure.
44	

1	(I) Demonstrate the proper instrument grasp, fulcrum position, and
2	cheek/tongue retraction.
3	
4	(J) Select and dispense the proper amount of polishing agent.
5	(V) Demonstrate proper poliching techniques using exprensiste sup adentation
6	(K) Demonstrate proper polishing techniques using appropriate cup adaptation, stroke, and handpiece use.
7	stroke, and nanapiece use.
8 9	(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.
9 LO	(L) bemonstrate the use of hoss, tape, and abrasive strips when appropriate.
LO L1	(M) Demonstrate techniques for cleaning fixed and removal prosthesis and
12	orthodontic appliances.
L3	of thoughtie appliances.
L4	(N) Maintain aseptic techniques including disposal of contaminated material.
L5	(···, ···a····a···a···a···a····a····a···
L6	(2) Each student shall pass a written examination which reflects the entire curriculum
L7	<del>content.</del>
L8	
L9	(3) Each student shall pass a clinical examination in which the student successfully
20	completes coronal polishing on two of the three clinical patients required for clinical
21	instruction.
22	
23	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1645.1
24	and 1753.5, Business and Professions Code.
25	
26	§ 1070.5. Approval of Ultrasonic Scaling Courses.
27	
28	(a) A course in the performance of ultrasonic scaling for removal of orthodontic cement is one
29	that has as its primary purpose providing theory and clinical application in the mechanical
30	removal of orthodontic cement from around bands and brackets utilized in orthodontic
31	treatment. A single standard of care shall be maintained, and the board shall approve and
32	continue to approve only programmatic curricula and stand-alone courses which continuously
33	maintain a high-quality standard of instruction.
34	Alexander of the control of the Cont
35	(b) A course provider applying for initial approval shall submit an application for approval, hereby
36	incorporated by reference (insert date), accompanied by the designated, non-refundable fee as
37	defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny
38	approval after evaluation of all components of the course have been performed.
39	(a) Continuation of annually will be continued upon continued compliance with CCD Continue
10 11	(c) Continuation of approval will be contingent upon continued compliance with CCR Sections
11 12	1070, 1070.1 and all requirements as required herein.
12 13	(d) <b>General Provisions:</b> Adequate provisions for the supervision and operation of the course shall
+5 1⊿	he made in compliance with this Article and the following:

1	
2	(1) Each student in a stand-alone course shall possess an active, valid and current RDA
3	license as a registered dental assistant or an Orthodontic Assistant Permit. Courses shall
4	establish and demonstrate to the board the protocols necessary to ensure students have
5	met licensure as a prerequisite prior to the start of instruction. Students enrolled in a
6	board-approved Orthodontic Assistant Permit Course are exempt from this prerequisite.
7	
8	(2) Registered dental assisting programs incorporating ultrasonic scaling as a component
9	of a total program of instruction shall ensure all students have completed instruction in
LO	infection control and basic chairside skills prior to instruction in orthodontic procedures
<b>L</b> 1	involving ultrasonic scaling for cement removal.
L2	
L3	(3) The requirements for the quantity, qualifications and responsibilities of the course
L4	director and all faculty or instructional staff, as defined in CCR Sections 1070 and 1070.1,
L5	shall be adhered to at all times.
L6	
L7	(e) Facilities and Equipment:
L8	
L9	(1) Adequate supplies, materials and provisions for instruction in ultrasonic scaling for
20	cement removal shall be provided in compliance with the requirements of CCR Section
21	<u>1070.</u>
22	
23	(2) There shall be a sufficient number of safe, adequate, and educationally conducive
24	lecture classrooms and operatories in compliance with the requirements of CCR Section
25	1070. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided.
26	
27	(3) All disinfection and sterilization procedures specified in CCR Section 1005 shall be
28	incorporated in the course content and followed during all laboratory experiences.
29	
30	(f) Course Duration: As part of an organized course of instruction, sufficient time shall be
31	available for all students to achieve minimum competence in the various protocols used during
32	ultrasonic scaling for orthodontic cement removal. The course shall, however, be no less than four
33	(4) hours in length consisting of a combination of didactic and laboratory instruction designed for
34	the student to develop minimum competency in all aspects of the subject area.
35	
36	(g) Course Curriculum and Examination:
37	
38	(1) A detailed course outline shall be established and maintained consistent with the
39	requirements of CCR Section 1070 and shall be provided to students prior to the start of
10	instruction.
11	(2) Compared common abilitativa and an arifficiant and ariffic
12	(2) General course objectives and specific instructional unit objectives shall be stated in
13	writing and shall include theoretical aspects of each subject as well as practical

1	application. The theoretical aspects of the course shall provide the content necessary for
2	students to make judgments regarding ultrasonic scaling for orthodontic procedures.
3	
4	(3) Objective evaluation criteria shall be used for measuring student progress toward
5	attainment of specific course objectives. Students shall be provided with specific
6	performance objectives and the evaluation criteria that will be used for all aspects of the
7	<u>curriculum.</u>
8	
9	(4) Each student shall pass a written examination which reflects the curriculum content.
10	
11	(h) Didactic Instruction: Areas of instruction shall include, at a minimum, the following as they
12	relate to ultrasonic scaling for cement removal:
13	
14	(1) Ultrasonic scaling basics:
15	(A) Legal requirements.
16	(B) Description and goals of ultrasonic scaling.
17	(C) Indications and contraindications of using an ultrasonic scaler as it relates to
18	methods of cement removal.
19	(D) Criteria for acceptable cement removal from orthodontically banded teeth.
20	
21	(2) Tooth anatomy as it relates to the use and technique of an ultrasonic scaler in cement
22	removal of orthodontically banded teeth.
23	
24	(3) Armamentarium and equipment use and care.
25	
26	(4) Principles of cement removal from orthodontically banded teeth.
27	
28	(A) Characteristics of ultrasonic scaler units and tips for cement removal.
29	
30	(B) Instrument grasps and fulcrum techniques.
31	
32	(C) Purpose and techniques of the mouth mirror for indirect vision and retraction.
33	
34	(D) Characteristics, manipulation and care of ultrasonic scaler unit when removing
35	excess cement from orthodontically banded teeth.
36	
37	(E) Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel
38	damage, thermal damage, and soft tissue damage.
39	
40	(F) Patient and operator safety including systemic medical complications and
41	managing patients with pacemakers.
42	
43	(G) Use of adjunct material for removal of excess cement from orthodontically
44	banded teeth.

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(4) Recognize decalcification and mottled enamel.  (5) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.  (6) Identify pre-medications for the compromised patient.  (7) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.  (8) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.	28	(3) Recognize loose appliances.
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(6) Identify pre-medications for the compromised patient.  (7) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.  (8) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.	34	
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<ul> <li>(8) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp,</li> <li>fulcrum position, and cheek/tongue retraction.</li> </ul>		scarce in comenciation an orthodonically banded typodonic
fulcrum position, and cheek/tongue retraction.		(8) Demonstrate on an orthodontically handed typedent, the preper instrument grash
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	12 12	ruici um position, and theek/tongue retraction.

1	(9) Demonstrate the proper techniques for removal of cement from teeth under
2	orthodontic treatment without causing damage to hard or soft tissues, removing
3	cement from underneath appliances, or loosening appliances.
4	
5	(10) Maintain aseptic techniques including disposal of contaminated materials.
6	
7	(11) Each student shall pass a written examination which reflects the entire curriculum
8	<u>content.</u>
9	
10	(12) Each student shall pass a laboratory examination on two orthodontically banded
11	typodonts which represent all four quadrants which have been banded using
12	cementation product(s) easily visible to the operator.
13	
14	(k) Certificate of Completion. Upon successful completion of the course, students shall receive a
15	certificate consistent with the requirements defined in CCR Section 1070.
16	
17	(I) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
18	these regulations shall submit to the Board a completed "Notice of Compliance with New
19	Requirements for Ultrasonic Scaling for Cement Removal Certificate Courses" (insert date), hereby
20	incorporated by reference, within ninety (90) days of the effective date of these regulations.
21	
22	The following minimum criteria shall be met for a course in the removal of excess cement from
23	coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler,
24	hereinafter referred to as "ultrasonic scaling", to secure and maintain approval by the Board.
25	
26	(a) Educational Setting. The course shall be established at the post-secondary educational level.
27	
28	(b) Prerequisites. Each student shall possess the necessary requirements for application for RDA
29	licensure or currently possess an RDA license.
30	
31	(c) Administration/Faculty. Adequate provision for the supervision and operation of the course
32	shall be made.
33	
34	(1) The course director and each faculty member shall possess a valid, active, and
35	current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA
36	license issued by the Board if the person has completed a board approved course in
37	ultrasonic scaling. All faculty shall have been licensed for a minimum of two years. All
38	faculty shall have the education, background, and occupational experience and/or
39	teaching expertise necessary to teach and evaluate ultrasonic scaling.
40	
41	(2) The course director shall have the education, background, and occupational
42	experience necessary to understand and fulfill the course goals. He/she shall actively
43	participate in and be responsible for the day-to-day administration of the course
44	including the following:

1	
2	(A) Providing guidance of didactic and laboratory assignments.
3	
4	(B) Maintaining for a period of not less than 5 years:
5 6	(i) Copies of curricula, course outlines, objectives, and grading criteria.
7	th copies of curricula, course outlines, objectives, and grading enteria.
8	(ii) Copies of faculty credentials, licenses, and certifications.
9	(ii) depice of faculty of cachellals) field seek and certifications.
LO	(iii) Individual student records, including those necessary to establish
l1	satisfactory completion of the course.
L2	
L3	(C) Informing the board of any changes to the course content, physical facilities,
L4	and/or faculty, within 10 days of such changes.
L5	
L6	(d) Length of Course. The program shall be of sufficient duration for the student to develop
L7	minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours,
L8	including at least 2 hours of laboratory training.
L9	
20	(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to
21	each student who successfully completes the course.
22	
23	(f) Facilities and Resources. Facilities and class scheduling shall provide each student with
24	sufficient opportunity, with instructor supervision, to develop minimum competency in
25	ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:
26	(a) Lord on decrease Chance of a cold of the land of t
27	(1) Lecture classrooms. Classroom size and equipment shall accommodate the number
28	of students enrolled.
29 30	(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one
30 31	operatory for every six students at any one time.
32	operatory for every six students at any one time.
33	(A) Each operatory shall replicate a modern dental office containing functional
34	equipment including: a power operated chair for treating patients in a supine
35	position; operator and assistant stools; air water syringe; adjustable light; oral
36	evacuation equipment; work surface, hand washing sink; and all other
37	armamentarium required to instruct in the performance of ultrasonic scaling.
38	G
39	(B) Each operatory shall be of sufficient size to accommodate a student and an
10	instructor at one time.
11	
12	(3) Laboratories. The location and number of general use equipment shall assure that
13	each student has the access necessary to develop minimum competency in ultrasonic
14	scaling. There shall be at least one ultrasonic unit and orthodontically handed typodont

1	for every four students. This procedure shall be performed by an operator wearing
2	<del>gloves, mask, and safety glasses.</del>
3	
4	(4) Infection Control. The program shall establish written laboratory protocols to ensure
5	adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which
6	shall comply with the board's regulations and other Federal, State, and local
7	requirements. The program shall provide such protocols to all students, faculty, and
8	appropriate staff to assure compliance with such protocols. Adequate space and
9	equipment shall be provided for preparing and sterilizing all armamentarium.
LO	
L1	(g) Program Content.
L2	
L3	(1) Sufficient time shall be available for all students to obtain laboratory experience to
L4	achieve minimum
L5	competence in the various protocols used in the performance of ultrasonic scaling.
L6	
L7	(2) A detailed course outline shall be provided to the board which clearly states
L8	curriculum subject matter and specific instruction hours in the individual areas of
L9	didactic and laboratory instruction and practical examination evaluation criteria.
20	
21	(3) General program objectives and specific instructional unit objectives shall be stated
22	in writing, and shall include theoretical aspects of each subject as well as practical
23	application. The theoretical aspects of the program shall provide the content necessary
24	for students to make judgments regarding the performance of ultrasonic scaling. The
25	course shall assure that students who successfully complete the course can perform
26	ultrasonic scaling with minimum competence.
27	
28	(4) Objective evaluation criteria shall be used for measuring student progress toward
29	attainment of specific course objectives. Students shall be provided with specific unit
30	objectives and the evaluation criteria that will be used for all aspects of the curriculum
31	including written and practical examinations. The program shall establish a standard of
32	performance that states the minimum number of satisfactory performances that are
33	required for each procedure.
34	
35	(5) Areas of instruction shall include at least the following as they relate to ultrasonic
36	<del>scaling:</del>
37	
38	(A) Ultrasonic Scaling Basics
39	
10	i. Legal requirements;
11	
12	ii. Description and goals of ultrasonic scaling;
12	

1	iii. Indications and contraindication of using an ultrasonic scaler as it
2	relates to other methods of cement removal;
3	
4	iv. Criteria for acceptable cement removal from orthodontically banded
5	<del>teeth.</del>
6	
7	(B) Tooth morphology and anatomy of the oral cavity as they relate to the use of
8	an ultrasonic scaler in cement removal of orthodontically banded teeth.
9	
LO	(C) Armamentarium and equipment use and care.
l1	
L2	(D) Principles of cement removal from orthodontically banded teeth
L3	
L4	i. Characteristics of ultrasonic scaler units and tips for cement removal;
L5	
L6	ii. Instrument grasps and fulcrum techniques;
L7	
L8	iii. Purpose and techniques of the mouth mirror for indirect vision and
L9	retraction;
20	
21	iv. Characteristics, manipulation and care of ultrasonic scaler unit when
22	removing excess cement from orthodontically banded teeth;
23	
24	v. Effects of ultrasonic scalers on hard and soft tissue including root
25	damage, enamel damage, thermal damage, and soft tissue damage;
26	
27	vi. Patient and operator safety including systemic medical complications
28	and managing patients with pacemakers;
29	
30	vii. Use of adjunct material for removal of excess cement from
31	orthodontically banded teeth;
32	
33	viii. Techniques for removal of excess cement from orthodontically
34	banded teeth on a banded typodont;
35	••
36	ix. Evaluation criteria for removal of excess cement by an ultrasonic scale
37	<del>on a banded typodont.</del>
38	
39	(E) Infection control protocols
10	. ,
11	(6) There shall be no more than six (6) students per instructor during laboratory
12	instruction. Laboratory experience will consist of practice on orthodontically banded
13	typodonts. Sufficient time shall be available for all students to obtain laboratory
14	experience to achieve minimum competence in the performance of ultrasonic scaling

1	prior to examination on two orthodontically banded typodonts for evaluation of clinical
2	competence.
3	
4	(h) Extramural Instruction.
5	
6	(1) If an extramural facility is utilized, students shall, as part of an organized program of
7	instruction, be provided with planned, supervised instruction in the removal of excess
8	cement from orthodontically banded teeth.
9	
10	(2) The program director/coordinator or a dental faculty member shall be responsible
11	for selecting extramural sites and evaluating student competence in performing
12	procedures both before and after the extramural assignment.
13	
14	(3) Objective evaluation criteria shall be used by the program faculty and extramural
15	<del>personnel.</del>
16	
17	(4) Dentists who intend to provide extramural facilities shall be oriented by the program
18	director/coordinator or a dental faculty member prior to the student assignment.
19	Orientation shall include the objectives of the course, the preparation the student has
20	had for the clinical assignment, and a review of procedures and criteria to be used by
21	the dentist in evaluating the student during the assignment.
22	
23	(5) There shall be a written contract of affiliation with each extramural facility utilized by
24	the program. Such contract shall describe the settings in which the instruction will be
25	received, affirm that the extramural facility has the necessary equipment and
26	armamentarium appropriate for the procedures to be performed, and affirm that such
27	equipment and armamentarium are in safe operating condition.
28	e desta contraction and the contraction of the cont
29	(i) Evaluation and Examination.
30	(-) =
31	(1) Upon completion of the course, each student shall be able to:
32	(=, =   = = = = = = = = = = = = = = = = =
33	(A) Identify the major characteristics of oral anatomy, histology, physiology, oral
34	pathology, normal/abnormal anatomical and physiological tooth descriptions,
35	morphology and microbiology as they relate to the use of an ultrasonic scaler in
36	the removal of cement from orthodontic bands.
37	the remotal of dement from orthogonal bands.
38	(B) Describe the necessary aspects of pre-operative instructions to patients.
39	(b) bescribe the necessary aspects of pie operative monactions to patients.
40	(C) Recognize loose appliances.
41	(a) 11668B.1126 10666 applications.
42	(D) Recognize decalcification and mottled enamel.
43	(5) hessoniae desaismoutes and mother charies

1	(E) Identify the indications and contraindications of using an ultrasonic scaler as
2	it relates to other methods of cement removal.
3	
4	(F) Identify pre-medications for the compromised patient.
5	
6	(G) Utilize proper armamentaria in an organized sequence for the use of an
7	ultrasonic scaler in cement removal on an orthodontically banded typodont.
8	
9	(H) Demonstrate, on an orthodontically banded typodont, the proper instrument
LO	grasp, fulcrum position, and cheek/tongue retraction.
l1	
L2	(I) Demonstrate the proper techniques for removal of cement from teeth under
L3	orthodontic treatment without causing damage to hard or soft tissues, removing
L4	cement from underneath appliances, or loosening appliances.
L5	
L6	(J) Maintain aseptic techniques including disposal of contaminated materials.
L7	
L8	(2) Each student shall pass a written examination which reflects the entire curriculum
L9	<del>content.</del>
20	
21	(3) Each student shall pass a laboratory examination on two orthodontically banded
22	typodonts which represent all four quadrants which have been banded using
23	cementation product(s) easily visible to the operator.
24	Note: Authority sited Costing 1614 Pusings and Dusfassing Code Defendance Costing 1754
25	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1754,
26	Business and Professions Code.
27	
28 29	
29 30	
31	§ 1070.6. Approval of Infection Control Courses.
32	3 1070.0. Approval of finection control courses.
33	(a) A course in infection control for unlicensed dental assistants is one that has as its primary
34	purpose providing theory and application in a clinical setting in infection control practices and
35	principles consistent with CCR Section 1005, The Minimum Standards for Infection Control. A
36	single standard of care shall be maintained, and the board shall approve only programmatic
37	curricula and stand-alone courses which continuously maintain a high-quality standard of
38	instruction.
39	
10	(b) A course provider applying for initial approval shall submit an application for approval, hereby
11	incorporated by reference (insert date), accompanied by the designated, non-refundable fee as
12	defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny
13	approval after evaluation of all components of the course have been performed.

1	(c) Continuation of approval will be contingent upon continued compliance with CCR Sections
2	1070, 1070.1 and all requirements as required herein.
3	
4	(d) General Provisions: Adequate provisions for the supervision and operation of the course shall
5	be made in compliance with this Article and the following:
6	
7	(1) The requirements for the quantity, qualifications and responsibilities of the course
8	director and all faculty or instructional staff, as defined in CCR Sections 1070 and 1070.1,
9	shall be adhered to at all times.
10	
11	(e) Facilities and Equipment:
12	
13	(1) Adequate supplies, materials and provisions for instruction in infection control shall
14	be provided in compliance with the requirements of CCR Section 1070.
15	
16	(2) There shall be a sufficient number of safe, adequate, and educationally conducive
17	lecture classrooms and operatories in compliance with the requirements of Section
18	1070. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided.
19	
20	(3) All disinfection and sterilization procedures specified in CCR Section 1005 shall be
21	incorporated in the course content and followed during all laboratory experiences.
22	
23	(f) Course Duration: As part of an organized course of instruction, sufficient time shall be
24	available for all students to achieve minimum competence in the various protocols used during
25	infection control procedures. The course shall, however, be no less than 8 hours in length
26	consisting of six (6) hours of didactic and two (2) hours of laboratory instruction designed for the
27	student to develop minimum competency in all aspects of the subject area.
28	
29	(g) Course Curriculum and Examination:
30	
31	(1) A detailed course outline shall be established and maintained consistent with the
32	requirements of CCR Section 1070 and shall be provided to students prior to the start of
33	instruction.
34	
35	(2) General course objectives and specific instructional unit objectives shall be stated in
36	writing and shall include theoretical aspects of each subject as well as practical
37	application. The theoretical aspects of the course shall provide the content necessary for
38	students to make judgments regarding infection control procedures.
39	
40	(3) Objective evaluation criteria shall be used for measuring student progress toward
41	attainment of minimum competency in a laboratory or preclinical setting. Students shall
42	be provided with specific performance objectives and the evaluation criteria that will be
43	used for all aspects of the curriculum.
44	

1	(4) Each student shall pass a written examination which reflects the curriculum content.
2	(b) Didestic Instruction. Areas of instruction shall include at a minimum the fallowing as the
3	(h) <b>Didactic Instruction:</b> Areas of instruction shall include, at a minimum, the following as they
4	relate to infection control:
5	(1) Cal/OSHA regulations (Cal. Code Bogs Title 9, Sections 220, 244, 95) and the Board's
6	(1) Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's
7	Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):
8 9	(2) Basis dental science and misrobiology as they relate to infection control in dentistry
10	(2) Basic dental science and microbiology as they relate to infection control in dentistry.
11	(3) Legal and ethical aspects of infection control procedures.
12	15) Legal and etimeal aspects of infection control procedures.
13	(4) Principles of modes of disease transmission and prevention.
14	(1) Timespies of modes of disease transmission and prevention.
15	(5) Principles, techniques, and protocols of hand hygiene, personal protective equipment,
16	surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals
17	associated with infection control.
18	
19	(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading,
20	storage, and transportation of instruments to work area.
21	
22	(7) Principles and protocols associated with sharps management.
23	
24	(8) Principles and protocols of infection control for laboratory areas.
25	
26	(9) Principles and protocols of waterline maintenance.
27	
28	(10) Principles and protocols of regulated and nonregulated waste management.
29	
30	(11) Principles and protocols related to injury and illness prevention, hazard
31	communication, general office safety, exposure control, post-exposure requirements,
32	and monitoring systems sterilization systems.
33	
34	(i) Laboratory/Simulated-Clinical Instruction:
35	(4) Dec. the control of the control
36	(1) Providers shall adhere to student/teacher ratios as defined in CCR Section 1070.1 at
37	all times during instruction.
38	(2) Students shall be provided with established written competencies identifying specific
39 40	(2) Students shall be provided with established written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences.
41	An experience has been successfully completed only if each procedure meets or exceeds
41	all stated performance criteria.
43	an stated performance official.

1	(3) Upon completion of all didactic instruction, students shall complete the following
2	competency evaluated experiences in the laboratory or simulated-clinical environment:
3	
4	(A) Hand hygiene procedures.
5	(B) Proper use and disposal of personal protective equipment.
6	(C) Proper processing of contaminated instrumentation from precleaning to
7	sterilization.
8	(D) Operatory asepsis procedures to include precleaning, disinfection and proper
9	use of barriers.
10	(E) Proper procedural steps in preparing cleaned instruments for sterilization,
11	including packaging and wrapping; demonstrate knowledge of the use of
12	biological spore testing materials
13	
14	(F) Proper protocols for the safe handling and disposal of biohazardous waste
15	and sharps.
16	(G) Work practice controls relating to the disinfection of intraoral impressions,
17	bite registrations and prosthetic appliances when prepared for manipulation in a
18	<u>lab.</u>
19	(H) Proper protocol for purging of dental unit water lines and devices.
20	
21	(4) Each student shall pass a written examination which reflects the curriculum content.
22	
23	(j) Course Completion: Upon completion of the course, each student shall be able to:
24	
25	(1) Demonstrate knowledge of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections
26	330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs.,
27	Title 16, Section 1005):
28	
29	(2) Demonstrate knowledge of basic dental sciences and microbiology as they relate to
30	infection control in dentistry.
31	
32	(3) Demonstrate knowledge of legal and ethical aspects of infection control procedures.
33	
34	(4) Demonstrate knowledge of the principles of modes of disease transmission and
35	<u>prevention.</u>
36	
37	(5) Identify the principles, techniques, and protocols of hand hygiene, personal
38	protective equipment, surface barriers and disinfection, sterilization, sanitation, and
39	hazardous chemicals associated with infection control.
40	
41	(6) Identify the principles and protocols of sterilizer monitoring and the proper loading,
42	unloading, storage, and transportation of instruments to work area.
43	
44	(7) Identify the principles and protocols associated with sharps management.

	DRAFT PROPOSED REGULATORY LANGUAGE
1	
2	(8) Discuss the principles and protocols related to injury and illness prevention, hazard
3	communication, general office safety, exposure control, post-exposure requirements,
4	and monitoring systems sterilization systems.
5	
6	(k) Certificate of Completion. Upon successful completion of the course, students shall receive a
7	certificate consistent with the requirements defined in CCR Section 1070.
8	
9	(I) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
10	these regulations shall submit to the Board a completed "Notice of Compliance with New
11	Requirements for Infection Control Certificate Courses" (insert date), hereby incorporated by
12	reference, within ninety (90) days of the effective date of these regulations.
13	
14	In addition to the requirements of Sections 1070 and 1070.1 of these regulations, the following
15	criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2,
16	1750.4, and 1752.1 of the Business and Professions Code, to secure and maintain approval by
17	the Board:
18	
19	(a) Adequate provisions for the supervision and operation of the course in infection control
20	shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not
21	be required to be licensed by the Board, but faculty shall have experience in the instruction of
22	California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs.,
23	Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal.
24	Code Regs., Title 16, Section 1005). In addition, all faculty responsible for clinical evaluation
25	shall have completed a two-hour methodology course in clinical evaluation.
26	
27	(b) A course in infection control shall be of sufficient duration for the student to develop
28	minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections
29	330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16,
30	Section 1005), but in no event less than eight hours, including at least four hours of didactic
31	instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of
32	clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations
33	where contamination is simulated, without actual contamination, from bloodborne and other
34	pathogens being present.
35	
36	(c) The minimum requirements for equipment and armamentaria shall include personal
37	protective equipment, sterilizer approved by the United States Food and Drug Administration
38	(FDA), ultrasonic unit or instrument processing device, sharps container, selection of
39	instruments, equipment, and armamentaria that are necessary to instruct or demonstrate
40	proper hazardous waste disposal, consistent with Cal/OSHA regulations (Cal. Code Regs., Title 8,
41	Sections 330-344.85), local, state, and federal mandates, and all other armamentaria required

to instruct or properly demonstrate the subjects described in the course content.

	DIAL I I NOI OSED REGULATORI LANGUAGE
1	(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)
2	and (f).
3	
4	(e) Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA
5	regulations (Cal. Code Regs., Title 8, Sections 330 344.85) and the Board's Minimum Standards
6	for Infection Control (Cal. Code Regs., Title 16, Section 1005):
7	
8	(1) Basic dental science and microbiology as they relate to infection control in dentistry.
9	
10	(2) Legal and ethical aspects of infection control procedures.
11	
12	(3) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding
13	the minimum standards for infection control.
14	
15	(4) Principles of modes of disease transmission and prevention.
16	(5) D :
17	(5) Principles, techniques, and protocols of hand hygiene, personal protective
18	equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous
19	chemicals associated with infection control.
20	(C) Drive sinder and mastered affects ville a manufacture and the manufacture and a discount and a discount and
21	(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading,
22	storage, and transportation of instruments to work area.
23 24	(7) Principles and protocols associated with sharps management.
25	(7) I findiples and protocols associated with sharps management.
26	(8) Principles and protocols of infection control for laboratory areas.
27	(b) Trinciples and protocols of infection control laboratory areas.
28	(9) Principles and protocols of waterline maintenance.
29	(o)
30	(10) Principles and protocols of regulated and nonregulated waste management.
31	
32	(11) Principles and protocols related to injury and illness prevention, hazard
33	communication, general office safety, exposure control, postexposure requirements,
34	and monitoring systems for radiation safety and sterilization systems.
35	
36	(f) Preclinical instruction shall include three experiences in the following areas, with one used
37	for a practical examination:
38	
39	(1) Apply hand cleansing products and perform hand cleansing techniques and
40	<del>protocols.</del>
41	
42	(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves,
43	protective eyewear, masks, and clinical attire.

1	(3) Apply the appropriate techniques and protocols for the preparation, sterilization,
2	and storage of instruments including, at a minimum, application of personal protective
3	equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or
4	external process indicators, labeling, sterilization, drying, storage, and delivery to work
5	<del>area.</del>
6	
7	(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly
8	use, place, and remove surface barriers.
9	
10	(5) Maintain sterilizer including, at a minimum, proper instrument loading and
11	unloading, operation cycle, spore testing, and handling and disposal of sterilization
12	<del>chemicals.</del>
13	
14	(6) Apply work practice controls as they relate to the following classification of sharps:
15	anesthetic needles or syringes, orthodontic wires, and broken glass.
16	
17	(7) Apply infection control protocol for the following laboratory devices: impressions,
18	bite registrations, and prosthetic appliances.
19	
20	(8) Perform waterline maintenance, including use of water tests and purging of
21	<del>waterlines.</del>
22	
23	(g) Clinical instruction shall include two experiences in the following areas, with one used for a
24	clinical examination:
25	
26	(1) Apply hand cleansing products and perform hand cleansing techniques and
27	<del>protocols.</del>
28	
29	(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves,
30	protective eyewear, masks, and clinical attire.
31	
32	(3) Apply the appropriate techniques and protocols for the preparation, sterilization,
33	and storage of instruments including, at a minimum, application of personal protective
34	equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or
35	external process indicators, labeling, sterilization, drying, storage, and delivery to work
36	<del>area.</del>
37	
38	(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly
39	use, place, and remove surface barriers.
40	
41	(5) Maintain sterilizer including, at a minimum, proper instrument loading and
42	unloading, operation cycle, spore testing, and handling and disposal of sterilization
43	<del>chemicals.</del>

1	(6) Apply work practice controls as they relate to the following classification of sharps: anesthetic needles or syringes, orthodontic wires, and broken glass.
3	anesthetic necales of syringes, or thoughtie wiles, and proken glass.
4	(7) Apply infection control protocol for the following laboratory devices: impressions,
5	bite registrations, and prosthetic appliances.
6	
7	(8) Perform waterline maintenance, including use of water tests and purging of
8	<del>waterlines.</del>
9	
LO	(h) Each student shall pass a written examination that reflects the curriculum content, which
l1	may be administered at intervals throughout the course as determined by the course director.
L2	
L3	(i) To maintain approval, programs approved prior to the effective date of these regulations
L4	shall submit to the Board a completed "Notice of Compliance with New Requirements for
L5	Infection Control Courses (New 10/10)", hereby incorporated by reference, within ninety (90)
L6	days of the effective date of these regulations.
L7	
L8	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750,
L9	1750.2, 1750.4 and 1752.1, Business and Professions Code.
20	\$ 4070.7. Assured of Outh adoutic Assistant Power's Courses
21	§ 1070.7. Approval of Orthodontic Assistant Permit Courses.
22 23	(a) An orthodontic assistant permit course is one that has as its primary purpose providing
23 24	theory, laboratory and clinical application in orthodontic assisting techniques. A single
25	standard of care shall be maintained and the board shall approve and continue to approve only
<u>2</u> 6	courses which continuously maintain a high-quality standard of instruction.
<u>2</u> 7	courses which continuously munitain a riight quanty standard of instructions
28	(b) A course provider applying for initial approval shall submit an application for approval, hereby
29	incorporated by reference (insert date), accompanied by the designated, non-refundable fee as
30	defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny
31	approval after evaluation of all components of the course have been performed.
32	
33	(c) Continuation of approval will be contingent upon continued compliance with CCR Sections
34	1070, 1070.1 and all requirements as required herein.
35	
36	(d) General Provisions: Adequate provisions for the supervision and operation of the course shall
37	be made in compliance with this Article and the following:
38	
39	(1) Each student shall possess the necessary requirements for application for licensure as
10	a registered dental assistant and a minimum of 12-months' work experience or possess a
11	current, active license as a registered dental assistant.
12	
13	(2) Prior to enrollment, each student shall demonstrate completion of an eight (8) hour
14	hoard-approved course in Infection Control a two (2) hour hoard-approved course in

1	dental assisting jurisprudence and current certification in basic life support issued by the
2	American Heart Association or American Red Cross.
3	
4	(3) Registered dental assisting program graduates who have completed the course
5	requirements for the orthodontic assistant permit as a component of a total program of
6	instruction, shall qualify to apply for the orthodontic assistant permit state board
7	examination immediately upon graduation from the program.
8	<u></u>
9	(4) The requirements for the quantity, qualifications and responsibilities of the course
10	director and all faculty or instructional staff, as defined in CCR Sections 1070 and 1070.1,
11	shall be adhered to at all times.
12	<u></u>
13	(e) Facilities and Equipment:
14	10/ Tubilities und Equipment
15	(1) Adequate supplies, materials and provisions for instruction in the subject area shall
16	be provided in compliance with the requirements of CCR Section 1070.
17	<u> </u>
18	(2) In addition, the minimum requirements for equipment and armamentaria shall
19	include banded or bonded orthodontic typodonts in the ratio of at least one (1) for
20	every four (4) students, bench mount or dental chair mounted mannequin head, curing
21	light, regular typodont with full dentition and soft gingiva in the ratio of at least one (1)
22	for every four (4) students, and a selection of orthodontic instruments and adjunct
23	material for all of the procedures that orthodontic assistant permit holders are
24	authorized to perform under Business and Professions Code Section 1750.3.
25	
26	(3) There shall be a sufficient number of safe, adequate, and educationally conducive
27	lecture classrooms and operatories in compliance with the requirements of Section
28	1070. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided.
29	
30	(4) All disinfection and sterilization procedures specified in CCR Section 1005 shall be
31	incorporated in the course content and followed during all laboratory, simulated-clinical
32	and clinical experiences.
33	<u></u> _
34	(f) Course Duration: The course shall be of sufficient duration for the student to develop
35	minimum competence in all of the duties that orthodontic assistant permit holders are legally
36	authorized to perform.
37	· · · · · · · · · · · · · · · · · · ·
38	(1) The course hours for an unlicensed dental assistant who has met all the requirements
39	of Subsection (d)(1-2) herein, shall be no less than 84 hours, including at least 24 hours of
40	didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of
41	clinical instruction.
42	
43	(2) The course hours for a student who holds a valid and current registered dental
44	assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory

1		<u>ho</u>	urs, and 20 clinical hours. A registered dental assistant shall not be required to
2		co	mplete further instruction in the duties of placing ligature ties and archwires, removing
3		ort	thodontic bands, and removing excess cement from tooth surfaces with a hand
4		ins	strument.
5			
6		<u>(3)</u>	The course hours for a student who holds a valid and current registered dental
7		ass	sistant license and who has completed a Board-approved course in the use of an
8		<u>ult</u>	rasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20
9		<u>cliı</u>	nical. A registered dental assistant who has completed a Board-approved course in the
10		us	e of an ultrasonic scaler shall not be required to complete further instruction in that
11		<u>du</u>	<u>ty.</u>
12			
13	(g) <b>C</b>	ours	e Curriculum and Examination:
14		1)	A detailed course outline shall be established and maintained consistent with the
15			requirements of CCR Section 1070 and shall be provided to students prior to the start
16			of instruction.
17		2)	General course objectives and specific instructional unit objectives shall be stated in
18			writing and shall include theoretical aspects of each subject as well as practical
19			application. The theoretical aspects of the course shall provide the content necessary
20			for students to make judgments regarding orthodontic assistant procedures.
21		3)	Objective evaluation criteria shall be used for measuring student progress toward
22			attainment of specific course objectives. Students shall be provided with specific
23			performance objectives and the evaluation criteria that will be used for all aspects of
24			the curriculum.
25		4)	Each student shall pass a written examination which reflects the curriculum content.
26			
27	<u>(h)</u> D	<u> Didac</u>	tic Instruction: Areas of instruction shall include, at a minimum, the following as they
28	<u>relate</u>	to t	he orthodontic assistant permit:
29			
30		<u>(1)</u>	Archwire characteristics and their role in tooth movement.
31			
32		<u>(2)</u>	Introduction to orthodontic instrumentation, use and care.
33			
34		<u>(3)</u>	Procedures for placement of archwire previously adjusted by the dentist.
35			
36		<u>(4)</u>	Ligature systems: characteristics of contemporary ligature system.
37			
38		<u>(5)</u>	Theory of band and bracket positioning.
39			
40		<u>(6)</u>	Characteristics of orthodontic bands; sizes, shapes, and functionality.
41		_	
42		<u>(7)</u>	Techniques for orthodontic banding, bracketing and removal, which shall include all
43		of	the following:
44			

1	(A) Armamentaria.
2	
3	(B) General principles of fitting and removing bands.
4	(C) General principles of bracket positioning, bonding, adhesion, curing and
5	<del>-</del>
6 7	removal including:
8	(i) Characteristics and methods of bonding;
9	(I) Characteristics and methods of boliding,
10	(ii) Bonding materials, techniques for use and cure time factors;
11	
12	(iii) Direct and indirect bracket bonding techniques; and
13	
14	(iv) Removal.
15	
16	(8) Characteristics of accessory devices: tubes, lingual sheaths, lingual cleats, and their
17	role in orthodontic care.
18	
19	(9) Orthodontic cements and adhesive materials: classifications, armamentaria, and use.
20	
21	(10) Procedure for removal of bands and brackets after adhesion.
22	
23	(i) Laboratory, Simulated-Clinical and Clinical Instruction:
24	(4) B
25	(1) Providers shall adhere to student/teacher ratios as defined in CCR Section 1070.1 at
26	all times during instruction.
27	(2) Students shall be provided with established written competencies identifying specific
28 29	(2) Students shall be provided with established written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences.
29 30	An experience has been successfully completed only if each procedure meets or exceeds
30 31	all stated performance criteria.
32	an stated performance criteria.
33	(3) Upon completion of all didactic instruction, students shall complete the following
34	competency evaluated experiences in the laboratory or simulated-clinical environment:
35	<del></del>
36	(A) Laboratory experiences which shall be conducted on a fully articulated and
37	mounted typodont. Sufficient time shall be available for students to
38	demonstrate minimum competency performing two (2) laboratory experiences
39	in each of the following areas:
40	
41	(i) sizing, fitting, cementing, and removing orthodontic bands.
42	
43	(ii) bracket positioning, bonding, curing, and removal of orthodontic
44	brackets.

1	
2	(iii) archwire placement and ligation.
3	
4	(iv) ultrasonic scaling for removal of orthodontic cement
5	
6	(B) Simulated clinical experiences which shall be conducted on a simulator or
7	mannequin device. Sufficient time shall be available for students to demonstrate
8	minimum competency performing two (2) simulated clinical experiences in each
9	of the following areas:
10	
11	(i) sizing, fitting, cementing, and removing orthodontic bands.
12	
13	(ii) bracket positioning, bonding, curing, and removal of orthodontic
14	<u>brackets.</u>
15	
16	(iii) archwire placement and ligation.
17	
18	(iv) ultrasonic scaling for removal of orthodontic cement
19	
20	(C) Clinical experiences which shall be conducted on three (3) patients with two
21	(2) of the three (3) patient experiences used for the clinical examination. The
22	clinical experiences shall include three (3) performances of the following:
23	
24	(i) sizing, fitting, cementing, and removing orthodontic bands.
25	
26	(ii) bracket positioning, bonding, curing, and removal of orthodontic
27	<u>brackets.</u>
28	
29	(iii) archwire placement and ligation.
30	
31	(4) Patient selection and evaluation shall follow all stated criteria.
32	
33	(j) Course Completion: Upon completion of the course, each student shall be able to:
34	
35	(1) Identify the various orthodontic wires and their purpose.
36	
37	(2) Describe the necessary aspects of pre-operative instructions to patients.
38	
39	(3) Recognize loose appliances.
40	
41	(4) Recognize decalcification and mottled enamel.
42	
43	(5) Identify the indications and contraindications of using an ultrasonic scaler as it
44	relates to orthodontic cement removal.

1	
2	(6) Utilize proper armamentaria in an organized sequence for thcement removal on an
3	orthodontically banded typodont.
4	
5	(7) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp,
6	fulcrum position, and cheek/tongue retraction.
7	
8	(8) Demonstrate the proper techniques for removal of cement from teeth under
9	orthodontic treatment without causing damage to hard or soft tissues, removing
10	cement from underneath appliances, or loosening appliances.
11	
12	(9) Maintain aseptic techniques including disposal of contaminated materials.
13 14	(k) Certificate of Completion. Upon successful completion of the course, students shall receive a
15	certificate consistent with the requirements defined in CCR Section 1070.
16	
17	(I) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
18	these regulations shall submit to the Board a completed "Notice of Compliance with New
19	Requirements for Ultrasonic Scaling for Cement Removal Certificate Courses" (insert date), hereby
20	incorporated by reference, within ninety (90) days of the effective date of these regulations.
21	
22	In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met
23	by an orthodontic assistant permit course to secure and maintain approval by the Board.
24	
25	(a) The course shall be of sufficient duration for the student to develop minimum competence
26	in all of the duties that orthodontic assistant permitholders are authorized to perform, but in no
27	event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of
28	laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant
29	shall not be required to complete further instruction in the duties of placing ligature ties and
30	archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with
31	a hand instrument. The course hours for a student who holds a valid and current registered
32	dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory
33	hours, and 20 clinical hours. A registered dental assistant who has completed a Board-approved
34	course in the use of an ultrasonic scaler shall not be required to complete further instruction in
35	that duty. The course hours for a student who holds a valid and current registered dental
36	assistant license and who has completed a Board approved course in the use of an ultrasonic
37	scaler shall be no less than 51 hours, including 9 didactic hours, 22 laboratory hours, and 20
38	clinical hours.
39	
40	(b) The minimum requirements for equipment and armamentaria shall include banded or
41	bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount
42	or dental chair mounted mannequin head, curing light, regular typodont with full dentition and
43	soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic

1	instruments and adjunct material for all of the procedures that orthodontic assistant
2	permitholders are authorized to perform under Business and Professions Code Section 1750.3
3	
4	(c) In addition to the requirements of Section 1070, all faculty or instructional staff members
5	responsible for clinical evaluation shall have completed a two-hour methodology course in
6	clinical evaluation prior to conducting clinical evaluations of students.
7	
8	(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e
9	to (j), inclusive, as well as instruction in basic background information on orthodontic practice.
10	"Basic background information on orthodontic practice" means, for purposes of this
11	subdivision, the orthodontic treatment review, charting, patient education, and legal and
12	infection control requirements as they apply to orthodontic practice.
13	
14	(e) The following requirements shall be met for sizing, fitting, cementing, and removing
15	orthodontic bands:
16	
17	(1) Didactic instruction shall contain the following:
18	
19	(A) Theory of band positioning and tooth movement.
20	
21	(B) Characteristics of band material: malleability, stiffness, ductility, and work
22	<del>hardening.</del>
23	
24	(C) Techniques for orthodontic banding and removal, which shall include all of
25	the following:
26	
27	(i) Armamentaria.
28	
29	(ii) General principles of fitting and removing bands.
30	
31	(iii) Normal placement requirements of brackets, tubes, lingual sheaths,
32	lingual cleats, and buttons onto bands.
33	
34	(iv) Orthodontic cements and adhesive materials: classifications,
35	armamentaria, and mixing technique.
36	
37	(v) Cementing bands: armamentaria, mixing technique, and band
38	cementation procedures.
39	
40	(vi) Procedure for removal of bands after cementation.
41	
42	(2) Laboratory instruction shall include typodont experience in the sizing, fitting,
43	cementing, and removal of four posterior first molar bands a minimum of two times,

1	with the cementing and removal of two first molar bands used as a practical
2	examination.
3	
4	(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four
5	posterior first molar bands on at least two patients.
6	
7	(f) The following requirements shall be met for preparing teeth for bonding:
8	
9	(1) Didactic instruction shall contain the following:
10	
11	(A) Chemistry of etching materials and tooth surface preparation
12	
13	(B) Application and time factors
14	
15	(C) Armamentaria
16	
17	(D) Techniques for tooth etching.
18	
19	(2) Laboratory instruction shall include typodont experience with etchant application ir
20	preparation for subsequent bracket bonding on four anterior and four posterior teeth
21	minimum of four times each, with one of each of the four times used for a practical
22	examination.
23	
24	(3) Clinical instruction shall include etchant application in preparation for bracket
25	bonding on anterior and posterior teeth on at least two patients.
26	
27	(g) The following requirements shall be met for bracket positioning, bond curing, and removal
28	of orthodontic brackets.
29	
30	(1) Didactic instruction shall include the following elements:
31	
32	(A) Characteristics and methods of orthodontic bonding.
33	
34	(B) Armamentaria.
35	
36	(C) Types of bracket bonding surfaces.
37	
38	(D) Bonding material characteristics, application techniques, and curing time
39	<del>factors.</del>
40	
41	(E) Procedure for direct and indirect bracket bonding.
42	
43	(F) Procedures for bracket or tube removal.

1	(2) Laboratory instruction shall contain typodont experience with selecting,
2	prepositioning, tooth etching, positioning, curing, and removing of four anterior and
3	four posterior brackets a minimum of four times each, with one each of the four times
4	used for a practical examination.
5	
6	(3) Clinical instruction shall contain selecting, adjusting, prepositioning, etching, curing,
7	and removal of anterior and posterior brackets on at least two patients.
8	
9	(h) The following requirements shall be met for archwire placement and ligation:
10	
11	(1) Didactic instruction shall contain the following:
12	
13	(A) Archwire characteristics.
14	
15	(B) Armamentaria.
16	
17	(C) Procedures for placement of archwire previously adjusted by the dentist.
18	
19	(D) Ligature systems, purpose, and types, including elastic, wire, and self-ligating
20	
21	(2) Laboratory instruction shall contain typodont experience on the following:
22	
23	(A) The insertion of a preformed maxillary and mandibular archwire a minimum
24	of four times per arch, with one of each of the four times used for a practical
25	examination.
26	
27	(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures
28	or self-ligating brackets a minimum of four times per arch, with one of each of
29	the four times used for a practical examination.
30	
31	(3) Clinical instruction shall contain the following:
32	
33	(A) Insertion of a preformed maxillary and mandibular archwire on at least two
34	<del>patients.</del>
35	
36	(B) Ligating both preformed maxillary and mandibular archwires using a
37	combination of elastic and metal ligatures or self-ligating brackets on at least
38	two patients for each.
39	
40	(i) The following requirements shall be met for cement removal with a hand instrument:
41	
42	(1) Didactic instruction shall contain the following:
43	
44	(A) Armamentaria

1	
2	(B) Techniques of cement removal using hand instruments and related materials
3	
4	(2) Laboratory instruction shall contain typodont experience on the removal of excess
5	cement supragingivally from an orthodontically banded typodont using a hand
6	instrument four times, with one of the four times used for a practical examination.
7	
8	(3) Clinical instruction shall contain removal of excess cement supragingivally from
9	orthodontic bands with a hand instrument on at least two patients.
LO	
L1	(j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal.
L2	Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement
L3	from teeth under orthodontic treatment with an ultrasonic scaler.
L4	
L5	(k) Each student shall pass a written examination that reflects the curriculum content, which
L6	may be administered at intervals throughout the course as determined by the course director.
L7	
L8	(I) To maintain approval, programs approved prior to the effective date of these regulations
L9	shall submit to the Board a completed "Notice of Compliance with New Requirements for
20	Orthodontic Assistant Permit Courses (New 10/10)", hereby incorporated by reference, within
21	ninety (90) days of the effective date of these regulations.
22	
23	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2
24	and 1752.4, Business and Professions Code.
25	640700 4 1 6 7 1 6 7 1 7 1 7 1 7 1 7 1 7 1 7 1 7
26	§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.
27	
28	(a) A dental sedation assistant permit course is one that has as its primary purpose providing
29	theory, laboratory and clinical instruction and application in dental sedation assisting duties
30 31	and functions. A single standard of care shall be maintained, and the board shall approve and
32	continue to approve only courses which continuously maintain a high-quality standard of instruction. As used in this Section, the following definitions apply: "IV" means intravenous,
33	"AED" means automated external defibrillator, "CO2" means carbon dioxide, and "ECG" and
34	"EKG" both mean electrocardiograms.
35	LNG Both mean electrocardiograms.
36	(b) A course provider applying for initial approval shall submit an application for approval, hereby
37	incorporated by reference (insert date), accompanied by the designated, non-refundable fee as
38	defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny
39	approval after evaluation of all components of the course have been performed.
10	approval after evaluation of all components of the coarse have been performed.
‡0 ‡1	(1) In addition to the requirements of CCR Section 1070 and 1070.1, the course director,
12	designated faculty member, or instructional staff member of a dental sedation assistant
13	course may, in lieu of a license issued by the Board, possess a valid, active, and current
14	license issued in California as a physician and surgeon.

(2) Consistent with the requirements of CCR Section 1070, as it relates to instructional methodology, the course director, designated faculty member, or instructional staff member(s) responsible for clinical evaluation shall complete such course in clinical evaluation prior to conducting clinical evaluations of students.  (3) In addition to the requirements of CCR Sections 1070 and 1070.1, clinical instruction in a dental sedation assistant course shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.  Attinuation of approval will be contingent upon continued compliance with CCR Sections 070.1 and all requirements as required herein.
member(s) responsible for clinical evaluation shall complete such course in clinical evaluation prior to conducting clinical evaluations of students.  (3) In addition to the requirements of CCR Sections 1070 and 1070.1, clinical instruction in a dental sedation assistant course shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.
(3) In addition to the requirements of CCR Sections 1070 and 1070.1, clinical instruction in a dental sedation assistant course shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.
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ntinuation of approval will be contingent upon continued compliance with CCR Sections
eral Provisions: Adequate provisions for the supervision and operation of the course shall
e in compliance with this Article and the following:
(1) Each student shall possess the necessary requirements for application for licensure as
a registered dental assistant and a minimum of 12-months' work experience or possess a
current, active license as a registered dental assistant.
(2) Prior to enrollment, each student shall demonstrate completion of an eight (8) hour
board-approved course in Infection Control, a two (2) hour board-approved course in
dental assisting jurisprudence and current certification in basic life support issued by the
American Heart Association or American Red Cross.
(3) The requirements for the quantity, qualifications and responsibilities of the course
director and all faculty or instructional staff, as defined in CCR Sections 1070 and 1070.1,
shall be adhered to at all times.
ilities and Equipment:
(1) Adequate supplies, materials and provisions for instruction in the subject area shall
be provided in compliance with the requirements of CCR Section 1070.
se provided in complance with the regaliements of confeccion 20701
(2) In addition, one pulse eximeter for each six students; one AFD or AFD trainer; one
capnograph or teaching device for monitoring of end tidal CO2; blood pressure cuff and
stethoscope for each six (6) students; one pretracheal stethoscope for each six (6)
students; one electrocardiogram machine, one automatic blood pressure/pulse
(2) In addition, one pulse oximeter for each six students; one AED or AED trainer; one

IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six (6) students; one sharps container for each six (6) students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six (6) students; one heart/lung sounds mannequin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six (6) students; any other monitoring or emergency equipment required by CCR Section 1043 for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(3) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all other equipment and armamentarium required to instruct in the duties that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(4) All students, faculty, and staff involved in the direct provision of patient care shall be certified in basic life support procedures, including the use of an automatic electronic defibrillator.

(5) There shall be a sufficient number of safe, adequate, and educationally conducive lecture classrooms and operatories in compliance with the requirements of CCR Section 1070. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided.

(6) All disinfection and sterilization procedures specified in CCR Section 1005 shall be incorporated in the course content and followed during all laboratory, simulated-clinical and clinical experiences.

(f) Course Duration: The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in this Section during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.

(g) Course Curriculum and Examination:

1	(1) A detailed course outline shall be established and maintained consistent with the
2	requirements of CCR Section 1070 and shall be provided to students prior to the start of
3	instruction.
4 5	(2) General course objectives and specific instructional unit objectives shall be stated in
6	writing and shall include theoretical aspects of each subject as well as practical
7	application. The theoretical aspects of the course shall provide the content necessary fo
8	students to make judgments regarding dental sedation assistant procedures.
9	stadents to make judgments regarding dental sedation assistant procedures.
10	(3) Objective evaluation criteria shall be used for measuring student progress toward
L1	attainment of specific course objectives. Students shall be provided with specific
L2	performance objectives and the evaluation criteria that will be used for all aspects of the
L3	<u>curriculum.</u>
L4	
L5	(4) Each student shall pass a written examination which reflects the curriculum content.
L6	
L7	(h) <b>Didactic Instruction</b> : Areas of instruction shall relate to the duties that dental sedation
L8	assistant permitholders are authorized to perform. General didactic shall contain:
L9	
20	(1) selection factors through review of medical history, physical assessment, and Patient
21	evaluation and medical
22	of anatomy and physiology of the circulatory, cardiovascular, and consultation.
23	
24	(2) Characteristics respiratory systems, and the central and peripheral nervous system.
25	(2) Characteristics of anxiety means are not related to the average patient relatives and
26	(3) Characteristics of anxiety management related to the surgical patient, relatives, and
27 28	escorts, and characteristics of anxiety and pain reduction techniques.
<u> 29</u>	(4) Overview of the classification of drugs used by patients for cardiac disease,
30	respiratory disease, hypertension, diabetes, neurological disorders, and infectious
31	diseases.
32	
33	(5) Overview of techniques and specific drug groups utilized for sedation and general
34	anesthesia.
35	
36	(6) Definitions and characteristics of levels of sedation achieved with general anesthesia
37	and sedative agents, including the distinctions between conscious sedation, deep
38	sedation, and general anesthesia.
39	
10	(7) Overview of patient monitoring during conscious sedation and general anesthesia.
11	
12	(8) Prevention, recognition, and management of complications.
13	
14	(9) Obtaining informed consent.

1	
2	(i) With respect to medical emergencies, didactic instruction shall contain:
3	
4	(1) An overview of medical emergencies, including, but not limited to, airway
5	obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope,
6	cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia
7	drug overdose, hyperventilation, acute coronary syndrome including angina and
8	myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and
9	congestive heart failure.
10	
11	(2) Laboratory instruction shall include the simulation and response to at least the
12	following medical emergencies: airway obstruction, bronchospasm, emesis and
13	aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction,
14	hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia,
15	syncope, and respiratory depression. Both training mannequins and other students or
16	staff may be used for simulation. The student shall demonstrate proficiency in all
17	simulated emergencies during training and shall then be eligible to complete a practical
18	examination on this Section.
19	
20	(j) With respect to sedation and the pediatric patient, didactic instruction shall contain the
21	following:
22	
23	(1) Psychological considerations.
24	
25	(2) Patient evaluation and selection factors through review of medical history, physical
26	assessment, and medical consultation.
27	
28	(3) Definitions and characteristics of levels of sedation achieved with general anesthesia
29	and sedative agents, with special emphasis on the distinctions between conscious
30	sedation, deep sedation, and general anesthesia.
31	
32	(4) Review of respiratory and circulatory physiology and related anatomy, with special
33	emphasis on establishing and maintaining a patient airway.
34	
35	(5) Overview of pharmacology agents used in contemporary sedation and general
36	anesthesia.
37	
38	(6) Patient monitoring.
39	12, 112 112 112
40	(7) Obtaining informed consent.
41	<u>, , , , , , , , , , , , , , , , , , , </u>
42	(8) Prevention, recognition, and management of complications, including principles of
43	basic life support.
44	

1	(k) With respect to physically, mentally, and neurologically compromised patients, didactic
2	instruction shall contain the following: an overview of characteristics of Alzheimer's disease,
3	autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular
4	dystrophy, Parkinson's disease, schizophrenia, and stroke.
5	
6	(I) With respect to health history and patient assessment, didactic instruction shall include, at a
7	minimum, the recording of the following:
8	
9	(1) Age, sex, weight, physical status as defined by the American Society of
10	Anesthesiologists Physical Status Classification System, medication use, general health,
11	any known or suspected medically compromising conditions, rationale for anesthesia or
12	sedation of the patient, visual examination of the airway, and auscultation of the heart
13	and lungs as medically required.
14	
15	(2) General anesthesia or conscious sedation records that contain a time-oriented
16	record with preoperative, multiple intraoperative, and postoperative pulse oximetry and
17	blood pressure and pulse readings, frequency and dose of drug administration, length of
18	procedure, complications of anesthesia or sedation, and a statement of the patient's
19	condition at time of discharge.
20	
21	(m) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG
22	and use of AED:
23	
24	(1) Didactic instruction shall contain the following:
25	
26	(A) Characteristics of pretracheal/precordial stethoscope.
27	
28	(B) Review of anatomy and physiology of circulatory system: heart, blood
29	vessels, and cardiac cycle as it relates to EKG.
30	(C) Characteristics of rhythm interpretation and waveform analysis basics
31	(C) Characteristics of rhythm interpretation and waveform analysis basics.
32 33	(D) Characteristics of manual intermittent and automatic blood pressure and
34 35	pulse assessment.
36	(E) Characteristics and use of an AED.
30 37	(L) Characteristics and use of all ALD.
38	(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of
39	heart sounds.
40	ileart sourius.
41	(G) Procedure for use and monitoring of the heart with an EKG machine,
42	including electrode placement, and the adjustment of such equipment.
	morading creations processing and the adjustment of such equipment.

1	(H) Procedure for using manual and automatic blood pressure/pulse/respiration
2	measuring system.
3	
4	(2) Preclinical instruction: Utilizing another student or staff person, the student shall
5	demonstrate proficiency in each of the following tasks during training and shall then be
6	eligible to complete an examination on this Section.
7	
8	(A) Assessment of blood pressure and pulse both manually and utilizing an
9	automatic system.
10	
11	(B) Placement and assessment of an EKG. Instruction shall include the
12	adjustment of such equipment.
13	
14	(C) Monitoring and assessment of heart sounds with a pretracheal/precordial
15	stethoscope.
16	
17	(D) Use of an AED or AED trainer.
18	
19	(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in
20	each of the following tasks, under supervision of faculty or instructional staff as
21	described in Section 1070.8(a)(3) and shall then be eligible to complete an examination
22	on this Section.
23	
24	(A) Assessment of blood pressure and pulse both manually and utilizing an
25	automatic system.
26	
27	(B) Placement and assessment of an EKG. Instruction shall include the
28	adjustment of such equipment.
29	
30	(C) Monitoring and assessment of heart sounds with a pretracheal/precordial
31	stethoscope.
32	
33	(n) With respect to monitoring lung/respiratory sounds with pretracheal/precordial
34	stethoscope and monitoring oxygen saturation end tidal CO2 with pulse oximeter and
35	capnograph:
36	
37	(1) Didactic instruction shall contain the following:
38	· / · · · · · · · · · · · · · · · · · ·
39	(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and
40	capnograph for respiration monitoring.
41	
42	(B) Review of anatomy and physiology of respiratory system to include the nose,
43	mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.
44	

1	(C) Characteristics of respiratory monitoring/lung sounds: mechanism of
2	respiration, composition of respiratory gases, oxygen saturation.
3	
4	(D) Characteristics of manual and automatic respiration assessment.
5	
6	(E) Procedure for using a pretracheal/precordial stethoscope for respiration
7	monitoring.
8	
9	(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen
10	saturation.
11	
12	(G) Procedure for use and maintenance of capnograph.
13	
14	(H) Characteristics for monitoring blood and skin color and other related factors.
15	
16	(I) Procedures and use of an oxygen delivery system.
17	
18	(J) Characteristics of airway management to include armamentaria and use.
19	
20	(2) Preclinical instruction: Utilizing another student or staff person, the student shall
21	demonstrate proficiency in each of the following tasks during training and shall then be
22	eligible to complete an examination on this Section.
23	
24	(A) Assessment of respiration rates.
25	(D) Marchard and account of the control of the cont
26	(B) Monitoring and assessment of lung sounds and ventilation with a
27	pretracheal/precordial stethoscope.
28	(C) Manitaring average actuaction with a nulse avigantar
29	(C) Monitoring oxygen saturation with a pulse oximeter.
30 31	(D) Use of an oxygen delivery system.
32	(D) Ose of all oxygen delivery system.
33	(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in
34	each of the following tasks, under supervision by faculty or instructional staff as
35	described in Section 1070.8(a)(3) and shall then be eligible to complete an examination
36	on this Section.
30 37	on this section.
38	(A) Assessment of respiration rates.
39	(A) Assessment of respiration rates.
40	(B) Monitoring and assessment of lung sounds and ventilation with a
40 41	pretracheal/precordial stethoscope.
41 42	pretractical/precordial stetrioscope.
42 43	(C) Monitoring oxygen saturation with a pulse oximeter.
+3 4.4	Tel Monitoring oxygen saturation with a pulse oximeter.

1	(D) Use of an oxygen delivery system.
2	(a) With respect to drug identification and draw
3 4	(o) With respect to drug identification and draw:
5 6	(1) Didactic instruction shall contain:
7	(A) Characteristics of syringes and needles: use, types, gauges, lengths, and
8	<u>components.</u>
9	
10	(B) Characteristics of drug, medication, and fluid storage units: use, type,
11	components, identification of label including generic and brand names, strength
12	potential adverse reactions, expiration date, and contraindications.
13	
14	(C) Characteristics of drug draw: armamentaria, label verification, ampule and
15	vial preparation, and drug withdrawal techniques.
16	(2) Labourtous instruction. The student shall done another and friends in the cultiple during
17	(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal
18	of fluids from a vial or ampule in the amount specified by faculty or instructional staff
19	and shall then be eligible to complete a practical examination.
20 21	(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of
22	vial or container labels for identification of content, dosage, and strength and in the
23	withdrawal of fluids from a vial or ampule in the amount specified by faculty or
24	instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to
25	complete an examination on this Section.
26	complete an examination on this section.
27	(p) With respect to adding drugs, medications, and fluids to IV lines:
28	157 With respect to adding analy) medications, and hards to Winness
29	(1) Didactic instruction shall contain:
30	· / · · · · · · · · · · · · · · · · · ·
31	(A) Characteristics of adding drugs, medications, and fluids to IV lines in the
32	presence of a licensed dentist.
33	
34	(B) Armamentaria.
35	
36	(C) Procedures for adding drugs, medications, and fluids, including dosage and
37	frequency.
38	
39	(D) Procedures for adding drugs, medications, and fluids by IV bolus.
40	
41	(E) Characteristics of patient observation for signs and symptoms of drug
42	response.
43	

1	(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to
2	an existing IV line on a venipuncture training arm or in a simulated environment and
3	shall then be eligible to complete a practical examination on this Section.
4	(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to
5	existing IV lines in the presence of course faculty or instructional staff as described in
6	Section 1070.8(a)(3) and shall then be eligible to complete an examination on this
7	Section.
8	
9	(g) With respect to the removal of IV lines:
10	
11	(1) Didactic instruction shall include overview and procedures for the removal of an IV
12	line.
13	
14	(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture
15	training arm or in a simulated environment for IV removal and shall then be eligible for a
16	practical examination.
17	
18	(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in
19	the presence of course faculty or instructional staff as described in Section 1070.8(a)(3)
20	and shall then be eligible to complete an examination on this Section.
21	
22	(r) Each student shall pass a written examination that reflects the curriculum content, which
23	may be administered at intervals throughout the course as determined by the course director.
24	
25	(s) Certificate of Completion. Upon successful completion of the course, students shall receive a
26	certificate consistent with the requirements defined in CCR Section 1070.
27	
28	(t) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
29	these regulations shall submit to the Board a completed "Notice of Compliance with New
30	Requirements for Ultrasonic Scaling for Cement Removal Certificate Courses" (insert date), hereby
31	incorporated by reference, within ninety (90) days of the effective date of these regulations.
32	
33	In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met
34	by a dental sedation assistant permit course to secure and maintain approval by the Board. As
35	used in this Section, the following definitions apply: "IV" means intravenous, "AED" means
36	automated external defibrillator, "CO2" means carbon dioxide, and "ECG" and "EKG" both
37	mean electrocardiogram.
38	
39	(a) (1) The course director, designated faculty member, or instructional staff member may,
40	in lieu of a license issued by the Board, possess a valid, active, and current license issued
41	in California as a physician and surgeon.
42	

- (2) The course director, designated faculty member, or instructional staff member responsible for clinical evaluation shall have completed a two-hour methodology course in clinical evaluation prior to conducting clinical evaluations of students.
- (3) Clinical instruction shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered.

(b) The course shall be of a sufficient duration for the student to develop minimum competence in all of the duties that dental sedation assistant permitholders are authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks described in subdivisions (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised cases utilizing conscious sedation or general anesthesia.

(c) The following are minimum requirements for equipment and armamentaria:

(1) One pulse eximeter for each six students; one AED or AED trainer; one capnograph or teaching device for monitoring of end tidal CO2; blood pressure cuff and stethoscope for each six students; one pretracheal stethoscope for each six students; one electrocardiogram machine, one automatic blood pressure/pulse measuring system/machine, and one oxygen delivery system including oxygen tank; one IV start kit for each student; one venous access device kit for each student; IV equipment and supplies for IV infusions including hanging device infusion containers and tubing for each six students; one sharps container for each six students; packaged syringes, needles, needleless devices, practice fluid ampules and vials for each student; stopwatch or timer with second hand for each six students; one heart/lung sounds manneguin or teaching device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube and appropriate connectors, suction equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio of at least one for each six students; any other monitoring or emergency equipment required by Cal. Code Regs., Title 16, Section 1043 for the administration of general anesthesia or conscious sedation; and a selection of instruments and supplemental armamentaria for all of the procedures that dental sedation assistant permitholders are authorized to perform according to Business and Professions Code Section 1750.5.

(2) Each operatory used for preclinical or clinical training shall contain either a surgery table or a power-operated chair for treating patients in a supine position, an irrigation system or sterile water delivery system as they pertain to the specific practice, and all

1	other equipment and armamentarium required to instruct in the duties that dental
2	sedation assistant permitholders are authorized to perform according to Business and
3	Professions Code Section 1750.5.
4	
5	(3) All students, faculty, and staff involved in the direct provision of patient care shall be
6	certified in basic life support procedures, including the use of an automatic electronic
7	<del>defibrillator.</del>
8	
9	(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)
10	to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are
11	authorized to perform.
12	
13	(e) General didactic instruction shall contain:
14	
15	(1) Patient evaluation and selection factors through review of medical history, physical
16	assessment, and medical consultation.
17	
18	(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and
19	respiratory systems, and the central and peripheral nervous system.
20	
21	(3) Characteristics of anxiety management related to the surgical patient, relatives, and
22	escorts, and characteristics of anxiety and pain reduction techniques.
23	
24	(4) Overview of the classification of drugs used by patients for cardiac disease,
25	respiratory disease, hypertension, diabetes, neurological disorders, and infectious
26	<del>diseases.</del>
27	
28	(5) Overview of techniques and specific drug groups utilized for sedation and general
29	anesthesia.
30	
31	(6) Definitions and characteristics of levels of sedation achieved with general anesthesia
32	and sedative agents, including the distinctions between conscious sedation, deep
33	sedation, and general anesthesia.
34	
35	(7) Overview of patient monitoring during conscious sedation and general anesthesia.
36	
37	(8) Prevention, recognition, and management of complications.
38	
39	(9) Obtaining informed consent.
40	
41	(f) With respect to medical emergencies, didactic instruction shall contain:
42	
43	(1) An overview of medical emergencies, including, but not limited to, airway
11	obstruction branchaspasm or asthma, larungospasm, allorgic reactions, syncope

1	cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia,
2	drug overdose, hyperventilation, acute coronary syndrome including angina and
3	myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and
4	congestive heart failure.
5	
6	(2) Laboratory instruction shall include the simulation and response to at least the
7	following medical emergencies: airway obstruction, bronchospasm, emesis and
8	aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction,
9	hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia,
10	syncope, and respiratory depression. Both training mannequins and other students or
11	staff may be used for simulation. The student shall demonstrate proficiency in all
12	simulated emergencies during training and shall then be eligible to complete a practical
13	examination on this Section.
14	
15	(g) With respect to sedation and the pediatric patient, didactic instruction shall contain the
16	following:
17	· · · · · · · · · · · · · · · · · · ·
18	(1) Psychological considerations.
19	
20	(2) Patient evaluation and selection factors through review of medical history, physical
21	assessment, and medical consultation.
22	
23	(3) Definitions and characteristics of levels of sedation achieved with general anesthesia
24	and sedative agents, with special emphasis on the distinctions between conscious
25	sedation, deep sedation, and general anesthesia.
26	
27	(4) Review of respiratory and circulatory physiology and related anatomy, with special
28	emphasis on establishing and maintaining a patient airway.
29	
30	(5) Overview of pharmacology agents used in contemporary sedation and general
31	anesthesia.
32	
33	(6) Patient monitoring.
34	
35	(7) Obtaining informed consent.
36	
37	(8) Prevention, recognition, and management of complications, including principles of
38	basic life support.
39	
40	(h) With respect to physically, mentally, and neurologically compromised patients, didactic
41	instruction shall contain the following: an overview of characteristics of Alzheimer's disease,
42	autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular
43	dystrophy, Parkinson's disease, schizophrenia, and stroke.

T	<del>(i) with respect to health history and patient assessment, didactic instruction shall include, at a</del>
2	minimum, the recording of the following:
3	
4	(1) Age, sex, weight, physical status as defined by the American Society of
5	Anesthesiologists Physical Status Classification System, medication use, general health,
6	any known or suspected medically compromising conditions, rationale for anesthesia or
7	sedation of the patient, visual examination of the airway, and auscultation of the heart
8	and lungs as medically required.
9	
10	(2) General anesthesia or conscious sedation records that contain a time-oriented
11	record with preoperative, multiple intraoperative, and postoperative pulse oximetry and
12	blood pressure and pulse readings, frequency and dose of drug administration, length o
13	procedure, complications of anesthesia or sedation, and a statement of the patient's
14	condition at time of discharge.
15	
16	(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG
17	and use of AED:
18	
19	(1) Didactic instruction shall contain the following:
20	
21	(A) Characteristics of pretracheal/precordial stethoscope.
22	
23	(B) Review of anatomy and physiology of circulatory system: heart, blood
24	vessels, and cardiac cycle as it relates to EKG.
25	
26	(C) Characteristics of rhythm interpretation and waveform analysis basics.
27	
28	(D) Characteristics of manual intermittent and automatic blood pressure and
29	<del>pulse assessment.</del>
30	
31	(E) Characteristics and use of an AED.
32	
33	(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of
34	<del>heart sounds.</del>
35	
36	(G) Procedure for use and monitoring of the heart with an EKG machine,
37	including electrode placement, and the adjustment of such equipment.
38	
39	(H) Procedure for using manual and automatic blood pressure/pulse/respiration
40	measuring system.
41	
42	(2) Preclinical instruction: Utilizing another student or staff person, the student shall
43	demonstrate proficiency in each of the following tasks during training and shall then be
11	aligible to complete an examination on this Section

1	
2	(A) Assessment of blood pressure and pulse both manually and utilizing an
3	automatic system.
4	
5	(B) Placement and assessment of an EKG. Instruction shall include the
6	adjustment of such equipment.
7	
8	(C) Monitoring and assessment of heart sounds with a pretracheal/precordial
9	stethoscope.
10	
11	(D) Use of an AED or AED trainer.
12	
13	(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in
14	each of the following tasks, under supervision of faculty or instructional staff as
15	described in Section 1070.8(a)(3), and shall then be eligible to complete an examination
16	on this Section.
17	
18	(A) Assessment of blood pressure and pulse both manually and utilizing an
19	<del>automatic system.</del>
20	
21	(B) Placement and assessment of an EKG. Instruction shall include the
22	adjustment of such equipment.
23	
24	(C) Monitoring and assessment of heart sounds with a pretracheal/precordial
25	stethoscope.
26	
27	(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope
28	and monitoring oxygen saturation end tidal CO2 with pulse oximeter and capnograph:
29	
30	(1) Didactic instruction shall contain the following:
31	
32	(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and
33	capnograph for respiration monitoring.
34	
35	(B) Review of anatomy and physiology of respiratory system to include the nose,
36	mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.
37	
38	(C) Characteristics of respiratory monitoring/lung sounds: mechanism of
39	respiration, composition of respiratory gases, oxygen saturation.
40	
41	(D) Characteristics of manual and automatic respiration assessment.
42	
43	(E) Procedure for using a pretracheal/precordial stethoscope for respiration
44	monitoring.

1	
2	(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen
3	saturation.
4	
5	(G) Procedure for use and maintenance of capnograph.
6	
7	(H) Characteristics for monitoring blood and skin color and other related factors.
8	
9	(I) Procedures and use of an oxygen delivery system.
10	
11	(J) Characteristics of airway management to include armamentaria and use.
12	
13	(2) Preclinical instruction: Utilizing another student or staff person, the student shall
14	demonstrate proficiency in each of the following tasks during training and shall then be
15	eligible to complete an examination on this Section.
16	
17	(A) Assessment of respiration rates.
18	
19	(B) Monitoring and assessment of lung sounds and ventilation with a
20	pretracheal/precordial stethoscope.
21	
22	(C) Monitoring oxygen saturation with a pulse oximeter.
23	
24	(D) Use of an oxygen delivery system.
25	, , , ,
26	(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in
27	each of the following tasks, under supervision by faculty or instructional staff as
28	described in Section 1070.8(a)(3), and shall then be eligible to complete an examination
29	on this Section.
30	
31	(A) Assessment of respiration rates.
32	. ,
33	(B) Monitoring and assessment of lung sounds and ventilation with a
34	<del>pretracheal/precordial stethoscope.</del>
35	
36	(C) Monitoring oxygen saturation with a pulse oximeter.
37	
38	(D) Use of an oxygen delivery system.
39	,, ,
40	(I) With respect to drug identification and draw:
41	
42	(1) Didactic instruction shall contain:
43	

1	(A) Characteristics of syringes and needles: use, types, gauges, lengths, and
2	<del>components.</del>
3	
4	(B) Characteristics of drug, medication, and fluid storage units: use, type,
5	components, identification of label including generic and brand names, strength
6	potential adverse reactions, expiration date, and contraindications.
7	
8	(C) Characteristics of drug draw: armamentaria, label verification, ampule and
9	vial preparation, and drug withdrawal techniques.
LO	
<b>L1</b>	(2) Laboratory instruction: The student shall demonstrate proficiency in the withdrawal
L2	of fluids from a vial or ampule in the amount specified by faculty or instructional staff
L3	and shall then be eligible to complete a practical examination.
L4	
L5	(3) Clinical instruction: The student shall demonstrate proficiency in the evaluation of
L6	vial or container labels for identification of content, dosage, and strength and in the
L7	withdrawal of fluids from a vial or ampule in the amount specified by faculty or
L8	instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to
L9	complete an examination on this Section.
20	
21	(m) With respect to adding drugs, medications, and fluids to IV lines:
22	
23	(1) Didactic instruction shall contain:
24	
25	(A) Characteristics of adding drugs, medications, and fluids to IV lines in the
26	presence of a licensed dentist.
27	
28	(B) Armamentaria.
29	
30	(C) Procedures for adding drugs, medications, and fluids, including dosage and
31	frequency.
32	
33	(D) Procedures for adding drugs, medications, and fluids by IV bolus.
34	
35	(E) Characteristics of patient observation for signs and symptoms of drug
36	response.
37	·
38	(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to
39	an existing IV line on a venipuncture training arm or in a simulated environment, and
10	shall then be eligible to complete a practical examination on this Section.
11	
12	(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to
13	existing IV lines in the presence of course faculty or instructional staff as described in

1	Section 1070.8(a)(3), and shall then be eligible to complete an examination on this
2	Section.
3	
4	(n) With respect to the removal of IV lines:
5	
6	(1) Didactic instruction shall include overview and procedures for the removal of an IV
7	<del>line.</del>
8	
9	(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture
10	training arm or in a simulated environment for IV removal, and shall then be eligible for
11	a practical examination.
12	
13	(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in
14	the presence of course faculty or instructional staff as described in Section 1070.8(a)(3),
15	and shall then be eligible to complete an examination on this Section.
16	
17	(o) Each student shall pass a written examination that reflects the curriculum content, which
18	may be administered at intervals throughout the course as determined by the course director.
19	
20	(p) To maintain approval, programs approved prior to the effective date of these regulations
21	shall submit to the Board a completed "Notice of Compliance with New Requirements for
22	Dental Sedation Assistant Permit Courses (New 10/10)", hereby incorporated by reference,
23	within ninety (90) days of the effective date of these regulations.
24	
25	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections
26	1750.4, 1750.5 and 1752.4, Business and Professions Code.
27	
28	CCR §1070.9: Radiation Safety Course
29	
30	(a) A radiation safety course is one that has as its primary purpose providing theory,
31	laboratory and clinical application in radiographic techniques. A single standard of care
32	shall be maintained and the Board shall approve only those courses which continuously
33	maintain a high quality standard of instruction. A single standard of care shall be maintained
34	and the board shall approve and continue to approve only programmatic curricula and stand-
35	alone courses which continuously maintain a high quality standard of instruction.
36	
37	(b) A course provider applying for initial approval shall submit an application for approval,
38	hereby incorporated by reference (insert date), accompanied by the designated, non-
39	refundable fee as defined in CCR Section 1022. Consistent with CCR Section 1070, the board
40	may approve or deny approval after evaluation of all components of the course have been
41	performed.
42	
43	(c) Continuation of approval will be contingent upon continued compliance with CCR Sections
44	1070, 1070.1 and all requirements as required herein.

1	
2	(d) General Provisions: Adequate provisions for the supervision and operation of the course
3	shall be made in compliance with this Article and the following:
4	
5	(1) Unless otherwise incorporated in a board-approved registered dental assisting
6	program, providers shall require evidence that all course pre-requisites have been met
7	prior to acceptance of the participant to include current certification in basic life
8	support, completion of an 8-hour board-approved course in infection control, and a 2-
9	hour board-approved course in dental assisting jurisprudence.
LO	
l1	(2) When instruction is incorporated in a registered dental assisting program, students
L2	shall have completed instruction in infection control, basic chairside skills, anatomy,
L3	tooth morphology and shall have obtained certification in basic life support, as defined
L4	herein, prior to the start of instruction in radiation safety.
L5	<del></del>
L6	(3) The requirements for the quantity, qualifications and responsibilities of the course
L7	director and all faculty or instructional staff, as defined in CCR Sections 1070 and 1070.1,
L8	shall be adhered to at all times.
L9	
20	(4) Additionally, all patient's or their guardian shall complete a health history form with
21	consent acknowledging the procedure is being performed by a student of the course or
22	program. Such documentation shall be maintained in the student records. When a
23	health history form is completed as a condition of the course requirements in an
24	extramural facility, such form shall be made available to the program or course by the
25	supervising licensed dentist.
26	
27	(e) Facilities and Equipment:
28	1-7 · · · · · · · · · · · · · · · · · · ·
29	(1) Adequate supplies, materials and provisions for instruction in radiation safety shall
30	be provided in compliance with the requirements of CCR Section 1070.
31	<u> </u>
32	(2) There shall be a sufficient number of safe, adequate, and educationally conducive
33	lecture classrooms and operatories in compliance with the requirements of CCR Section
34	1070.
35	<del>2070.</del>
36	(3) In addition to the facility requirements defined in CCR Section 1070, the facility used
37	for laboratory/pre-clinical instruction shall be deemed adequate if it is properly
38	equipped with supplies and equipment for practical work and includes, for every six
39	students, at least the following:
10	stadents, at least the ronowing.
‡0 ‡1	(A) One functioning radiography (X-ray) machine which is adequately filtered and
12	collimated that is equipped with the appropriate position-indicating devices for
13	each technique being taught, and is properly registered and permitted in
14	compliance with the Department of Health Services and the California Radiation

1	Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section
2	<u>30100);</u>
3	
4	(B) One (1) X-ray training mannequin head designed for instruction in
5	radiographic techniques per X-ray unit; and
6	
7	(C) One (1) lead impregnated adult-size X-ray apron with cervical (thyroid) collar,
8	either attached or detached from the apron, per X-ray unit.
9	
10	(4) The area shall be deemed adequate if it is of sufficient size to accommodate
11	students' needs in learning and is properly equipped with supplies and equipment for
12	practical work which may include processing and viewing equipment or any combination
13	thereof. Such facility requirements may be deemed met if computer-based equipment
14	for digital radiographic procedures is solely or in part utilized within the program or
15	course facility and where such equipment may be located in the operatory area where
16	exposures will occur.
17	
18	(5) The choice of image receptor for laboratory, pre-clinical and clinical experiences may
19	be either traditional film or digital sensor or any combination thereof as determined by
20	the program and course provider. Nothing herein shall require a dental assisting
21	program or course provider to obtain computerized equipment for the purposes of
22	instruction or demonstration.
23	
24	(6) X-ray exposure areas shall provide protection to patients, students, faculty and
25	observers in full compliance with applicable statutes and regulations.
26	
27	(7) All disinfection and sterilization procedures specified in CCR Section 1005 shall be
28	incorporated in the course content and followed during all laboratory simulated-clinical
29	and clinical experiences. Adequate, cleaning, disinfecting, and sterilizing facilities shall
30	<u>be provided.</u>
31	
32	(f) Course Duration: A course in radiation safety shall be of sufficient duration, but in no event
33	less than 32 hours including at least 16 hours of didactic instruction, at least 8 hours of laboratory
34	instruction, and at least 8 hours of supervised clinical instruction for the student to obtain
35	applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve
36	minimum competence in the various protocols and procedures used in the application of dental
37	radiographic techniques and radiation safety.
38	
39	(g) Course Curriculum and Examination:
40	(1) A detailed course outline shall be established and restational consistents. We then
41	(1) A detailed course outline shall be established and maintained consistent with the
42	requirements of CCR Section 1070 and shall be provided to students prior to the start of
43	instruction.
44	

1	(2) General course objectives and specific instructional unit objectives shall be stated in
2	writing and shall include theoretical aspects of each subject as well as practical
3	application. The theoretical aspects of the course shall provide the content necessary fo
4	students to make judgments regarding radiation safety.
5 6	(3) Objective evaluation criteria shall be used for measuring student progress toward
7	attainment of specific course objectives. Students shall be provided with specific
8	performance objectives and the evaluation criteria that will be used for all aspects of the
9	curriculum.
LO	<del></del>
l1	(4) Each student shall pass a written examination which reflects the curriculum content.
L2	
L3	(5) Each student shall pass a clinical examination.
L4	
L5	(h) Didactic Instruction. Areas of didactic instruction shall include, at a minimum, the following
L6	as they relate to exposure, processing and evaluation of dental radiographs:
L7	
L8	(1) Radiation physics and biology;
L9	
20	(2) Radiation protection and safety;
21	
22	(3) Recognition of normal anatomical landmarks, structures, hard and soft tissues,
23	normal and abnormal conditions of the oral cavity as they relate to dental radiographs;
24	
25	(4) Radiograph exposure and processing techniques;
26	
27	(5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of
28	the oral cavity;
29	
30	(6) Intraoral techniques and dental radiograph armamentaria, including holding devices
31	and image receptors;
32	
33	(7) Intraoral and extraoral examination including principles of exposure, methods of
34	retention and evaluation;
35	
36	(8) Proper use of patient protection devices and personal protective equipment for
37	operator use;
38	
39	(9) Identification and correction of faulty radiographs;
10	,_,
11	(10) Introduction to contemporary exposure techniques including the use of
	120, introduction to contemporary exposure techniques including the use of

1	computerized digital radiography and extraoral imaging that may include panographs or
2	cone-beam imaging;
3	
4	(11) Infection control procedures in compliance with the Board's Minimum Standards
5	for Infection Control (CCR Section 1005);
6	
7	(12) Radiographic records management;
8	
9	(13) Identification and recognition of common errors in techniques and processing for
10	intra and extra oral exposures;
11	
12	(14) Identification of various extra oral techniques, machine types, and uses; and
13	
14	(15) Introduction to techniques and exposure guidelines for special exposures to include,
15	but not limited to pediatric, edentulous, partially edentulous, endodontic and patients
16	with special needs.
17	
18	(i) Laboratory Instruction. All laboratory instruction and performances shall only occur in
19	accordance with CCR Sections 1070 and 1070.1. Sufficient hours of laboratory instruction and
20	experiences shall ensure that a student successfully completes, on an x-ray training mannequin
21	head only, at least the procedures set forth below utilizing an image receptor deemed appropriate
22	by the course director:
23	(4) T (2) (
24	(1) Two (2) full mouth periapical series, consisting of at least 18 radiographs each, four (4)
25	of which shall be bitewings;
26	
27	(2) Two horizontal or vertical bitewing series, consisting of at least four (4) radiographs
28	each;
29	
30	(3) Developing, digitizing or processing, and mounting or sequencing of exposed
31	<u>radiographs;</u>
32	
33	(4) Completion of student and instructor written evaluation of radiographs identifying
34	errors, causes of errors, corrections and, if applicable, the number of re-exposures
35	necessary for successful completion of a series to minimum competency.
36	(A) A laborator consider the book of the constant of the const
37	(A) A laboratory procedure has been successfully completed only if each series of
38	radiographs is evaluated and deemed to be of diagnostic quality.
39	(B) Consult I as a delice of all I I in the second of the
40 41	(B) Successful completion of all laboratory competencies shall occur prior to clinical instruction and experiences.
+ 1	CHITICAL HISTIACHOLI AND EXDELLETICES.

T	
2	(j) Clinical Instruction and Evaluation. As part of an organized program of instruction clinical
3	instruction shall include clinical performances on human subjects as set forth herein.
4	
5	(1) Successful completion of a minimum of four (4) full mouth periapical series,
6	consisting of at least 18 radiographs each, four (4) of which shall be bitewings. All
7	exposures made on human subjects shall only be made using diagnostic criteria
8	established during the clinical instructional period and shall in no event exceed three (3)
9	re-exposures per subject per series.
10	
11	(2) Successful developing or processing, and mounting or sequencing of exposed human
12	subject radiographs;
13	
14	(3) Completion of student and clinical supervisor written evaluations of each
15	radiographic series identifying errors, causes of error, and correction and, if applicable,
16	the number of re-exposures necessary for successful completion of a series to clinical
17	competency.
18	<u></u>
19	(4) One (1) full-mouth clinical series shall serve a final clinical examination.
20	14) One (1) full mouth chinical series shall serve a final chinical examination.
	(I) Mutaton Franciscations. Drive to contification and consulation of the course the student shall
21	(k) <b>Written Examinations.</b> Prior to certification and completion of the course, the student shall demonstrate successfully each of the following:
22	demonstrate successfully each of the following.
23	
24	(1) Completion of written examinations in California radiation health and safety and the
25	principles of dental radiographs shall occur prior to laboratory instruction, laboratory
26	competencies, and clinical instruction and experiences.
27	
28	(2) The written examinations shall include questions specific to items addressed in
29	California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3,
30	Article 4 (Section 30305 et seq.) relative to the special requirements for the use of x-ray
31	in the healing arts.
32	
33	(I) Extramural Dental Facilities for Used for Radiographic Performances. Extramural dental
34	facilities may be utilized by a course for the purposes of radiographic clinical competencies.
35	Clinical instruction and oversight shall be performed under the direct supervision of a licensed
36	dentist who shall deem the radiographs necessary by written prescription. Didactic and
37	laboratory instruction shall be provided only by course faculty or instructional staff prior to
38	clinical performances and shall not be provided in an extramural dental facility.
39 40	(1) The course director or a decignated faculty member shall be responsible for
40 11	(1) The course director, or a designated faculty member, shall be responsible for selecting a extramural dental facility and evaluating student competence before the
	Selecting a extrational demarkation valid Evaluation Student Competence Defore the

1 2	clinical assignment.
3	(2) Prior to student assignment in an extramural dental facility, the course director, or a
4	designated faculty or instructional staff member, shall orient all supervising dentists who
5	shall provide basic technical assistance, evaluation, and oversight of the student in the
6	clinical setting. Orientation shall include, at a minimum, the objectives of the course, the
7	student's preparation for the clinical assignment, and a review of procedures and criteria
8	to be used by the licensed dentist in the extramural dental facility in evaluating the
9	student during the assignment
LO	
L1	(3) Programs and courses using extramural dental faculty for dental radiographic clinical
L2	experiences shall provide to the Board, upon request or renewal of provider status,
L3	copies of all contracts of affiliation and documentation demonstrating compliance with
L4	this Section.
L5	
L6	(4) There shall be a written contract of affiliation with each extramural dental facility
L7	utilized by a course. Such contract shall describe the settings in which the facility will be
L8	used, cancellation terms and conditions, and shall provide that the facility has the
L9	necessary equipment and armamentaria appropriate for the procedures to be
20	performed and that such equipment and armamentaria are in safe operating condition.
21	
22	(m) Certificate of Completion. Upon successful completion of the course, students shall receive
23	a certificate consistent with the requirements defined in CCR Section 1070.
24	
25	(n) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
26	these regulations shall submit to the Board a completed "Notice of Compliance with New
27	Requirements for Radiation Safety Certification Courses" (insert date), hereby incorporated by
28	reference, within ninety (90) days of the effective date of these regulations.
29	
30	§ 1071. Approval of Registered Dental Assistant in Extended Functions (RDAEF) Educational
31	Programs.
32	
33	In addition to the requirements of California Code of Regulations (Cal. Code Regs.), Title 16,
34	Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program
35	to secure and maintain approval by the Board.
36	
37	(a) RDAEF educational programs in California shall apply for and receive Board approval prior to
38	operation. The Board may approve, provisionally approve, or deny approval of any such
39	program.
10	
11	(1) A program applying for approval to teach all of the duties specified in Business and
12	Professions Code, Section 1753.5 shall comply with all of the requirements of this
13	Section.

1	
2	(2) A program applying for approval to teach RDAEFs licensed on or before January 1,
3	2010 the additional duties specified in Business and Professions Code Section 1753.6
4	shall comply with all of the requirements of this Section, except as follows:
5	
6	(A) The program shall be no less than 318 hours, including at least 76 hours of
7	didactic instruction, at least 186 hours of laboratory instruction, and at least 56
8	hours of clinical instruction.
9	
LO	(B) Students shall not be required to complete instruction related to the
l1	placement of gingival retraction cord, the taking of final impressions for
L2	permanent indirect restorations, or the fitting of endodontic master points and
L3	accessory points.
L4	
L5	(3) A RDAEF program provider applying for approval shall submit to the Board a
L6	completed "Application for Approval of Registered Dental Assistant Program (New
L7	INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-
L8	refundable processing fee of \$ .
L9	
20	(4) The Board may withdraw its approval of a program at any time, after giving the
21	program provider written notice setting forth its reason for withdrawal and after
22	affording a reasonable opportunity to respond within 30 calendar days. Approval may
23	be withdrawn for failure to comply with the provisions of the Dental Practice Act or the
24	Board's regulations.
25	
26	(b) Prerequisites. In order to be admitted to the program, each student shall possess a valid,
27	active, and current license as a registered dental assistant issued by the Board and shall submit
28	documentary evidence of successful completion of a Board-approved pit and fissure sealant
29	course prior to graduation from an RDAEF program.
30	( ) B
31	(c) Program Faculty. In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070
32	and 1070.1, all faculty members shall have completed a course or certification program in
33	educational methodology of at least six (6) hours unless he or she holds any one (1) of the
34	following: a degree in education, a Ryan Designated Subjects Vocational Education Teaching
35	Credential, a Standard Designated Subjects Teaching Credential, or, a Community College
36	Teaching Credential. Each faculty member shall complete a course or certification program in
37	educational methodology within six (6) months of employment. The program director or
38	designated administrator shall be responsible to obtain and maintain records of each faculty
39	member showing evidence of having met this requirement.
10	(d) Dragger Division. The program division who may also be an instructor shall process
11	(d) Program Director. The program director, who may also be an instructor, shall possess a
12 12	valid, active, and current license issued by the Board or the Dental Hygiene Committee of
13	California, shall have been licensed for a minimum of two (2) years, and possess the
14	experience in the subject matter he or she is teaching. The course director shall provide

1	guidance and be responsible for the administration of the course. Specifically, the course
2	director shall be responsible for fulfilling all the requirements listed in Cal. Code Regs., Title 16,
3	Section 1070(b).
4	
5	(e) Length of Program.
6	
7	(1) The program shall be of sufficient duration for the student to develop minimum
8	competence in all of the duties that RDAEFs are authorized to perform, but in no event
9	less than 410 hours, including at least 100 hours of didactic instruction, at least 206
10	hours of laboratory instruction, and at least 104 hours of clinical instruction. All
11	laboratory and simulated clinical instruction shall be provided under the direct
12	supervision of program staff. Clinical instruction shall be provided under the direct
13	supervision of a licensed dentist and may be completed in an extramural dental facility
14	as defined in Cal. Code Regs., Title 16, Section 1070.1(c).
15	
16	(2) In the event a program has obtained approval to instruct the content for Interim
17	Therapeutic Restoration Certification, the program shall incorporate such training into
18	the RDAEF program curriculum and increase the total hours in accordance with
19	applicable regulations.
20	
21	(f) The following requirements are in addition to the requirements of Cal. Code Regs., Title 16,
22	Sections 1070 and 1070.1:
23	
24	(1) Minimum requirements for equipment and armamentaria:
25	
26	(A) Laboratory facilities with individual seating stations for each student and
27	equipped with air/water syringe, hand piece connections, suction or electric
28	driven rotary instrumentation capability. Each station or operatory shall allow an
29	articulated typodont to be mounted in a simulated head position.
30	
31	(B) Clinical simulation facilities that provide simulated patient heads mounted in
32	appropriate position and accommodating an articulated typodont in an enclosed
33	intraoral environment, or mounted on a dental chair in a dental operatory.
34	Clinical simulation spaces shall be sufficient to permit one (1) simulation space
35	for each two (2) students at any one (1) time.
36	
37	(C) Articulated typodonts of both deciduous and permanent dentitions with
38	flexible gingival tissues and with prepared teeth for each procedure to be
39	performed in the laboratory and clinical simulation settings. One (1) of each type
40	of typodont is required for each student.
41	
42	(D) A selection of restorative instruments and adjunct materials for all
43	procedures that RDAEFs are authorized to perform.
44	

1	(E) Notwithstanding Section 1070, there shall be at least one (1) operatory for
2	every two (2) students who are simultaneously engaged in clinical instruction.
3	
4	(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h)
5	to (o), inclusive, and the following didactic instruction:
6	
7	(1) The following instruction as it relates to each of the procedures that RDAEFs are
8	authorized to perform: restorative and prosthetic treatment review; charting; patient
9	education; legal requirements; indications and contraindications; problem solving
10	techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection
11	control protocol implementation.
12	
13	(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal
14	or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic
15	microbiology relating to infection control, and occlusion. "Occlusion" is the review of
16	articulation of maxillary and mandibular arches in maximum intercuspation.
17	
18	(3) Characteristics and manipulation of dental materials related to each procedure.
19	
20	(4) Armamentaria for all procedures.
21	
22	(5) Principles, techniques, criteria, and evaluation for performing each procedure,
23	including implementation of infection control protocols.
24	
25	(6) Tooth isolation and matrix methodology review.
26	
27	(h) General laboratory instruction shall include:
28	
29	(1) Application of tooth isolation methods in both maxillary and mandibular arches and
30	with four (4) experiences on both deciduous and permanent dentitions.
31	
32	(2) Matrix placement for amalgam, and adhesive-based restorative material restorations
33	with three (3) experiences for each material.
34	
35	(3) Base, liner, and etchant placement on three (3) teeth.
36	
37	(3) Base, liner, and etchant placement on three teeth.
38	
39	(i) With respect to preliminary evaluation of the patient's oral health, including charting of
40	existing conditions excluding periodontal assessment as it relates to RDAEF functions, intraoral
41	and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:
42	(1) Did estic instruction shall contain the fall surings
43	(1) Didactic instruction shall contain the following:
44	

1	(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.
2	
3	(B) Deviations from normal to hard tissue abnormalities to soft tissue
4	abnormalities.
5	
6	(C) Overview of classifications of occlusion and myofunction.
7	
8	(D) Sequence of oral inspection: armamentaria, general patient assessment,
9	review of medical history form, review of dental history form, oral cavity mouth-
10	mirror inspection, and charting existing conditions.
11	
12	(2) Preclinical instruction shall include performing an oral inspection on at least two (2)
13	other students.
14	
15	(3) Clinical instruction shall include performing an oral inspection on at least two (2)
16	patients.
17	
18	(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:
19	<u> </u>
20	(1) Didactic instruction shall include the following:
21	<u>/</u>
22	(A) Review of objectives, canal preparation, filling of root canal space, including
23	the role of the RDAEF as preparatory to condensation which is to be performed
24	by the licensed dentist.
25	sy the neerloca dericion
26	(B) Description and goals of filling technique using lateral condensation
27	techniques.
28	<u>econingaeor</u>
29	(C) Principles and techniques of fitting and cementing master points and
30	accessory points.
31	accessory pointed
32	(2) Laboratory instruction shall include fitting and cementing master points and
33	accessory points on extracted teeth or simulated teeth with canals with a minimum of
34	two (2) experiencesThis instruction shall not include obturator-based techniques or
35	other techniques that employ condensation.
36	<u>ether teamiques that employ contactions</u>
37	(3) Simulated clinical instruction shall include fitting and cementing master points and
38	accessory points with extracted or simulated teeth. Simulated clinical instruction shall
39	include fitting and cementing master points and accessory points in at least four (4)
40	teeth.
41	
42	k) With respect to gingival retraction, general instruction shall include:
43	

1	(1) Review of characteristics of tissue management techniques as they relate to
2	prosthodontic procedures.
3	
4	(2) Description, principles and goals of tissue management as it relates to prosthodontic
5	procedures.
6	
7	(I) With respect to final impressions for permanent indirect and toothborne restorations:
8	
9	(1) Didactic instruction shall contain the following:
10	
11	(A) Review of characteristics of impression material and tray placement.
12	
13	(B) Description and goals of impression taking for permanent indirect
14	restorations and toothborne prosthesis.
15	
16	(C) Principles, techniques, criteria, and evaluation of impression taking for
17	permanent indirect restorations and toothborne prosthesis.
18	·
19	(2) Laboratory instruction shall include the following:
20	· / · · · · · · · · · · · · · · · · · ·
21	(A) Tissue management for prosthodontic procedures and final impressions for
22	permanent indirect restorations, including impression taking of prepared teeth
23	in maxillary and mandibular arches, once per arch.
24	<u></u>
25	(B) Impressions for toothborne removable prostheses, including, at a minimum,
26	taking a total of four (4) impressions on maxillary and mandibular arches with
27	simulated partially edentulous sites.
28	
29	(3) Clinical instruction shall include taking final impressions on five (5) prosthodontic
30	procedure patients which shall include tissue management procedures.
31	<u> </u>
32	(m) With respect to placing, contouring, finishing, and adjusting direct restorations:
33	<u>,</u>
34	(1) Didactic instruction shall contain the following:
35	11/ Bradetio Histraction shall contain the following.
36	(A) Review of cavity preparation factors and restorative material.
37	1.1) Heriew of savity preparation factors and restorative materials
38	(B) Characteristics and manipulation of direct filling materials.
39	(b) characteristics and manipulation of affect minig materials.
40	(C) Amalgam restoration placement, carving, adjusting and finishing, which
41	includes principles, techniques, criteria and evaluation, and description and goals
42	of amalgam placement, adjusting and finishing in children and adults.
43	or amargam pracement, adjusting and miniming in amaren and addition

1	(D) Currently utilized adhesive-based restoration placement, adjusting,
2	contouring and finishing, which includes, principles, techniques, criteria and
3	evaluation, and description and goals of adhesive-based restorations, placement
4	and contouring in children and adults.
5	
6	(2) Laboratory instruction shall include placement, finish and adjustment of 100
7	restorations in prepared teeth. The restorations shall include both maxillary,
8	mandibular, permanent and deciduous teeth, and both metallic and adhesive-based
9	materials. Amalgam material shall include placement, finish and adjustment of Class I,
10	II, and V restorations. Adhesive-based materials shall include placement, finish and
11	adjustment of Class I, II, III, IV and V restorations.
12	
13	(3) Simulated clinical instruction shall include placement, finish and adjustment of 900
14	restorations in prepared teeth. The restorations shall include both maxillary,
15	mandibular, permanent and deciduous teeth, and both metallic and adhesive-based
16	materials. Amalgam material shall include placement, finish and adjustment of Class I,
17	II, and V restorations. Adhesive-based materials shall include placement, finish and
18	adjustment of Class I, II, III, IV and V restorations. A student shall show competency in
19	amalgam based material placement, finish and adjustment based on criteria-reference
20	completion standards prior to any clinical instruction and application of these
21	procedures.
22	
23	(4) Clinical instruction shall require proficient completion of placing, contouring and
24	finishing at least 20 direct restorations in prepared permanent teeth. At least five (5) of
25	each restorative classification of I, II, III and V are required.
26	
27	(A) At least 50 percent of the experiences shall be Class II restorations using
28	adhesive-based materials.
29	
30	(B) At least 20 percent of the experiences shall be Class V restorations using
31	adhesive-based materials.
32	
33	(C) Students who complete the 20 restorations and meet all the instructional
34	requirements of this Section may complete additional Class I, II, III, IV or V
35	restorations as deemed appropriate for program success.
36	
37	(n) With respect to polishing and contouring existing amalgam restorations:
38	
39	(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and
40	description and goals of amalgam polishing and contouring in children and adults.
41	
12	

1	(3) Simulated clinical instruction shall include experience in the polishing and contouring
2	of Class I, II, and V amalgam restorations in one (1) prepared tooth for each
3	<u>classification.</u>
4	
5	(o) With respect to adjusting and cementing permanent indirect restorations:
6 7	(1) Didactic instruction shall contain the following:
8	(1) Didactic instruction shall contain the following:
9	(A) Review of fixed prosthodontics related to classification and materials for
10	permanent indirect restorations, general crown preparation for permanent
11	indirect restorations, and laboratory fabrication of permanent indirect
12	restorations.
13	
14	(B) Interocclusal registrations for fixed prosthesis, including principles,
15	techniques, criteria, and evaluation.
16	
17	(C) Permanent indirect restoration placement, adjustment, and
18	cementation/bonding, including principles, techniques, criteria, and evaluation.
19	(2) Laborator Carlo alla caballitado da
20	(2) Laboratory instruction shall include:
21	(A) Completion of two (2) interpolations
22 23	(A) Completion of two (2) interocclusal registrations.
23 24	(B) Fitting, adjustment, and cementation/bonding of permanent indirect
25	restorations on a minimum of two (2) posterior crowns.
26	restorations on a minimum of two (2) posterior stowns.
27	(3) Clinical experience for interocclusal registrations shall be performed on four (4)
28	patients who are concurrently having final impressions recorded for permanent indirect
29	restorations.
30	
31	(A) Clinical instruction shall include fitting, adjustment, and
32	cementation/bonding of permanent indirect restorations on at least two (2)
33	<u>teeth.</u>
34	
35	(p) Examination. Each student shall pass a written examination that reflects the curriculum
36	content, which may be administered at intervals throughout the course as determined by the
37	course director.
38	(a) Notice of Compliance. To reciptain annually hypersum annually district the official and the
39	(q) Notice of Compliance. To maintain approval, programs approved prior to the effective date
40 41	of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs
41	(New INSERT DATE)", hereby incorporated by reference, within 90 days of the effective date of
43	these regulations.
44	these regalations.
- •	

1	(r) Facilities and Resources. Facilities shall provide each student with sufficient opportunity,
2	with instructor supervision, to develop minimum competency in all duties that registered
3	dental assistants in extended functions are authorized to perform. The following requirements
4	are in addition to those contained in Cal. Code of Regs., Title 16, Sections 1070 and 1070.1:
5	
6	(1) Facilities and operatories shall be in compliance with the requirements of Cal. Code
7	of Regs., Title 16, Section 1070 (e)(1)(A)(B) and (e)(2). Facilities shall be in compliance
8	with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16,
9	<u>Section 1005).</u>
10	
11	(2) Provision shall be made for reasonable access to current and diverse dental and
12	medical reference texts, current journals, audiovisual materials, and other necessary
13	resources. Library holdings, which may include, in total or in part, access through the
14	Internet, shall include materials relating to all subject areas of the program curriculum.
15	
16	(s) Certificate of Completion. In addition to the requirements of Cal. Code of Regs., Title 16,
17	Section 1070 subdivision (e), two (2) original copies of a certificate, diploma, or other evidence
18	of completion shall be issued to each student within 30 days of successful completion of the
19	program.
20	
21	(a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs
22	shall apply for and receive approval prior to operation. The Board may approve, provisionally
23	approve, or deny approval of any such program. The Board may, in lieu of conducting its own
24	investigation, accept the findings of any commission or accreditation agency approved by the
25	Board and adopt those findings as its own.
26	
27	(b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the
28	following criteria shall be met by an RDAEF educational program to secure and maintain
29	approval by the Board.
30	
31	(1) A program applying for approval to teach all of the duties specified in Business and
32	Professions Code Section 1753.5 shall comply with all of the requirements of this
33	<del>Section.</del>
34	(2) A
35	(2) A program applying for approval to teach RDAEFs licensed on or before January 1,
36	2010 the additional duties specified in Business and Professions Code Section 1753.6
37	shall comply with all of the requirements of this Section, except as follows:
38	(A) The greeness shall be no less than 240 become including at least 70 become of
39	(A) The program shall be no less than 318 hours, including at least 76 hours of
40	didactic instruction, at least 186 hours of laboratory instruction, and at least 56
41	hours of clinical instruction.
42	(D) Students shall not be required to complete instruction related to the
43 44	(B) Students shall not be required to complete instruction related to the
4141	niar emem in minima remainment from the taking of this innite Clancian

1	permanent indirect restorations, or the fitting of endodontic master points and
2	accessory points.
3	
4	(c) In order to be admitted to the program, each student shall possess a valid, active, and
5	current license as a registered dental assistant issued by the Board and shall submit
6	documentary evidence of successful completion of a Board-approved pit and fissure sealant
7	<del>course.</del>
8	
9	(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members
LO	responsible for clinical evaluation shall have completed a course or certification program in
l1	educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any
L2	one of the following: a postgraduate degree in education, a Ryan Designated Subjects
L3	Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential,
L4	or, a Community College Teaching Credential. Each faculty member employed after January 1,
L5	2012, shall complete a course or certification program in educational methodology within six
L6	months of employment. The program director or designated administrator shall be responsible
L7	to obtain and maintain records of each faculty member showing evidence of having met this
L8	requirement.
L9	
20	(e) The program shall be of sufficient duration for the student to develop minimum competence
21	in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours,
22	including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction,
23	and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction
24	shall be provided under the direct supervision of program staff. Clinical instruction shall be
25	provided under the direct supervision of a licensed dentist and may be completed in an
26	extramural dental facility as defined in Section 1070.1(c).
27	
28	(f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:
29	
30	(1) Minimum requirements for equipment and armamentaria:
31	
32	(A) Laboratory facilities with individual seating stations for each student and
33	equipped with air, gas and air, or electric driven rotary instrumentation
34	capability. Each station or operatory shall allow an articulated typodont to be
35	mounted in a simulated head position.
36	
37	(B) Clinical simulation facilities that provide simulated patient heads mounted in
38	appropriate position and accommodating an articulated typodont in an enclosed
39	intraoral environment, or mounted on a dental chair in a dental operatory.
10	Clinical simulation spaces shall be sufficient to permit one simulation space for
11	each two students at any one time.
12	·
13	(C) Articulated typodonts of both deciduous and permanent dentitions with
1 /1	florible gingival tissues and with propared tooth for each procedure to be

1	performed in the laboratory and clinical simulation settings. One of each type of
2	typodont is required for each student.
3	
4	(D) A selection of restorative instruments and adjunct materials for all
5	procedures that RDAEFs are authorized to perform.
6	
7	(2) Notwithstanding Section 1070, there shall be at least one operatory for every two students
8	who are simultaneously engaged in clinical instruction.
9	
10	(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h)
11	to (o), inclusive, and the following didactic instruction:
12	
13	(1) The following instruction as it relates to each of the procedures that RDAEFs are
14	authorized to perform: restorative and prosthetic treatment review; charting; patient
15	education; legal requirements; indications and contraindications; problem solving
16	techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection
17	control protocol implementation.
18	
19	(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal
20	or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic
21	microbiology relating to infection control, and occlusion. "Occlusion" is the review of
22	articulation of maxillary and mandibular arches in maximum intercuspation.
23	
24	(3) Characteristics and manipulation of dental materials related to each procedure.
25	
26	(4) Armamentaria for all procedures.
27	
28	(5) Principles, techniques, criteria, and evaluation for performing each procedure,
29	including implementation of infection control protocols.
30	
31	(6) Tooth isolation and matrix methodology review.
32	
33	(h) General laboratory instruction shall include:
34	
35	(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches
36	and for deciduous and permanent dentitions. A minimum of four experiences per arch is
37	required, with two anterior and two posterior applications, with one of the applications
38	used for a practical examination.
39	
40	(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in
41	both primary and permanent dentitions, with three experiences for each cavity
42	classification and for each material.

43

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1	(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or
2	etchant, with one of the three teeth used for a practical examination.
3	
4	(i) With respect to preliminary evaluation of the patient's oral health, including charting of
5	existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft
6	tissue, classifying occlusion, and myofunctional evaluation:
7	
8	(1) Didactic instruction shall contain the following:
9	
10	(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.
11	
12	(B) Deviations from normal to hard tissue abnormalities to soft tissue
13	abnormalities.
14	
15	(C) Overview of classifications of occlusion and myofunction.
16	
17	(D) Sequence of oral inspection: armamentaria, general patient assessment,
18	review of medical history form, review of dental history form, oral cavity mouth-
19	mirror inspection, and charting existing conditions.
20	
21	(2) Preclinical instruction shall include performing an oral inspection on at least two
22	other students.
23	
24	(3) Clinical instruction shall include performing an oral inspection on at least two
25	patients, with one of the two patients used for a clinical examination.
26	
27	(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:
28	
29	(1) Didactic instruction shall include the following:
30	
31	(A) Review of objectives, canal preparation, filling of root canal space, including
32	the role of the RDAEF as
33	preparatory to condensation which is to be performed by the licensed dentist.
34	
35	(B) Description and goals of filling technique using lateral condensation
36	<del>techniques.</del>
37	
38	(C) Principles and techniques of fitting and cementing master points and
39	accessory points using lateral condensation, including characteristics,
40	manipulation, use of gutta percha and related materials, and criteria for an
41	acceptable master and accessory points technique using lateral condensation.
42	
43	(2) Laboratory instruction shall include fitting and cementing master points and
44	accessory points on extracted teeth or simulated teeth with canals in preparation for

1	lateral condensation by the dentist, with a minimum of two experiences each on a
2	posterior and anterior tooth. This instruction shall not include obturator-based
3	techniques or other techniques that employ condensation.
4	
5	(3) Simulated clinical instruction shall include fitting and cementing master points and
6	accessory points in preparation for condensation by the dentist with extracted or
7	simulated teeth prepared for lateral condensation mounted in simulated patient heads
8	mounted in appropriate position and accommodating and articulated typodont in an
9	enclosed intraoral environment, or mounted on a dental chair in a dental operatory.
10	This instruction shall not include obturator based techniques that employ condensation.
11	Simulated clinical instruction shall include fitting and cementing master points and
12	accessory points for lateral condensation by the dentist in at least four teeth, one of
13	which shall be used for a practical exam.
14	
15	(k) With respect to gingival retraction, general instruction shall include:
16	
17	(1) Review of characteristics of tissue management as it relates to gingival retraction
18	with cord and electrosurgery.
19	
20	(2) Description and goals of cord retraction.
21	
22	(3) Principles of cord retraction, including characteristics and manipulation of
23	epinephrine, chemical salts classification of cord, characteristics of single versus double
24	cord technique, and techniques and criteria for an acceptable cord retraction technique.
25	
26	(I) With respect to final impressions for permanent indirect and toothborne restorations:
27	
28	(1) Didactic instruction shall contain the following:
29	
30	(A) Review of characteristics of impression material and custom.
31	
32	(B) Description and goals of impression taking for permanent indirect
33	restorations and toothborne prosthesis.
34	
35	(C) Principles, techniques, criteria, and evaluation of impression taking for
36	permanent indirect restorations and toothborne prosthesis.
37	
38	(2) Laboratory instruction shall include the following:
39	
40	(A) Cord retraction and final impressions for permanent indirect restorations,
41	including impression taking of prepared teeth in maxillary and mandibular
42	arches, one time per arch with elastomeric impression materials.
43	

1	(B) Impressions for toothborne removable prostheses, including, at a minimum,
2	taking a total of four impressions on maxillary and mandibular arches with
3	simulated edentulous sites and rest preparations on at least two supporting
4	teeth in each arch.
5	
6	(3) Clinical instruction shall include taking final impressions on five cord retraction
7	patients, with one used for a clinical examination.
8	
9	(m) With respect to placing, contouring, finishing, and adjusting direct restorations:
10	
11	(1) Didactic instruction shall contain the following:
12	
13	(A) Review of cavity preparation factors and restorative material.
14	
15	(B) Review of cavity liner, sedative, and insulating bases.
16	
17	(C) Characteristics and manipulation of direct filling materials.
18	
19	(D) Amalgam restoration placement, carving, adjusting and finishing, which
20	includes principles, techniques, criteria and evaluation, and description and goals
21	of amalgam placement, adjusting and finishing in children and adults.
22	
23	(E) Glass ionomer restoration placement, carving, adjusting, contouring and
24	finishing, which includes, principles, techniques, criteria and evaluation, and
25	description and goals of glass ionomer placement and contouring in children and
26	adults.
27	
28	(F) Composite restoration placement, carving, adjusting, contouring and finishing
29	in all cavity classifications, which includes, principles, techniques, criteria, and
30	evaluation.
31	
32	(2) Laboratory instruction shall include typodont experience on the following:
33	
34	(A) Placement of Class I, II, and V amalgam restorations in eight prepared
35	permanent teeth for each classification, and in four deciduous teeth for each
36	<del>classification.</del>
37	
38	(B) Placement of Class I, II, III, and V composite resin restorations in eight
39	prepared permanent teeth for each classification, and in four deciduous teeth
40	for each classification.
41	
42	(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared
43	permanent teeth for each classification, and in four deciduous teeth for each
44	classification.

_	
2	(3) Simulated clinical instruction shall include experience with typodonts mounted in
3	simulated heads on a dental chair or in a simulation laboratory as follows:
4	
5	(A) Placement of Class I, II, and V amalgam restorations in four prepared
6	permanent teeth for each classification, with one of each classification used for a
7	clinical examination.
8	
9	(B) Placement of Class I, II, III, and V composite resin restorations in four
LO	prepared permanent teeth for each classification, with one of each classification
L1	used for a clinical examination.
 L2	
L3	(C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared
L4	permanent teeth for each classification, with one of each classification used for a
L-J L5	clinical examination.
L6	chinear examination.
L7	(4) Clinical instruction shall require proficient completion of placing, contouring and
L7 L8	finishing at least twenty (20) direct restorations in prepared permanent teeth with the
19	following requirements:
20	tollowing requirements:
21	(A) At least fifty (50) percent of the experiences shall be Class II restorations
22	using esthetic materials.
23	daning eather materials.
23 24	(B) At least twenty (20) percent of the experiences shall be Class V restorations
2 <del>4</del> 25	using esthetic materials.
26	using estrictic materials.
20 27	(C) At least ten (10) percent of the experiences shall use amalgam.
<u>2</u> 7 28	(c) At least ten (10) percent of the experiences shall use amaigam.
-	(D) Students who complete the 20 restarations and most all the instructional
29	(D) Students who complete the 20 restorations and meet all the instructional
30	requirements of this Section may complete additional Class I, II, III or V
31	restorations as deemed appropriate for program success.
32	(a) Mith respect to reliables and containing evicting explanar restaurtions.
33	(n) With respect to polishing and contouring existing amalgam restorations:
34	(4) Pide attatage attack aballitas Indonestration to the term of the term of a state and a self-attack and
35	(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and
36	description and goals of amalgam polishing and contouring in children and adults.
37	
38	(2) Laboratory instruction shall include typodont experience on polishing and contouring
39	of Class I, II, and V amalgam restorations in three prepared permanent teeth for each
10	classification, and in two deciduous teeth for each classification.
11	
12	(3) Simulated clinical instruction shall include experience with typodonts mounted in
13	simulated heads on a dental chair or in a simulation laboratory in the polishing and

1	contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth
2	for each classification, with one of each classification used for a clinical examination.
3	
4	(o) With respect to adjusting and cementing permanent indirect restorations:
5	
6	(1) Didactic instruction shall contain the following:
7	
8	(A) Review of fixed prosthodontics related to classification and materials for
9	permanent indirect
10	restorations, general crown preparation for permanent indirect restorations, and
11	laboratory fabrication of permanent indirect restorations.
12	
13	(B) Interocclusal registrations for fixed prosthesis, including principles,
14	techniques, criteria, and evaluation.
15	
16	(C) Permanent indirect restoration placement, adjustment, and cementation,
17	including principles, techniques, criteria, and evaluation.
18	
19	(2) Laboratory instruction shall include:
20	
21	(A) Interocclusal registrations using elastomeric and resin materials. Two
22	experiences with each material are required.
23	
24	(B) Fitting, adjustment, and cementation of permanent indirect restorations on
25	one anterior and one posterior tooth for each of the following materials, with
26	one of each type used for a practical examination: ceramic, ceramometal, and
27	<del>cast metallic.</del>
28	
29	(3) Clinical experience for interocclusal registrations shall be performed on four patients
30	who are concurrently having final impressions recorded for permanent indirect
31	restorations, with one experience used for a clinical examination.
32	
33	(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent
34	indirect restorations on at least two teeth.
35	
36	(p) Each student shall pass a written examination that reflects the curriculum content, which
37	may be administered at intervals throughout the course as determined by the course director.
38	
39	(q) To maintain approval, programs approved prior to the effective date of these regulations
40	shall submit to the Board a completed "Notice of Compliance with New Requirements for
41	Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)", hereby
42	incorporated by reference, within ninety (90) days of the effective date of these regulations.
43	

1 2	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.
3	
4 5	§ 1071.1. Requirements for Approval of RDAEF Educational Programs. [Repealed]
6	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756,
7	Business and Professions Code.
8	CAOTO A consider DDU Editoril December
9	§ 1072. Approval of RDH Educational Programs.
L0 L1	(a) It is the intent of this board to approve only those educational programs for dental hygienists which continuously maintain a high quality standard of instruction. The requirements
L1 L2	contained in this article are designed to that end and govern the approval of educational
LZ L3	programs for dental hygienists. Continuation of approval will be contingent upon compliance
L3 L4	with these requirements.
L-T L5	with these requirements.
16	(b) An educational program for registered dental hygienists is one which has as its primary
L7	purpose providing college level programs leading to an associate or higher degree, which is
L8	either affiliated with or conducted by an approved dental school, or which is accredited to offer
۱9	college level or college parallel programs by the American Dental Association Commission on
20	Dental Accreditation or an equivalent body.
21	
22	(c) A new educational program for registered dental hygienists in California shall apply for
23	approval prior to operation. The board may approve, provisionally approve, or deny approval to
24	any such program. The board may, in lieu of conducting its own investigation, accept the
25	findings of any commission or accreditation agency approved by the board and adopt those
26	findings as its own.
27	
28	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1758,
29	Business and Professions Code.
30	640704 D
31	§ 1072.1. Requirements for RDH Educational Programs.
32	An educational program for RDHs shall comply with the requirements set forth below in order
33	to secure and maintain approval by the board.
34	(a) Physical Plant. The physical plant and equipment shall be maintained and replaced in a
35 36	(a) Physical Plant. The physical plant and equipment shall be maintained and replaced in a manner designed to provide students with the most modern or educationally optimal
37	environment.
38	Chynolinene.
39	(b) Library. The library resources of an educational program for dental hygienists shall be broad
10	enough to meet the teaching and research needs of the institution.
11	
12	(c) Admission.

43

1	(1) The minimum basis for admission to an approved educational program for dental
2	hygienists shall be the successful completion of an accredited high school course, or the
3	recognized equivalent, which will permit entrance to an accredited college of liberal
4	<del>arts.</del>
5	
6	(2) An accredited college of liberal arts shall mean an institution approved by the
7	Association of American Universities or by one of the regional accrediting agencies.
8	
9	(3) The selection of students for admission to a hygiene educational program shall be
LO	based on estimates of their capacity for success in the study of dental hygiene as
l1	determined by evaluation of all available and significant information including
L2	information regarding background, knowledge, aptitude for and interest in the study and
L3	practice of dental hygiene, and the range of subject matter and quality of their
L4	scholastic record.
L5	
L6	(d) Instruction.
L7	
L8	(1) Instruction upon all levels in an educational program for dental hygienists shall be
L9	conducted upon the premise that dental hygiene education shall meet the test of a true
20	university discipline and shall include lectures, laboratory experiments and exercises and
21	clinical practice under supervision.
22	
23	(2) The term "university discipline" shall be interpreted as a level of instruction at least
24	equivalent to that level of instruction represented by college courses in the basic
25	sciences commonly offered in approved dental schools.
26	
27	(e) Standards of Proficiency. Each school shall establish and maintain standards of proficiency
28	and accomplishment of a qualitative nature, emphasizing thoroughness of didactic and
29	laboratory requirements and precision in manual skills. Such standards shall be available to
30	each student, and shall be used to ascertain periodic progress or achievement in the
31	<del>curriculum.</del>
32	
33	(f) Faculty. An educational program for dental hygienists shall employ an adequate staff of
34	competent full-time faculty members having general education, professional training and
35	teaching experience.
36	
37	<del>(g) Curriculum.</del>
38	
39	(1) The organization of the curriculum for dental hygienists shall be flexible, creating
10	opportunities for adjustments to and research of, advances in the practice of dentistry
11	<del>and dental hygiene.</del>
12	

1	(2) The following factors should be considered in establishing and maintaining a
2	balanced curriculum in the sense that it shall not over-emphasize any level or area of
3	instruction:
4	
5	(A) Respective contribution to the practice of dental hygiene;
6	
7	(B) Effectiveness of instruction;
8	
9	(C) Time necessary for student independent study.
LO	
<b>l</b> 1	(3) The general content of the curriculum shall include four subject areas: general
L2	studies, biomedical sciences, dental sciences and clinical sciences and practice. It shall
L3	also include didactic and laboratory instruction of those registered dental assistant
L4	duties specifically delegable by a licensed dentist to a registered dental hygienist. (The
L5	following guidelines are not to be interpreted as requiring specific courses in each, but
L6	rather as areas of instruction which shall be included in the curriculum.)
L7	
L8	General Subject Matter
L9	Speech English Sociology Psychology Biomedical Sciences
20	General and Microscopic Anatomy Physiology Microbiology Pathology Nutrition
21	Pharmacology (Basic sciences necessary as a foundation for the instruction of
22	Biomedical Sciences shall be included in, or be a prerequisite to, the curriculum of
23	approved RDH programs) Dental Sciences
24	Anesthesia Dental and Medical Emergencies Tooth Morphology Head, Neck and Oral
25	Anatomy Oral Pathology Oral Embryology and Histology Dental Materials Clinical
26	Sciences and Practice
27	Periodontology Clinical Dental Hygiene Legal and Ethical Aspects of Dentistry Oral
28	Health Education Community Dental Health
29	
30	(4) Content of the curriculum for approved dental hygiene educational programs shall
31	specifically include instruction in:
32	
33	(A) periodontal soft tissue curettage;
34	
35	(B) administration of local anesthetic agents, infiltration and conductive, limited
36	to the oral cavity;
37	
38	(C) administration of nitrous oxide and oxygen when used as an analgesic,
39	utilizing fail-safe type machines containing no other general anesthetic agents;
10	provided, however, that a graduate of a nonresident program which meets all
11	the requirements of Sections 1072 and 1072.1 except those contained in Section
12	1072.1(g)(4), shall be deemed to have completed an approved program if such
13	person has successfully completed a hoard-approved course of instruction in

1	each of the functions described in Section 1072.1(g)(4) which were not taught to
2	clinical proficiency in the nonresident dental hygiene program.
3	, , , , , , , , , , , , , , , , , , , ,
4	(h) Length of Program. A dental hygienist educational program shall be two academic years, no
5	less than 1,600 clock hours, and lead to a certificate.
6	
7	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,
8	1758 and 1759, Business and Professions Code.
9	
10	§ 1074. Extramural Facility.
11	(a) As used in this article "extramural dental facility" means any clinical facility employed by an
12	approved dental hygiene educational program for instruction in dental hygiene which exists
13	outside or beyond the walls, boundaries, or precincts of the primary campus of the approved
14	program and in which dental hygiene services are rendered.
15	
16	(b) An approved dental hygiene educational program shall register extramural dental facilities
17	with the board. Such registration shall be accompanied by information supplied by the dental
18	hygiene program pertaining to faculty supervision, scope of treatment to be rendered, name
19	and location of the facility, date operation will commence, discipline of which such instruction
20	is a part, and a brief description of the equipment and facilities available. The foregoing
21	information shall be supplemented with a copy of the agreement between the approved denta
22	hygiene program or parent university, and the affiliated institution establishing the contractual
23	relationship. Any change in the information initially provided to the board shall be
24	communicated to the board.
25	
26	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
27	and 1758, Business and Professions Code.
28	
29	§ 1075. List of Approved Programs.
30	The board's executive officer shall maintain on file a current listing of educational programs
31	approved by the board for the giving of resident professional instruction for registered dental
32	auxiliaries. The list of approved RDH educational programs may include those educational
33	programs approved for such instruction by a commission or accreditation agency approved by
34	the board.
35	
36	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,
37	1753 and 1758, Business and Professions Code.
38	
39	Article 3. Application for Licensure
40	C 407C O LA II II D II I
41	§ 1076. General Application Requirements.
42	(a) Application for licensure as a registered dental auxiliary shall be made on a form prescribed
43	by the board and shall be accompanied by the following:
44	

#### **WORKING DOCUMENT:**

	DR	AFT PRO	POSED REGULATORY LANGUAGE
1	(1) The fees fixed	by the bo	<del>ard;</del>
2			
3	(2) Two classifiab	e sets of t	ingerprints on forms provided by the board;
4			
5	(3) Where applica	<del>ble, a rec</del>	ord of any previous dental assisting or hygiene practice and
6	verification of lice	ense statu	s in another jurisdiction.
7			
8	(b) Completed applicatio	ns shall be	e filed with the board not later than the following number of
9	days prior to the date set	for the e	xamination for which application is made;
	RDH	-	45 days
	RDA	_	<del>60 days</del>
	RDAEF and RDHEF	-	45 days
10			
11	An incomplete applicatio	n shall be	deemed deficient and the applicant shall be notified of
12	outstanding application r	<u>equireme</u>	nts needed to be fulfilled. returned to the applicant together
13	with a statement setting	forth the	reason for returning the application and indicating the
14	amount of money, if any,	<del>, which wi</del>	II be refunded. Applications shall be deemed abandoned
15	pursuant to the provision	s set fort	h in Section 1004.
16			
17	An application shall not be	e deeme	d incomplete for failure to establish compliance with
18	educational requirement	s if the ap	plication is accompanied by a certification from an approved
19		-	cted to meet all educational requirements established for the
20	• •		een made and if the approved program certifies not less than
21	30 days prior to examina	tion that t	the applicant has in fact met such educational requirements.
22			
23	•		xiliary licensure are set forth in Section 1069.
24	• •		ion shall be granted to those applicants who have paid the
25	•		ials have been approved by the executive officer. Nothing
26			d to limit the board's authority to seek from an applicant
27	such other information a	s may be	deemed necessary to evaluate the applicant's qualifications.
28			
29	•		4, Business and Professions Code. Reference: Sections 1614,
30	· · · · · ·	59, Busine	ess and Professions Code; and Section 15376, Government
31	Code.		
32			
33			Dental Assistant (RDA) Licensure Applications.
34			registered dental assistant shall submit an "Application for
35			Examination and Licensure" RDA-1 (New[INSERT DATE]) and
36			orms specifying the applicants qualification method: (1)
37			egistered Dental Assisting Program Completion" RDA-2
38			New [INSERT DATE]), (2) "Certification of Work Experience as
39			experience Only) (New [INSERT DATE]), or (3) "Certification of
40	Non-Approved Dental As	sisting Pro	ogram Completion" RDA-4 (Mixed Education and Work

Experience) (New [INSERT DATE]). These forms are hereby incorporated by reference.

41

(1) All applications for registered dental assistant examination and licensure shall be
accompanied by the following information:
(A) The application and examination fees as set by Section 1022;
(B) Satisfactory evidence that the applicant has met all applicable requirements
of Section 1752.1 of the Code;
(C) Two classifiable sets of fingerprints or a completed Live Scan form to
establish the identity of the applicant and to permit the Board to conduct a
criminal history record check. The applicant shall pay any costs for furnishing the
fingerprints and conducting the criminal history record check;
(D) Where applicable, a record of any previous dental assisting, orthodontic
assisting, dental sedation assisting, dental hygiene, dentistry or any other health
care profession practice and certification of license status in each state or
jurisdiction in which licensure has been obtained;
(E) Applicant's name, social security number, federal employer identification
number (FEIN), or individual taxpayer identification number (ITIN), mailing
address, electronic mail address, and telephone number(s);
(F) Evidence of having successfully completed board-approved courses in
radiation safety and coronal polishing. One of the following documents is
required for each course:
(1) An original or copy of the course certificate issued by a board
approved program or stand-alone course provider.
(2) A letter on program or course letterhead, signed by the program
director, certifying completion of the course and the completion date.
(G) Evidence of having successfully completed the following:
(1) A 2-hour board approved course in the Dental Practice Act. One of the
following documents is required:
(i) An original or copy of the course certificate issued by a board
approved provider, dated within the five years immediately
preceding the date the application was received by the Board; or,
(ii) A letter on school or program letterhead, signed by the
program director, certifying completion of the course and the

1	completion date dated within the five years immediately
2	preceding the date the application was received by the Board.
3	
4	(2) An 8-hour board approved course in Infection Control. One of the
5	following documents is required:
6	
7	(i) An original or copy of the course certificate issued by a board
8	approved provider, dated within the five years immediately
9	preceding the date the application was received by the Board; or
10	
11	(ii) A letter on school or program letterhead, signed by the
12	program director, certifying completion of the course and the
13	completion date, dated within the five years immediately
14	preceding the date the application was received by the Board.
15	
16	(3) A course in basic life support (BLS) offered by an instructor approved
17	by the American Red Cross or the American Heart Association, or any
18	other course approved by the board as equivalent. The following
19	documentation is required:
20	
21	(i) A copy of the BLS certification card, to include any required
22	signatures. The BLS card shall be valid and current.
23	
24	(H) Successful completion of the RDA General and Law and Ethics Written
25	Examination.
26	
27	(2) In addition to the requirements set forth in subdivision (a), an application for
28	licensure as a registered dental assistant shall be accompanied by one of the following:
29	
30	(a) If qualifying for registered dental assistant licensure by graduation from an
31	educational program in registered dental assisting approved by the board, the
32	applicant shall provide one of the following:
33	
34	(1) An original "Certification of Board Approved Registered Dental
35	Assisting Program Completion" RDA-2 (Board Approved Education Only)
36	(New [INSERT DATE]); or
37	(2) A copy of the Dental Assisting diploma or certificate issued by an
38	educational program in registered dental assisting approved by the
39 40	<u>board; or,</u>
40	(2) A latter on ask ask are more to the test of the established
41	(3) A letter on school or program letterhead, signed by the program
42	director, certifying completion of an educational program in registered
43	dental assisting approved by the board. The letter shall include the

1	student's full name, dates of attendance, and the actual date of
2	graduation.
3	
4	(b) If qualifying for registered dental assistant licensure by completion of work
5	experience the applicant shall provide an original "Certification of Work
6	Experience as a Dental Assistant" RDA-3 (New [INSERT DATE]). The form shall
7	show evidence of completion of satisfactory work experience of at least 15
8	months (1280 hours) as a dental assistant in California or another state or U.S.
9	territory. The form shall be signed/certified by a licensed dentist in California or
10	another state or U.S. territory. The certifying dentist is required to have been
11	licensed during the time certified on the form.
12	
13	(c) If qualifying for registered dental assistant licensure by graduation from a
14	dental assisting program in a postsecondary institution approved by the
15	Department of Education or in a secondary institution, regional occupational
16	center, or regional occupational program, that are not, however, approved by
17	the board <b>and</b> work experience the applicant shall provide an original
18	"Certification of Non-Approved Dental Assisting Program Completion" and
19	"Certification of Work Experience as a Dental Assistant" RDA-4 (New [INSERT
20	DATE]).
21	<del></del>
22	(a) In addition to the requirements set forth in Section 1076, an application for licensure
23	as a registered dental assistant shall be accompanied by the following:
24	the agent of the state of the s
25	(1) satisfactory evidence that the applicant has been granted a diploma or
26	certificate in dental assisting from an educational program approved by the
27	board; or
28	
29	(2) satisfactory evidence that the applicant has met the required 18 months
30	satisfactory work experience as a dental assistant. "Satisfactory work
31	experience" means performance of the duties specified in Section 1085(b)
32	and/or (c) in a competent manner, as determined by the dentist employer. An
33	applicant shall obtain work experience verification forms from the board and
34	supply such forms to those persons in whose employ the applicant obtained the
35	required work experience. The completed form shall be returned to the board by
36	such person.
37	
38	(A) The 18 months of experience, which shall be gained in California while
39	employed by a California licensed dentist(s), shall be considered
40	qualifying only if the experience was comprised of performing duties
41	specified in Section 1085(b) and/or (c) during a majority of the
42	experience hours;
43	experience floats,
44	(B) The 18 months shall be calculated as follows:
	(b) The to mondia shan be calculated as follows:

1	
2	1. experience gained while working 20 or more hours per week
3	shall be credited on a weekly basis, with 78 weeks considered
4	equivalent to 18 months;
5	2 amariana araina du bila wadina laga than 20 hawa naguwali
6	2. experience gained while working less than 20 hours per week
7	shall be credited on an hourly basis, with 1,560 hours considered
8	equivalent to 18 months.
9 10	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,
11	1753 and 17541752.1, Business and Professions Code.
12	and 1754 1752.1, business and Professions Code.
13	§ 1077.1. Application for Registered Dental Assistant in Extended Functions (RDAEF) Licensure
13 14	Applications.
15	(a) An applicant for licensure as a registered dental assistant in extended functions shall submit
16	an "Application for Registered Dental Assistant in Extended Functions (RDAEF) Examination and
-	Licensure" (New [INSERT DATE]).
18	
19	(1) All applications for registered dental assistant in extended functions examination and
20	licensure shall be accompanied by the following information:
21	
22	(A) The application and examination fees as set by Section 1022;
23	
24	(B) Satisfactory evidence that the applicant has met all applicable requirements
25	of Section 1753 of the Code;
26	
27	(C) Two classifiable sets of fingerprints or a completed Live Scan form to
28	establish the identity of the applicant and to permit the Board to conduct a
29	criminal history record check. The applicant shall pay any costs for furnishing the
30	fingerprints and conducting the criminal history record check;
31	
32	(D) Where applicable, a record of any previous dental assisting, orthodontic
33	assisting, dental sedation assisting, dental hygiene, dentistry or any other health
34	care profession practice and certification of license status in each state or
35	jurisdiction in which licensure has been obtained;
36	
37	(E) Applicant's name, social security number, federal employer identification
38	number (FEIN), or individual taxpayer identification number (ITIN), mailing
39	address, electronic mail address, and telephone number(s);
40	
41	(F) Evidence of current licensure as a registered dental assistant or completion of
42	the requirements for licensure as a registered dental assistant.
43	
14	(G) Evidence of successful completion of either of the following:

1	
2	(1) An extended functions postsecondary program approved by the board
3	in all of the procedures specified in Section 1753.5.
4	
5	(2) An extended functions postsecondary program approved by the board
6	to teach the duties that registered dental assistants in extended functions
7	were allowed to perform pursuant to board regulations prior to January
8	1, 2010, and a course approved by the board in the procedures specified
9	un paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of
10	<u>1753.5.</u>
11	
12	(i) To demonstrate successful completion of an RDAEF program,
13	applicants shall provide one of the following:
14	
15	(1) RDAEF application containing original certification of
16	Board Approved Registered Dental Assisting in Extended
17	Functions Program Completion, signed by the program
18	director, with the school or program seal affixed, or
19	
20	(2) A copy of the diploma or certificate issued by an
21	educational program in RDAEF approved by the board.
22	
23	(3) A letter on school or program letterhead, signed by the
24	program director, certifying completion of an educational
25	program in RDAEF approved by the board. The letter shall
26	include the student's full name, dates of attendance, and
27	the actual date of graduation.
28	
29	(H) Evidence of having successfully completed board-approved courses in pit and
30	fissure sealants. One of the following documents is required:
31	· · · · · · · · · · · · · · · · · · ·
32	(1) An original or copy of the course certificate issued by a board
33	approved program or course provider.
34	<del></del>
35	(2) A letter on school/program letterhead, signed by the program
36	director, certifying completion of the course and the completion date.
37	
38	(I) Successful completion of the RDAEF Written Examination.
39	· · · · · · · · · · · · · · · · · · ·
40	(J) Successful completion of the RDAEF clinical and practical examination.
41	
42	In addition to the requirements, including the processing times, set forth in Section 1076, an
43	application for licensure as an RDAEF shall be accompanied by satisfactory evidence that the
11	applicant has successfully completed an approved PDAEE program

1	
2	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and <del>1758</del> 1753, Business and Professions Code.
4	and 1750 <u>1755</u> , business and 1761essions code.
5	§ 1077.2. Application for Orthodontic Assistant (OA) Permit.
6 7	(a) An applicant for an orthodontic assistant permit shall submit an "Application for
8	Orthodontic Assistant Examination and Permit" (New [INSERT DATE]).
9	Orthodorite Assistant Examination and Fermit (New INSERT DATE).
9 10	(1) All applications for the orthodontic permit examination and licensure shall be
11	accompanied by the following information:
12	accompanied by the following information.
13	(A) The application and examination fees as set by Section 1022;
13 14	(A) The application and examination fees as set by Section 1022,
14 15	(D) Satisfactory avidence that the applicant has mot all applicable requirements
	(B) Satisfactory evidence that the applicant has met all applicable requirements
16 17	of Section 1750.2 of the Code;
17 18	(C) Two classifiable sets of fingerprints or a completed Live Scan form to
	(C) Two classifiable sets of fingerprints or a completed Live Scan form to
19	establish the identity of the applicant and to permit the Board to conduct a
20	criminal history record check. The applicant shall pay any costs for furnishing the
21	fingerprints and conducting the criminal history record check;
22	(D) Whose applicable a second of any province doubt accipting outled artis
23	(D) Where applicable, a record of any previous dental assisting, orthodontic
24	assisting, dental sedation assisting, dental hygiene, dentistry or any other health
25	care profession practice and certification of license status in each state or
26	jurisdiction in which licensure has been obtained;
27	(E) A multipopet/a groups appoint appropriate group for doubt a group and a well-appetitions in a
28	(E) Applicant's name, social security number, federal employer identification
29	number (FEIN), or individual taxpayer identification number (ITIN), mailing
30	address, electronic mail address, and telephone number(s);
31	(E) Evidonos of hoving evenestilli, comulated a hooved evenested outle
32	(F) Evidence of having successfully completed a board-approved orthodontic
33	assistant course, which can commence after the completion of six months of
34	work experience. One of the following shall be provided:
35	
36	(1) OA application containing original certificate of completion of a
37	board-approved orthodontic assistant permit course, signed by the
38	program director, with the school or program seal affixed; or,
39	
40	(2) A copy of a diploma or certificate of completion issued by a board-
41	approved orthodontic assistant permit course; or,
42	(2) A latter are alread as a latter to the state of
43	(3) A letter on school or program letterhead, signed by the program
44	director, certifying completion of a board-approved orthodontic assistant

1	permit course. The letter shall include the student's full name, dates of
2	attendance, and the actual date of graduation.
3	
4	(G) Evidence of either:
5	
6	(1) current, active, and valid licensure as a registered dental assistant, or
7	
8	(2) at least 12 months of verifiable work experience as a dental assistant.
9	The "Declaration of Certifying Dentist" section of the application shall be
10	completed and signed by a licensed dentist in California or another state
11	or U.S. territory. The certifying dentist is required to have been licensed
12	during the time certified on the form.
13	
14	(I) Evidence of having successfully completed board-approved course in
15	ultrasonic scaling. One of the following documents is required for each course:
16	
17	(1) An original or copy of the course certificate issued by a board
18	approved program or stand-alone course provider.
19	
20	(2) A letter on program or course letterhead, signed by the program
21	director, certifying completion of the course and the completion date.
22	
23	(J) Evidence of having successfully completed the following:
24	
25	(1) A 2-hour board approved course in the Dental Practice Act. One of the
26	following documents is required:
27	
28	(i) An original or copy of the course certificate issued by a board
29	approved provider, dated within the five years immediately
30	preceding the date the application was received by the Board; or,
31	
32	(ii) A letter on school or program letterhead, signed by the
33	program director, certifying completion of the course and the
34	completion date dated within the five years immediately
35	preceding the date the application was received by the Board.
36	
37	(2) An 8-hour board approved course in Infection Control. One of the
38	following documents is required:
39	
	(i) An original or copy of the course certificate issued by a board
40	
40 41	approved provider, dated within the five years immediately
	approved provider, dated within the five years immediately preceding the date the application was received by the Board; or,

1	(ii) A letter on school or program letterhead, signed by the
2	program director, certifying completion of the course and the
3	completion date, dated within the five years immediately
4	preceding the date the application was received by the Board.
5	
6	(3) A course in basic life support (BLS) offered by an instructor approved
7	by the American Red Cross or the American Heart Association, or any
8	other course approved by the board as equivalent. The following
9	documentation is required:
LO	(') A constitution DIC and 'S' colling and I a tool the constitution
l1	(i) A copy of the BLS certification card, to include any required
L2	signatures. The BLS card shall be valid and current.
L3 L4 L5	(K) Successful completion of the OA Written Examination.
16	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
L7	and 1750.2, Business and Professions Code.
L8	<u> ,</u>
L9	§ 1077.3. Application for Dental Sedation Assistant (DSA) Permit.
20	· · · · · · · · · · · · · · · · · · ·
21	a) An applicant for a dental sedation assistant permit shall submit an "Application for Dental
22	Sedation Assistant Examination and Permit" (New [INSERT DATE]).
23	
24	(1) All applications for the dental sedation permit examination and licensure shall be
25	accompanied by the following information:
26 27	(A) The application and examination fees as set by Section 1022;
28	(D) Catiofactom, oxidence that the conditions has neet all applicable requirements
29	(B) Satisfactory evidence that the applicant has met all applicable requirements
30 31	of Section 1750.4 of the Code;
32	(C) Two classifiable sets of fingerprints or a completed Live Scan form to
33	establish the identity of the applicant and to permit the Board to conduct a
34	criminal history record check. The applicant shall pay any costs for furnishing the
35	fingerprints and conducting the criminal history record check;
36	ingerprinted and confidencing the orinimal motory record encody
37	(D) Where applicable, a record of any previous dental assisting, orthodontic
38	assisting, dental sedation assisting, dental hygiene, dentistry or any other health
39	care profession practice and certification of license status in each state or
10	jurisdiction in which licensure has been obtained;
11	<del></del>
12	(E) Applicant's name, social security number, federal employer identification
13	number (FEIN), or individual taxpayer identification number (ITIN), mailing
14	address, electronic mail address, and telephone number(s);

1	
2	(F) Evidence of having successfully completed a board-approved dental sedation
3	assistant permit course, which can commence after the completion of six
4	months of work experience. One of the following shall be provided:
5	
6	(1) DSA application containing original certification of board approved
7	dental sedation assistant permit course, signed by the program director,
8	with the school or program seal affixed, or
9	
10	(2) A copy of the diploma or certificate of completion issued by the
11	board-approved dental sedation assistant permit course; or
12	
13	(3) A letter on school or program letterhead, signed by the program
14	director, certifying completion of the board-approved dental sedation
15	assistant permit course. The letter shall include the student's full name,
16	dates of attendance, and the actual date of graduation.
17	
18	(G) Evidence of
19	
20	(1) current, active, and valid licensure as a registered dental assistant, or
21	
22	
23	(2) at least 12 months of verifiable work experience as a dental assistant.
24	The "Declaration of Certifying Dentist" section of the application shall be
25	completed and signed by a licensed dentist in California or another state
26	or U.S. territory. The certifying dentist is required to have been licensed
27	during the time certified on the form.
28	
29	(I) Evidence of having successfully completed the following:
30	
31	(1) A 2-hour board approved course in the Dental Practice Act. One of the
32	following documents is required:
33	
34	(i) An original or copy of the course certificate issued by a board
35	approved provider, dated within the five years immediately
36	preceding the date the application was received by the Board; or,
37	
38	(ii) A letter on school or program letterhead, signed by the
39	program director, certifying completion of the course and the
40	completion date dated within the five years immediately
41	preceding the date the application was received by the Board.
42	
43	(2) An 8-hour board approved course in Infection Control. One of the
44	following documents is required:

1	
2	(i) An original or copy of the course certificate issued by a board
3	approved provider, dated within the five years immediately
4	preceding the date the application was received by the Board; or,
5	
6	(ii) A letter on school or program letterhead, signed by the
7	program director, certifying completion of the course and the
8	completion date, dated within the five years immediately
9	preceding the date the application was received by the Board.
10	
11	(3) A course in basic life support (BLS) offered by an instructor approved
12	by the American Red Cross or the American Heart Association, or any
13	other course approved by the board as equivalent. The following
14	documentation is required:
15	
16	(i) A copy of the BLS certification card, to include any required
17	signatures. The BLS card shall be valid and current.
18	
19	(K) Successful completion of the DSA Written Examination.
20	
21	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
22	and 1750.4, Business and Professions Code.
23	
24	Article 4. Examinations
25	
26	§ 1080. General Procedures for Dental Auxiliary Written, Clinical, and Practical Examinations.
27	The following rules, which are in addition to any other examination rules set forth elsewhere in
28	this chapter, are adopted for the uniform conduct of all dental auxiliary written and practical examinations.
29 30	examinations.
31	(a) The ability of an examinee to read and interpret instructions and examination material in
32	the English language is a part of the examination.
33	the English language is a part of the examination.
34	(b) No person shall be admitted to an examination room, clinic, or laboratory unless he or she is
35	wearing the appropriate badge and is directly connected with the examination or it's
36	administration.
37	<u>aanmistration.</u>
38	(c) Each examinee shall furnish patients, instruments, supplies, engines and materials necessary
39	to carry the procedures to completion. The board will provide chairs.
40	<u> , p</u>
41	(d) A patient provided by an examinee shall be at least 18 years of age and shall be in a health
42	condition acceptable for dental treatment. If conditions indicate a need to consult the patient's
43	physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur,
44	rheumatic fever, heart condition, prosthesis), the examinee shall obtain the necessary written

1	medical clearance and/or evidence of premedication before the patient will be accepted. Pre-
2	medication shall be confirmed by presenting the prescription container.
3	
4	(1) The following condition(s) require either a physician's written clearance or
5	premedication:
6	
7	(A) Prosthetic joint replacement
8	
9	(2) Pre-medication is REQUIRED for the following high-risk conditions to prevent
10	endocarditis:
11	
12	(A) Prosthetic cardiac valve
13	
14	(B) Previous Infective Endocarditis
15	(C) Consonital boomt discoso (CUD)*
16	(C) Congenital heart disease (CHD)*
17 18	(D) Unrepaired cyanotic CHD, including palliative shunts and conducts
19	(D) office and cyanotic CHD, including pallative shufts and conducts
20	(E) Completely repaired congenital heart defect with prosthetic material or
21	device, whether placed by surgery or catheter intervention, during the first six
22	(6) months after the procedure
23	107 months after the procedure
24	(F) Repaired CHD with residual defects at the site or adjacent to the site of a
25	prosthetic patch or prosthetic device (which inhibit endothelialization)
26	<u></u>
27	(G)Cardiac transplantation recipients who develop cardiac valvulopathy
28	
29	(3) The following conditions require physician clearance for dental treatment:
30	
31	(A) Tuberculosis. Patient shall have been on antibiotics for a minimum of four (4)
32	weeks.
33	
34	(B) Patient Blood Pressure. The employer/dentists shall certify that the patient's
35	blood pressure is taken prior to the request for initial acceptance of the patient
36	and recorded on the medical history form. Candidates are required to provide
37	their own blood pressure kits. Patients with a blood pressure reading:
38	
39	(1) Of 159/94 or below may proceed with the administration of
40	anesthesia and request for approval for the cord retraction portion of the
41	examination.
42	

1	(2) between 160/95 and 179/109 shall present a physician's clearance
2	that includes a statement of the highest blood pressure acceptable for
3	dental treatment.
4	
5	(3) equal to or greater than 180/110 will not be accepted for this
6	examination, even if a physician authorizes treatment.
7	
8	(C) AIDS or HIV. Clearance shall state that dental treatment is not
9	contraindicated.
10	
11	(D) Patients who are currently receiving radiation treatment or chemotherapy.
12	
13	(E) Sickle Cell Anemia.
14	
15	(F) Organ transplant.
16	<del> </del>
17	(G) Steroid use for more than two (2) weeks.
18	127 222 222 222 222 222 222 222 222 222
19	(H) Pregnancy. Clearance shall include approved use of topical anesthetic, local
20	anesthesia treatment and radiographic procedures.
21	
22	(4) Hazardous/Unsuitable Conditions: A patient with a condition hazardous to anyone
23	directly connected with the examination, or who is deemed unsuitable to sit, or has a
24	condition that interferes with evaluation for the examination may be rejected at the
25	discretion of at least two examiners. Whenever a patient is rejected, the reason for such
26	rejection shall be noted on the examination record and shall be signed by both rejecting
27	<u>examiners.</u>
28	
29	(A) The following health conditions are NOT acceptable:
30	
31	(1) Patients with a history of Hepatitis B, C or D, unless non-carrier
32	medical clearance is provided.
33	
34	(2) Patients who have had a heart attack, stroke or cardiac surgery within
35	the past six (6) months.
36	
37	(3) High blood pressure equal to or greater than 180/110 (see patient
38	blood pressure guidelines previously stated).
39	(4) Herpetic lesions in any visible stage or other transmissible disease.

1	
2	(5) Acute abscesses, necrotizing ulcerative gingivitis (NUG), severely
3	inflamed gingivae (purulent, hemorrhagic, retractable) in the area to be
4	treated.
5	
6	(6) Necrotizing ulcerative gingivitis (NUG/ANUG) anywhere in the mouth.
7	to necrotizing dicerative gingivitis (NOO) ANOO, universe in the mount.
8	(7) Conditions requiring special patient management without appropriate
9	physician approval may be deemed inappropriate by the Board Examiner.
10	physician approval may be accined mappropriate by the board Examiner.
11	(e) An examinee may be dismissed from the entire examination, and a statement of issues may
12	be filed against the examinee, for acts which interfere with the Board's objective of evaluating
13	professional competence. Such acts include, but are not limited to the following:
14	<u></u>
15	(1) Allowing another person to take the examination in the place of, and under the
16	identity of, the examinee.
17	
18	(2) Copying or otherwise obtaining examination answers from other persons during the
19	course of an examination.
20	
21	(3) Bringing any notes, books, pictures, tape recorders, electronic devices, any
22	informative materials, or other unauthorized materials into the examination area.
23	
24	(4) Assisting another examinee during the examination process.
25	
26	(5) Using the equipment, instruments, or materials belonging to another examinee.
27	
28	(6) Copying, photographing or in any way reproducing or recording examination
29	questions or answers.
30	
31	(7) Presenting radiographs which have been altered or contrived to represent other
32	than the patient's true condition, whether or not the misleading radiograph was created
33	by the examinee.
34	
35	(8) Failing to comply with the board's infection control regulations.
36	
37	(9) Failing to use an aspirating syringe for administering local anesthesia.
38	
39	(10) Premedicating a patient for purposes of sedation.
40	
41	(11) Dismissing a patient without the approval and signature of an examiner.
42	

1	(12) Leaving the assigned examination area without the permission of an exam
2 3	<u>administrator.</u>
4	(13) Bringing a previously prepared procedure or any portion thereof into an laboratory
5	examination.
6	(4.4) Falling to Called all contracts and all all the contracts and all all the contracts and all all the
7	(14) Failing to follow directions relative to the conduct of the examination, including
8	termination of the examination at the scheduled or announced time.
9 10	(f) An examinee may be declared by the board to have failed the entire examination for
11	demonstration of gross incompetence in treating a patient.
12	demonstration of gross meompetence in treating a patient.
13	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753,
14	Business and Professions Code.
15	
16	§ 1080.1. General Procedures for Dental Auxiliary Clinical Examinations.
17	The following rules, which are in addition to any other examination rules set forth elsewhere in
18	this chapter, are adopted for the uniform conduct of all dental auxiliary clinical examinations.
19	
20	(a) Each examinee shall furnish patients, instruments, engines and materials necessary to carry
21	the procedures to completion. The board will provide chairs.
22	
23	(b) A patient provided by an examinee shall be at least 18 years of age and shall be in a health
24	condition acceptable for dental treatment. If conditions indicate a need to consult the patient's
25	physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur,
26	rheumatic fever, heart condition, prosthesis), the examinee shall obtain the necessary written
27	medical clearance and/or evidence of premedication before the patient will be accepted. The
28	examiners may, in their discretion, reject a patient who in the opinion of at least two examiners
29	has a condition which interferes with evaluation or which may be hazardous to the patient,
30	other patients, examinees or examiners. A hazardous condition includes, but is not limited to,
31	acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses,
32	or necrotizing ulcerative gingivitis. Whenever a patient is rejected, the reason for such rejection
33	shall be noted on the examination record and shall be signed by both rejecting examiners.
34	
35	(c) No person shall be admitted to an examination clinic unless he or she is wearing the
36	appropriate identification badge.
37	(d) As a serious was the discrete of force the aution association, and a statement of issues was
38	(d) An examinee may be dismissed from the entire examination, and a statement of issues may
39 40	be filed against the examinee, for acts which interfere with the Board's objective of evaluating professional competence. Such acts include, but are not limited to the following:
40 41	<del>professional competence, such acts include, but are not limited to the following:</del>
41 42	(1) Allowing another person to take the examination in the place of, and under the
42	identity of, the examinee.
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44

1	(2) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials
2	into the examination area.
3	
4	(3) Assisting another examinee during the examination process.
5	
6	(4) Using the equipment, instruments, or materials belonging to another examinee.
7	
8	(5) Presenting radiographs which have been altered, or contrived to represent other
9	than the patient's true condition, whether or not the misleading radiograph was created
10	<del>by the examinee.</del>
11	
12	(6) Failing to comply with the board's infection control regulations.
13	
14	(7) Failing to use an aspirating syringe for administering local anesthesia.
15	
16	(8) Premedicating a patient for purposes of sedation.
17	
18	(9) Dismissing a patient without the approval and signature of an examiner.
19	
20	(10) Leaving the assigned examination area without the permission of an exam
21	administrator.
22	
23	(11) Failing to follow directions relative to the conduct of the examination, including
24	termination of the examination at the scheduled or announced time.
25	
26	(e) An examinee may be declared by the board to have failed the entire examination for
27	demonstration of gross incompetence in treating a patient.
28	
29	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753,
30	1756, 1758 and 1761, Business and Professions Code.
31	
32	§ <del>1080.2</del> <u>1080.1.</u> Conduct of Dental Auxiliary Examinations.
33	
34	Examinations shall be anonymous. An anonymous examination is one conducted in accordance
35	with procedures, including but not limited to those set forth below, which ensure and preserve
36	anonymity of applicants.
37	
38	(a) The board shall randomly assign each applicant a number and said applicant shall be known
39	by that number throughout the entire examination.
40	
41	(b) Grading examiners shall not view examinees during the performance of the examination
42	assignments.
43	

(c) There shall be no communications between grading examiners and floor examiners except 1 2 for oral communications conducted in the presence of board staff. There shall be no 3 communication between grading examiners and examinees except written communications on 4 board approved forms. 5 6 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753, 7 1756, 1758 and 1761, Business and Professions Code. 8 9 § 1080.3 1080.2. Dental Auxiliary Licensure Examination Review Procedures; Appeals. (a) An examinee who has failed an examination shall be provided with notice, upon written 10 request, of those areas in which he/she is deficient in the practical or clinical phases of such 11 12 examination. 13 14 (b) An unsuccessful examinee who has been informed of the areas of deficiency in his/her 15 performance on the practical or clinical phases of the examination and who has determined that one or more of the following errors was made during the course of his/her examination 16 17 and grading may appeal to the board within sixty (60) days following receipt of his/her 18 examination results: 19 20 (1) Significant procedural error in the examination process; 21 (2) Evidence of adverse discrimination; 22 23 24 (3) Evidence of substantial disadvantage to the examinee. Such appeal shall be made by 25 means of a written letter specifying the grounds upon which the appeal is based. The 26 Board shall respond to the appeal in writing and may request a personal appearance by the examinee. The Board shall thereafter take such action as it deems appropriate. 27 28 29 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1611, 1614, 1634, 1750.2, 1750.4, 1752.1, 1753, and 1753.4 1756, 1758 and 1761, Business and 30 Professions Code. 31 32 33 § 1081. RDA Examination. An applicant for licensure as an RDA shall complete a written, task-oriented examination 34 35 encompassing all duties assignable to RDAs and the settings in which they may be performed. 36 Such examination may also include any or all of the following subjects: 37 Nutrition and preventive dentistry; materials; oral anatomy and physiology; oral pathology; 38 39 pharmacology; morphology; microbiology; dental assisting procedures in general and special 40 dentistry; principles of business and practice management; legal/ethical aspects of dentistry; patient-dental personnel psychology; four-handed chairside dental assisting; X-ray; sterilization; 41 42 laboratory and office emergency procedures. 43

1	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
2	and <del>1753</del> <u>1752.1</u> , Business and Professions Code.
3	
4	§ 1081.1. RDA Practical Examination Requirements.
5	(a) In addition to the written examination, each applicant for licensure as an RDA shall also take
6	a practical examination consisting of any or all of the procedures listed below. The specific
7	procedures will be assigned by an RDA examination committee appointed by the board. The
8	procedures shall be performed on a full articulated maxillary and mandibular typodont secured
9	with a bench clamp and shall be graded by examiners appointed by the board for that purpose.
10	Each applicant shall furnish the required materials necessary to complete all of the following
11	<del>procedures.</del>
12	
13	(1) Placement of a rubber dam;
14	
15	(2) Placement of a matrix band for amalgam preparation;
16	
17	(3) Placement of a base into a prepared tooth (For purposes of the examination,
18	"prepared tooth" means a tooth from which material has been removed so as to
19	simulate the surgical excision of dental caries);
20	
21	(4) Placement of a liner into a prepared tooth;
22	
23	(5) Placement of orthodontic separators;
24	
25	(6) Placement of a periodontal dressing;
26	
27	(7) Placement of a temporary sedative dressing into a prepared tooth.
28	
29	(8) Sizing and placement, or intra-oral fabrication, of a temporary crown.
30	
31	(9) Temporary cementation of a temporary crown.
32	
33	(10) Removal of excess cement from supragingival surfaces with a hand instrument or
34	<del>floss.</del>
35	
36	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
37	and 1753, Business and Professions Code.
38	
39	§ 1081.2. RDAEF Clinical Examination Requirements.
40	(a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a
41	patient consisting of the procedures set forth below.
42	(1) Cord retraction of gingivae for impression procedures;

(2) Taking impressions for cast restorations.

43

# WORKING DOCUMENT: DRAFT PROPOSED REGULATORY LANGUAGE The total examination period shall not exceed two and one-half hours after the first request for

2	The total examination period shall not exceed two and one-half hours after the first request for approval to begin the cord retraction procedure.
3	(h) Fach applicant shall provide and patient upon whom the retraction and improcesion
4 5	(b) Each applicant shall provide one patient upon whom the retraction and impression procedures shall be performed. If a patient is deemed unacceptable by the examiners, it is the
6	applicant's responsibility to provide another patient who is acceptable. Time spent to secure an
7	acceptable replacement patient shall count as part of the two and one-half (2 1/2) hour
8	maximum testing period. The applicant's ability to select an appropriate patient is considered
9	part of the examination. An acceptable patient shall meet the criteria set forth in Section 1080
10	and the following additional criteria:
11	(1) Shall have a minimum of ten teeth per arch.
12	
13	(2) Tooth preparation shall be on a bicuspid or molar and shall have mesial and distal
14	teeth present next to the prepared tooth which would normally be in contact with the
15	completed crown.
16	
17	(3) The prepared tooth shall have margins at or below the free gingival crest.
18	
19	(4) The tooth shall be prepared using one of the following preps: 7/8 crown, 3/4 crown
20	or full crown, including porcelain fused to metal. Alginate impression materials alone
21	are not acceptable. Tooth shall have been prepared and temporized prior to the arrival
22 23	at the examination site.
23 24	(5) The prepared tooth shall be free from clinical or radiographic pathology, including
25	the presence of decay, or pulpal exposures.
26	the presence of decay, or purpar exposures.
27	(c) These procedures shall be graded by examiners appointed by the Board. These procedures
28	may be tested, at the Board's discretion, in a Board-approved dental office or other facilities, by
29	examiners appointed by the Board.
30	
31	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756,
32	Business and Professions Code.
33	
34	§ 1081.3. RDAEF Practical Examination Requirements.
35	(a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a
36	simulated patient head mounted in appropriate position and accommodating an articulated
37	adult or pediatric typodont in an enclosed environment or mounted on a dental chair in a
38	dental operatory consisting of the procedures set forth below.
39	
40	(1) Place, condense and finish a composite restoration
41	(2) Place and area and some an analysis as a set of the
42	(2) Place, condense and carve an amalgam restoration
43	

1	The total examination period shall not exceed ninety (90) minutes after receiving approval to
2	begin.
3	
4	(b) Each applicant shall provide an articulated typodont which has 32 synthetic teeth and soft
5	rubber gingivae. The typodont shall be articulated. Each applicant shall arrive to the
6	examination with the typodont stabilized and balanced in occlusion, with enclosed cheeks and
7	able to mount within the simulator or chair mounted manikin used at the test facility. The
8	midline of the typodont shall remain lined up with the midline of the manikin during the
9	examination. The manikin shall be mounted in a simulated patient head, in correct position,
10	and kept in a correct operating position while the examination procedures are performed.
11	
12	(c) All typodonts shall be stabilized and balanced in occlusion and mounted in the manikin prior
13	to starting the assigned preparations. The floor examiner shall approve the typodont and the
14	mounted position before starting the assigned preparations.
15	
16	(d) The possession of extra typodonts, extra loose teeth or templates of preparations in the
17	examination area is not permitted and is cause for dismissal.
18	At no time during the examination may the head and the cheeks be separated. This is not
19	permitted and is cause for dismissal.
20	
21	(e) The candidate is required to furnish their own specified typodont, mounting equipment,
22	instruments, including hand pieces, amalgamators, and supplies necessary to complete the
23	assignments in the examination.
24	
25	
26	§ 1083. Passing Grades.
27	
28	(a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist
29	who attains a grade of 75% in the practical examination designated by the Board shall be
30	considered as having passed the examination.
31	
32	(b) Registered Dental Assistant. An applicant for licensure as a registered dental assistant shall
33	be deemed to have passed the required examination only if the applicant has obtained a score
34	of at least 75 on the written examination and at least 75% on the practical examination;
35	provided, however, that an applicant who attains a grade of less than 75% in any single
36	procedure shall be considered to have failed the entire practical examination.
37	
38	(a) Registered Dental Assistant (RDA). Prior to issuance of a RDA license, an applicant shall
39	successfully achieve a passing score on the RDA General and Law and Ethics Written
40	examination.
41	
42	(c) Registered Dental Assistant in Extended Functions. Each applicant for licensure as an RDAEF
43	who attains a grade of at least 75% on each procedure in the examination shall be deemed to
44	have passed the required examination.

1	
2	(b) Registered Dental Assistant in Extended Functions (RDAEF). Prior to issuance of a RDAEF
3	license, an applicant shall successfully achieve a passing score on the RDAEF Written
4	examination, achieve a passing score on both procedures of the Clinical examination as outlined
5	in Section 1081.2, and achieve a passing score on both procedures of the Practical examination
6	as outlined in Section 1081.3.
7	
8	(d) Registered Dental Hygienist in Extended Functions. Each applicant for licensure as an RDHEF
9	who attains a grade of at least 75% on each procedure in the examination shall be deemed to
10	have passed the required examination. A registered dental hygienist who has passed the RDAEF
11	examination prior to December 31, 1991 shall be eligible for licensure as an RDHEF without
12	further examination.
13	(a) Outh adouting Assistant (OA). Brights increase of an OA linears are applicant shall access fully
14	(c) Orthodontic Assistant (OA). Prior to issuance of an OA license, an applicant shall successfully
15	achieve a passing score on the OA Written examination.
16	(d) Dentel Codetion Assistant (DCA) Drive to issue as of an DCA lisance an employee to bell
17	(d) Dental Sedation Assistant (DSA). Prior to issuance of an DSA license, an applicant shall
18	successfully achieve a passing score on the DSA Written examination.
19	Note: Authority cited: Sections 1614 and 1762, Business and Professions Code. Reference:
20	,
21	Sections 1611, 1614, 1634, 1753, 1758 and 1759, Business and Professions Code.a
22	Note: Authority cited: Sections 1614 Business and Professions Code, Reference: Sections 1611
23 24	Note: Authority cited: Sections 1614 Business and Professions Code. Reference: Sections 1611, 1614, 1634, 1750.2, 1750.4, 1752.1, 1753, and 1753.4, Business and Professions Code.
25	1014, 1034, 1730.2, 1730.4, 1732.1, 1733, and 1733.4, Business and Professions Code.
25 26	
27	§ 1085. Dental Assistant Duties and Settings.
28	(a) Unless specifically so provided by regulation, a dental assistant may not perform the
29	following functions or any other activity which represents the practice of dentistry or requires
30	the knowledge, skill and training of a licensed dentist:
31	the knowledge, skin and training of a neerised deficise.
32	(1) Diagnosis and treatment planning;
33	(1) Diagnosis and diedement planning,
34	(2) Surgical or cutting procedures on hard or soft tissue;
35	(2) surficul or cutting procedures on hard or sort tissue,
36	(3) Fitting and adjusting of correctional and prosthodontic appliances;
37	(3) Themis and dajusting of correctional and prostitiodonice appliances,
38	(4) Prescription of medicines;
39	(4) Trescription of medicines,
40	(5) Placement, condensation, carving or removal of permanent restorations, including
41	final cementation procedures;
42	mai cementation procedures,
43	(6) Irrigation and medication of canals, try-in cones, reaming, filing or filling of root
44	canals;

1	
2	(7) Taking of impressions for prosthodontic appliances, bridges or any other structures
3	which may be worn in the mouth;
4	
5	(8) Administration of injectable and/or general anesthesia;
6	(O) Onel manch device manch device
7	(9) Oral prophylaxis procedures.
8 9	(b) A dental assistant may perform such basic supportive dental procedures as the following
10	under the general supervision of a licensed dentist:
11	under the general supervision of a needsed deficist.
12	(1) Extra-oral duties or functions specified by the supervising dentist;
13	(1) Extra oral daties of full choins specified by the supervising deficise,
14	(2) Operation of dental radiographic equipment for the purpose of oral radiography if
15	the dental assistant has complied with the requirements of section 1656 of the Code.
16	
17	(3) Examine orthodontic appliances.
18	
19	(c) A dental assistant may perform such basic supportive dental procedures as the following
20	under the direct supervision of a licensed dentist when done so pursuant to the order, control
21	and full professional responsibility of the supervising dentist. Such procedures shall be checked
22	and approved by the supervising dentist prior to dismissal of the patient from the office of said
23	<del>dentist.</del>
24	
25	(1) Take impressions for diagnostic and opposing models, bleaching trays, temporary
26	crowns and bridges, and sports guards;
27	
28	(2) Apply non-aerosol and non-caustic topical agents;
29	
30	(3) Remove post-extraction and periodontal dressings;
31	
32	(4) Placement of elastic orthodontic separators;
33	
34	(5) Remove orthodontic separators;
35	
36	(6) Assist in the administration of nitrous oxide analgesia or sedation; however, a dental
37	assistant shall not start the administration of the gases and shall not adjust the flow of
38	the gases unless instructed to do so by the dentist who shall be present at the patient's
39	chairside at the implementation of these instructions. This regulation shall not be
40	construed to prevent any person from taking appropriate action in the event of a
41	<del>medical emergency.</del>
42 43	(7) Hold anterior matrices;
43 44	<del>(7) Hold differior matrices,</del>
44	

1 2	(8) Remove sutures;
3	(9) Take intra-oral measurements for orthodontic procedures;
5	(10) Seat adjusted retainers or headgears, including appropriate instructions;
6 7 8	(11) Check for loose bands;
9 10	(12) Remove arch wires;
11 12	(13) Remove ligature ties;
13 14	(14) Apply topical fluoride, after scaling and polishing by the supervising dentist or a registered dental hygienist;
15 16 17	(15) Place and remove rubber dams;
17 18 19	(16) Place, wedge and remove matrices.
20 21	(17) Cure restorative or orthodontic materials in operative site with light curing device.
22 23 24	For the purpose of this section a supervising licensed dentist is defined as a dentist whose patient is receiving the services of a dental assistant in the treatment facility and is under the direct control of said licensed dentist.
25 26 27 28	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1751, Business and Professions Code.
29	§ 1086. RDA Duties and Settings.
30 31 32	(a) Unless specifically so provided by regulation, the prohibitions contained in section 1085 of these regulations apply to registered dental assistants.
33 34 35	(b) A registered dental assistant may perform all functions which may be performed by a dental assistant.
36 37	(c) Under general supervision, a registered dental assistant may perform the following duties:
38 39 40	(1) Mouth mirror inspection of the oral cavity, to include charting of obvious lesions, existing restorations and missing teeth;
41 42	(2) Placement and removal of temporary sedative dressings.
43 44	(d) A registered dental assistant may perform the following procedures under the direct

1	professional responsibility of the supervising dentist. Such procedures shall be checked and
2	approved by the supervising dentist prior to dismissal of the patient from the office of said
3	dentist.
4	
5	(1) Obtain endodontic cultures;
6	
7	(2) Dry canals, previously opened by the supervising dentist, with absorbent points;
8	
9	(3) Test pulp vitality;
10	
11	(4) Place bases and liners on sound dentin;
12	
13	(5) Remove excess cement from supragingival surfaces of teeth with a hand instrument
14	or floss;
15	
16	(6) Size stainless steel crowns, temporary crowns and bands;
17	
18	(7) Fabrication of temporary crowns intra-orally;
19	
20	(8) Temporary cementation and removal of temporary crowns and removal of
21	orthodontic bands;
22	<b>,</b>
23	(9) Placement of orthodontic separators;
24	
25	(10) Placement and ligation of arch wires;
26	
27	(11) Placement of post-extraction and periodontal dressings;
28	
29	(12) Apply bleaching agents;
30	( ) 11 / 3 3 /
31	(13) Activate bleaching agents with non-laser light-curing device;
32	
33	(14) Take bite registrations for diagnostic models for case study only;
34	
35	(15) Coronal polishing (Evidence of satisfactory completion of a board approved course
36	of instruction in this function shall be submitted to the board prior to any performance
37	thereof). The processing times for coronal polishing course approval are set forth in
38	section 1069.
39	
40	This procedure shall not be intended or interpreted as a complete oral prophylaxis (a
41	procedure which can be performed only by a licensed dentist or registered dental
42	hygienist). A licensed dentist or registered dental hygienist shall determine that the
43	teeth to be polished are free of calculus or other extraneous material prior to coronal
44	polishing.
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2	(16) Removal of excess cement from coronal surfaces of teeth under orthodontic
3	treatment by means of an ultrasonic scaler. (Evidence of satisfactory completion of a
4	board approved course of instruction or equivalent instruction in an approved RDA
5	program in this function shall be submitted to the board prior to any performance
6	thereof.) The processing times for ultrasonic scaler course approval are set forth in
7	section 1069.
8	
9	(e) Settings. Registered dental assistants may undertake the duties authorized by this section in
10	a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in
11	an equivalent facility approved by the board.
12	
13	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
14	and 1754, Business and Professions Code; and Section 15376, Government Code.
15	
16	§ 1087. RDAEF Duties and Settings.
17	(a) Unless specifically so provided by regulation, the prohibitions contained in Section 1085
18	apply to RDAEFs.
19	
20	(b) An RDAEF may perform all duties assigned to dental assistants and registered dental
21	<del>assistants.</del>
22	
23	(c) An RDAEF may perform the procedures set forth below under the direct supervision of a
24	licensed dentist when done so pursuant to the order, control and full professional responsibility
25	of the supervising dentist. Such procedures shall be checked and approved by the supervising
26	dentist prior to dismissal of the patient from the office of said dentist.
27	
28	(1) Cord retraction of gingivae for impression procedures;
29	
30	(2) Take impressions for cast restorations;
31	
32	(3) Take impressions for space maintainers, orthodontic appliances and occlusal guards.
33	
34	(4) Prepare enamel by etching for bonding;
35	
36	(5) Formulate indirect patterns for endodontic post and core castings;
37	
38	(6) Fit trial endodontic filling points;
39	
40	(7) Apply pit and fissure sealants;
41	
42	(8) Remove excess cement from subgingival tooth surfaces with a hand instrument;
43	
44	(9) Apply etchant for bonding restorative materials.

1	
2	(d) Settings. Registered dental assistants in extended functions may undertake the duties
3	authorized by this section in a treatment facility under the jurisdiction and control of the
4	supervising licensed dentist, or in an equivalent facility approved by the board.
5	
6	Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
7	1756 and 1757, Business and Professions Code.