



**DENTAL BOARD OF CALIFORNIA  
NOTICE OF FULL BOARD AND COMMITTEE MEETING AND AGENDAS**

**November 14-15, 2019**

Sacramento Marriott Rancho Cordova

11211 Point East Drive

Rancho Cordova, CA, 95742

(916) 638-1100 (Hotel) or (916) 263-2300 or (877) 729-7789 (Board Office)

**Members of the Board:**

Fran Burton, MSW, Public Member, President

Steven Morrow, DDS, MS, Vice President

Steven Chan, DDS, Secretary

Yvette Chappell-Ingram, MPA, Public  
Member

Ross Lai, DDS

Lilia Larin, DDS

Huong Le, DDS, MA

Meredith McKenzie, Public Member

Abigail Medina, Public Member

Rosalinda Olague, RDA, BA

Joanne Pacheco, RDH

Thomas Stewart, DDS

Bruce Witcher, DDS

James Yu, DDS, MS

During this two-day meeting, the Dental Board of California will consider and may take action on any of the agenda items, unless listed as informational only. Items may be taken out of order, tabled or held over to a subsequent meeting; items scheduled to be heard on Thursday may be held over to Friday, and items scheduled to be heard on Friday may be moved up to Thursday, for convenience, to accommodate speakers, or to maintain a quorum. Anyone wishing to be present when the Board takes action on any item on this agenda must be prepared to attend the two-day meeting in its entirety.

In the event a quorum of the Board is unable to attend the meeting, or the Board is unable to maintain a quorum once the meeting is called to order, the president may, at her discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting (Government Code section 11125(c)).

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

five business days before the meeting will help to ensure availability of the requested accommodation.

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitations on resources or technical difficulties that may arise. Adjournment, if it is the only item that occurs after a closed session, may not be webcast. A committee opening and roll call, if the only item preceding a closed session, may not be webcast. To view the Webcast, please visit <https://thedcapage.blog/>.

**Thursday, November 14, 2019**

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

1. Call to Order/Roll Call/Establishment of a Quorum
2. Approval of August 15-16, 2019, Board Meeting Minutes **[7-25]**
3. Board President Welcome and Report **[26]**
4. Report of the Department of Consumer Affairs (DCA) Staffing and Activities **[27-29]**
5. Budget Report **[30-35]**
  - a. State Dentistry Fund
  - b. State Dental Assisting Fund

RECESS TO CONVENE THE DENTAL ASSISTING COUNCIL MEETING – SEE ATTACHED AGENDA **[36-281]**

RETURN TO FULL BOARD OPEN SESSION

6. Dental Assisting Council Meeting Report **[282]**

The Board may take action on any items listed on the attached Dental Assisting Council meeting agenda.
7. Discussion and Possible Action Regarding Appointment of Dental Assisting Council Member **[283-305]**
8. Report on the October 9, 2019 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits **[306-307]**
9. Sunset Review **[308-357]**
  - a. Discussion and Possible Action Regarding Implementation of Assembly Bill 1519 (Chapter 865, Statutes of 2019)
10. Enforcement **[358-364]**
  - a. Review of Enforcement Statistics and Trends

## 11. Substance Use Awareness

- a. Diversion Program Report and Statistics **[365]**
- b. Update on Controlled Substance Utilization Review and Evaluation System (CURES) Report **[366-382]**
- c. Update Regarding the August 27, 2019 and November 5, 2019, Statewide Opioid Safety Workgroup Meeting **[383-390]**

## 12. Report on the October 19-21, 2019, American Association of Dental Boards (AADB) Meeting in Las Vegas, Nevada **[391]**

## 13. Discussion and Possible Action Regarding Requiring Licensees to Complete Renewals Online in the Future **[392-394]**

### **RECESS TO CLOSED SESSION**

#### **CLOSED SESSION – FULL BOARD**

##### A. Deliberate and Take Action on Disciplinary Matters

The Board will meet in closed session as authorized by Government Code §11126(c)(3). If the Board is unable to deliberate and take action on all disciplinary matters due to time constraints, it will also meet in closed session on November 15, 2019.

##### B. Discussion Regarding *Sulitzer v. Tippins*, US District Court, Central District of CA, Case No. 2:19-CV-08902

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

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

**Recess Until Friday, November 15, 2019**

### **LICENSING, CERTIFICATION, AND PERMITS COMMITTEE MEETING**

#### **OPEN SESSION**

##### A. Call to Order/Roll Call/Establishment of a Quorum

#### **CLOSED SESSION – LICENSING, CERTIFICATION, AND PERMITS COMMITTEE**

##### B. Issuance of New License(s) to Replace Cancelled License(s)

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

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

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

D. Grant, Deny or Request Further Evaluation for Conscious Sedation Permit Onsite Inspection and Evaluation Failure, pursuant to Title 16 CCR Section 1043.6. The Committee will meet in closed session as authorized by Government Code Section 11126(c)(2) to deliberate on whether or not to grant, deny or request further evaluation for a Conscious Sedation Permit as it Relates to an Onsite Inspection and Evaluation Failure.

## **RETURN TO COMMITTEE OPEN SESSION**

### **Committee Adjournment**

**FRIDAY, November 15, 2019**

### **8:00 A.M. CLOSED SESSION – FULL BOARD (IF NECESSARY)**

Deliberate and Take Action on Disciplinary Matters

If the Board was unable to deliberate and take action on all disciplinary matters due to time constraints on Thursday, November 14, 2019, it will also meet in closed session on Friday, November 15, 2019 as authorized by Government Code §11126(c)(3).

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

14. Call to Order/Roll Call/Establishment of a Quorum

15. Executive Officer's Report **[395]**

16. Examinations

a. Update on the Portfolio Pathway to Licensure **[396-397]**

b. Western Regional Examination Board Report **[398]**

c. Discussion and Possible Action Regarding Implementation of the ADEX Examination **[399-402]**

17. Licensing, Certifications, and Permits

a. Review of Dental Licensure and Permit Statistics **[403-411]**

b. General Anesthesia and Conscious Sedation Permit Evaluation Statistics **[412-415]**

c. Discussion and Possible Action Regarding Application for Board Approval from University of Qingdao School of Stomatology - China **[416-432]**



## 18. Legislation

- a. 2020 Tentative Legislative Calendar – Information Only **[433-435]**
- b. 2019 End of Year Legislative Summary Report **[436-448]**
- c. Discussion and Possible Action Regarding Legislative Proposals for 2020
  - i. Healing Arts Omnibus Bill **[449]**
- d. Discussion of Prospective Legislative Proposals  
Stakeholders are Encouraged to Submit Proposals In Writing to the Board Before or During the Meeting for Possible Consideration by the Board at a Future Meeting **[450]**

## 19. Regulations **[451-455]**

- a. Update on Pending Regulatory Packages
  - i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1016.2)
  - ii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7)
  - iii. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017)
  - iv. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division 10, Chapter 3)
  - v. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1)
  - vi. Diversion Committee Membership (Cal. Code of Regs., Title 16, Section 1020.4)
  - vii. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8)
  - viii. Dentistry Law and Ethics Exam Score (Cal. Code of Regs., Title 16, Section 1031)
  - ix. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049)
  - x. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005)
  - xi. Substantial Relationship Criteria (Cal. Code of Regs., Title 16, Section 1019 and 1020)

## 20. Licensing, Certifications, and Permits Committee Report on Closed Session

The Board may take action on recommendations regarding applications for issuance of new license(s) to replace cancelled license(s) and whether or not to grant, deny, or request further evaluation for a Conscious Sedation Permit as it relates to an onsite inspection and evaluation failure. **[456]**

## 21. Election of 2020 Dental Board of California Officers **[457-458]**

22. Public Comment on Items Not on the Agenda

The Board may not discuss or take action on any matter raised during the Public Comment section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

23. Board Member Comments on Items Not on the Agenda

The Board may not discuss or take action on any matter raised during the Board Member Comments section that is not included on this agenda, except whether to decide to place the matter on the agenda of a future meeting (Government Code §§ 11125 and 11125.7(a)).

24. Adjournment

**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

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**August 15-16, 2019**  
DoubleTree by Hilton Hotel San Francisco Airport  
835 Airport Blvd.  
Burlingame, CA, 94010

**Members Present:**

Fran Burton, MSW, Public Member, President  
Steven Morrow, DDS, MS, Vice President  
Steven Chan, DDS, Secretary  
Yvette Chappell-Ingram, MPA, Public Member (**Absent August 15-16, 2019**)  
Ross Lai, DDS  
Lilia Larin, DDS  
Huong Le, DDS, MA  
Meredith McKenzie, Public Member  
Abigail Medina, Public Member (**Absent August 15-16, 2019**)  
Rosalinda Olague, RDA, BA  
Joanne Pacheco, RDH, MAOB (**Absent August 15-16, 2019**)  
Thomas Stewart, DDS  
Bruce Whitcher, DDS  
James Yu, DDS, MS

**Staff Present:**

Karen M. Fischer, MPA, Executive Officer  
Sarah Wallace, Assistant Executive Officer  
Carlos Alvarez, Enforcement Chief  
Tina Vallery, Dental Assisting Manager  
Wilbert Rumbaoa, Administrative Services Manager  
Pahoua Thao, Associate Governmental Program Analyst  
Michael Kanotz, Legal Counsel

**Thursday, August 15, 2019**

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

The meeting was called to order by President Fran Burton at 9:07 a.m. Dr. Steve Chan, Board Secretary, called the roll and a quorum was established.

Agenda Item 2: Approval of May 15-16, 2019 and July 23, 2019 Board Meeting Minutes M/S/C (Morrow/Whitcher) to approve the May 15-16, 2019 meeting minutes with the following changes: last paragraph on page 16, replace the word requirement with the word registration; middle paragraph on page 19, replace the word adhesive protective restorations to interim therapeutic restorations; bottom paragraph on page 19, replace M/S/C to M/S.

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

The motion passed and the minutes are approved with changes. There was no public comment.

M/S/C (Burton/Whitcher) to approve the July 26, 2019 meeting minutes with no changes.

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

The motion passed and the minutes are approved with no changes. There was no public comment.

### Agenda Item 3: Board President Welcome and Report

President Burton welcomed all attendees. She mentioned that the board is still focused on the sunset review, legislation, regulations, enforcement, examinations, and other emerging issues as they present themselves. She reminded members that the highest priority of the board is protection of the public. Ms. Burton reported on the following meetings she attended after the May meeting: Senate Business Professions and Economic Development Committee meeting in support of AB 613; Executive Officer Salary

Study Meeting, (Department of Consumer Affairs engaged a firm to study executive officer salaries in other states. Ms. Burton expressed her frustration that this wasn't brought up during the previous sunset review process four (4) years ago and has not been resolved. The department has indicated it would be setting up individual meetings with board presidents and executive officer to discuss the findings. Ms. Burton will report back if there is any progress); July 23, 2019, Board Teleconference meeting; meeting with Assembly Business and Professions Committee Chair, Evan Low to discuss the Sunset Report. Ms. Burton reported that 10.5 million dollars was allocated from the Dental Board's oral health partners at Department of Health Care Services (DHCS) to pay off student loans for forty (40) dentists who agree to take on thirty (30) percent of Medi-Cal patients for their dental caseloads.

Ms. Burton congratulated Board member, Dr. Huong Le, on her successful dedication of the new Oakland Health and Wellness Clinic. Ms. Burton acknowledged the Dental Board's new Legal Counsel, Michael Kanotz. There was no public comment.

#### Agenda Item 4: Report of the Dental Hygiene Board of California (DHBC) Activities

Susan Good, DHBC President, provided a verbal report on their activities: reviewing the dental hygiene educational programs found minor deficiencies at school visits which was easily corrected to comply with the law; approval of DHBC budget change proposal on July 1, 2019 allowing the Board to hire additional staff; and regulatory packages update. Anthony Lum, Executive Officer of DHBC, provided an update of the ITR regulatory proposal presented at the May 2019 DBC meeting. The language was changed to mirror the pilot project language.

President Burton asked how many staff work at DHBC. Mr. Lum responded that there will be a total of thirteen (13) staff members at DHBC after the approval of the budget change proposal. There was no public comment.

#### Agenda Item 5: Budget Report:

Administrative Services Manager, Wilbert Rumbaoa, provided a report on two separate funds that the Board manages: State Dentistry Fund and Dental Assisting Fund. A documented expenditures report was provided for July 1, 2018 to June 30, 2019. The board spent approximately \$12.4 million dollars or 88% of its total Dentistry Fund appropriation for fiscal year 18/19. The Dental Assisting Fund spent approximately 1.9 million dollars or 78% of its total dental assisting fund appropriation for fiscal year 18/19.

President Burton questioned the *scheduled reimbursements for Fingerprints* and its impact on the budget for the Board. Mr. Rumbaoa responded that the Board is working with the budget's office on reimbursement items as the issue occurred five years prior. Dr. Whitcher commented on the downward trend in *months in reserve* from both fund reports. Dr. Lai questioned if more money was spent for the current quarter. Mr. Rumbaoa responded that the budget report provided is for the fiscal year 18/19. Board staff will provide a quarterly breakdown of the budget report at a future meeting. There was no public comment.

RECESSED TO CONVENE THE DENTAL ASSISTING COUNCIL (DAC) MEETING –  
SEE DAC Meeting Minutes.

RETURNED TO FULL BOARD OPEN SESSION

Agenda Item 6: Dental Assisting Council Meeting Report

Jennifer Rodriguez, Chair Dental Assisting Council, provided a verbal report of the meeting. There was no public comment.

Agenda Item 7: Discussion and Possible Action Regarding Appointment of Dental Assisting Council (DAC) Member

Ms. Rosalinda Olague, RDA and Dr. Whitcher, DAC Subcommittee, provided a verbal report and recommendation to the Board. Five candidates were interviewed by telephone: Elizabeth Balboa-Brooks, RDA, Melinda Cazares, RDA, Paige Drahn, RDA, Belinda Irlanda, RDA, and Christina Joyce, RDA.

M/S/C: (Morrow/Lai) to accept the Subcommittees recommendation to appoint Melinda Cazares, RDA to the Dental Assisting Council.

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

The motion passed. There was no public comment.

Agenda Item 8: Discussion and Possible Action Regarding Appointment of New Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee

Dr. Whitcher, EFCS Permit Credentialing Committee Liaison, provided a verbal report and recommendation to the Board. Two highly qualified candidates were considered for the position. Both were interviewed via telephone by Dr. Whitcher.

M/S/C: (Burton/Larin) to accept Dr. Whitcher’s recommendation to appoint Andre V. Guerrero Fernandes, MD, DDS to the Elective Facial Cosmetic Surgery Permit Credentialing Committee.

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

The motion passed. There was no public comment.

Agenda Item 9: Discussion and Possible Action Regarding AB 1519 (Low) – Sunset Review

Mr. Rumbaoa provided a report regarding AB 1519 (Low) as amended July 2, 2019. The Board discussed twenty-five (25) items of the current legislation and four (4) proposed amendments. This information is available in the meeting materials published on the Board’s web site.

Dr. Morrow commented on item nine (9) relating to the competencies that must be examined for California licensees. Some states do not require all the competencies listed in AB 1519. He asked if an applicant will still be licensed in California if he or she options out of certain components. Ms. Fischer confirmed if an applicant options out then they will not be licensed. Dr. Larin commented on item fourteen (14) relating to approval of foreign dental schools. She was concerned with students who are currently enrolled in school when the bill takes effect in January 2020. Ms. Fischer responded that those who are currently enrolled in the program will graduate. However, the schools will be notified to stop accepting students into their program as soon as the governor signs the bill as their educational requirements will no longer be approved. Dr. Chan questioned item twenty-one (21) and the meaning of teledentistry. Teledentistry has been a diagnostic component. Does it now include delivery of product? Ms. Fischer responded that teledentistry will be a discussion for a future meeting as it has not been defined yet. The jurisdiction is that every California patient should only be treated by a California dentist. Staff requested a support position on Assembly Bill 1519.

Public Comment:

Dr. Alan Felsenfeld, DDS representing California Dental Association, commented on his support of amendments in AB 1519. Missy Johnson, Nielsen Merksamer representing De La Salle University, commented that the school is disappointed that it will no longer be approved by the Board. She stated that she enjoyed a good working relationship with the Board. The school is concerned about the transition process and she is working with Assembly Member Low to clarify the language. Claudia Pohl, CDAA, stated her support

of AB 1519 and would like to see the amendments to BPC section 1742 (h) remain in the bill.

M/S/C: (Morrow/Le) to support amendment to Assembly Bill 1519.

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

The motion passed.

Agenda Item 10(a): Review of Enforcement Statistics and Trends

Carlos Alvarez, Enforcement Chief, provided a report of the enforcement statistics and trends. There was no public comment.

Dr. Lai asked if fines are issued for disciplinary action for continuing education. Ms. Fischer responded that fines are not disciplinary actions. Dr. Lai asked if the information on citations and fines relating to continuing education and providing dental records upon request of the Boards is on the website. Chief Alvarez responded no. Dr. Lai would like staff to work with CDA to get the word out about compliance. Dr. Larin asked if the Board is required to pay for cases with no sufficient evidence. Ms. Fischer responded that the licensing fee pays for enforcement. President Burton questioned the process for adjudicated criminal cases that have been referred to the Office of Attorney General (OAG). Chief Alvarez responded that criminal cases that have adjudicated from the court system will be sent to OAG for disciplinary action.

Agenda Item 10(b): Update on Controlled Substance Utilization Review and Evaluation System (CURES) Report

Chief Alvarez provided the report which is available in the meeting material published on the Board's website.

Public Comment:

Dr. Guy Acheson, California Academy of General Dentistry (CAGD), commented that there are 24,633 dentists with DEA permits who are licensed to prescribe, however only 15,033 are registered through CURES. He questioned who enforces this requirement; and is there an attempt to enforce. Ms. Fischer commented that there is no way to know



who has a DEA license and to monitor if people have registered. Chief Alvarez commented that DEA will not provide the current and up to date numbers of dentists with DEA permits who are licensed to prescribe when requesting, which ultimately affects the statistics shown in the meeting materials. Ms. Fischer stated that the only way to enforce it is if a complaint is submitted to the Board. Investigators will then look to see if a dentist is licensed and registered with the DEA.

## **RECESSED FOR A BREAK**

### Agenda Item 11(a): Diversion Program Report and Statistics

Chief Alvarez provided the report which is available in the meeting materials published on the Board's website. There was no public comment.

Dr. Lai asked what the budget is for the Diversion Program. Ms. Fischer responded that the participants pay one hundred dollars which goes towards the program; however, the Board does subsidize the participants. She added that the contract with Maximus is ending at the end of the year and the DCA Executive Office is working on a request for proposal. Ms. Fischer commented that the Dental Board started the program with eighty-nine (89) participants which now has an average of fourteen (14) participants. President Burton questioned California Dental Association's (CDA) number of participants. Mary McCune, CDA, stated that there is an average of thirty (30) participants a year with an average of five (5) graduates per year from data gathered in 2017. Dr. Morrow questioned how the Diversion Program and CDA's Wellness Program interface with each other. Ms. Fischer responded that the programs are structured differently and CDA does not communicate or refer any members to the Board's Diversion Program. There is no interface between programs.

### Agenda Item 11(b): Update Regarding the June 11, 2019 Statewide Opioid Safety Workgroup Meeting

Chief Alvarez provided the report which is available in the meeting materials published on the Board's website. There was no public comment.

Dr. Chan questioned if the workgroup distinguished the difference between unsupervised use of Fentanyl versus the supervised use of Fentanyl. Chief Alvarez responded that there are indicators that separate prescription Fentanyl and Fentanyl that was not prescribed. Information on other drug components combined with Fentanyl can be accessed through dashboard – which gives a breakdown of what is in the drug and what causes overdose. Dr. Chan questioned if that includes counterfeit Fentanyl. Chief Alvarez is aware of the manufactured drug, but it has not been discussed.

### Agenda Item 12: Discussion of Venipuncture

Chief Alvarez provided the report which is available in the meeting materials published on the Board's website. There was no public comment.

Executive Officer Fischer commented that staff believes that Business Professions Code 1625 was written broadly to allow blood draws for dental procedures. Dr. Whitcher

commented that if a disciplinary case was to arise, they would be looking into what the practicing dentist is licensed to perform. Dr. Larin questioned if dentistry schools have any formal training for the venipuncture procedure. Dr. Morrow responded that he is not aware of any formal education in drawing blood for dentistry school. He added that every dentist should be competent in the procedure they are performing. Dr. Larin questioned if the Board staff will confirm if the procedure is allowed. Ms. Fischer responded that Board staff does *not* advise or confirm the interpretation of statutes for dentistry. There was no public comment.

#### Agenda Item 13: Overview of Disciplinary Process

Executive Officer, Karen Fischer, provided the report which is available in the meeting materials published on the Board's website. There was no public comment.

Dr. Morrow asked how the Board decided on the two (2) votes necessary to hold for discussion for a disciplinary case. Ms. Fischer responded that she will look into it. Ms. McKenzie commented that she is not in favor of raising the number of votes to hold for discussion. President Burton commented that she agreed with Ms. McKenzie. Dr. Lai questioned if there is a governing body that calibrates ALJs when it comes to dental cases. Michael Kanotz, legal counsel, responded that he is not aware of ALJ calibration/training. Ms. Fischer responded that administrative law judges rule based on the Dental Board's disciplinary guidelines. Dr. Larin requested clarification of when a member should/may abstain from a vote on discipline. Mr. Kanotz responded that it is up to each member to decide.

### **RECESS TO CLOSED SESSION**

**Recess Until Friday, August 16, 2019**

**Friday, August 16, 2019**

#### Agenda Item 14: Call to Order/Roll Call/Establishment of a Quorum

The meeting was called to order by President Fran Burton at 9:10 a.m. Dr. Steve Chan, Board Secretary, called the roll and a quorum was established.

#### Agenda Item 15: Executive Officer's Report

Executive Officer, Karen Fischer, reported on:

- **New Website** – Board Members were notified June 26 that its website had been redesigned and launched. We hope that the website is easier to navigate. Early feedback from those people who have visited the website since launched is good.
- **General Anesthesia/Conscious Sedation Calibration Courses** – The Board conducted two GA/CS Calibration Courses – the first on May 22 in Oakland and the second on May 29 in Van Nuys. Attendance was good.

- **Directors Quarterly Meeting** – Chief Deputy Director Chris Shultz hosted the DCA Director’s Quarterly Meeting on June 3rd. During this meeting, he communicated his commitment to ensure a smooth transition as the Governor’s Office continues to search for a new DCA director. During the interim period, he encouraged executive officers and bureau chiefs to send ideas regarding cross-cutting projects where new leadership and the Administration can focus.
- **Executive Officers Salary Study** The Department retained KH Consulting to conduct the executive officer salary study. The study aims to provide an in-depth analysis of programmatic and operational complexities of DCA Boards, as well as a salary comparison survey from other states. On July 8, 2019, the executive officer salary study was distributed to executive officers and board presidents. In addition, the executive office hosted a meeting to discuss the findings of the study on July 12th. DCA will be reaching out to each of the programs to set up one-on-one meetings with the executive officer and board president to discuss program-specific findings.
- **Sunset Hearings** – AB 1519 with amendments was published July 2. On July 8, the bill was heard in the Senate Business, Professions and Economic Development Committee. It passed out of Committee and was heard in Senate Appropriations Committee on August 12 – after the Legislative Summary Recess. The bill was put on suspense and should move to the Senate Floor in the coming weeks. After passing the Senate, it will be referred back to the Assembly for concurrence. The Legislative Session ends on September 13. October 13 is the last day for the Governor to sign or veto the bill.
- **Special Teleconference** – July 23. Thank you to those board members who were able to participate in this meeting. The transcripts have been ordered and it is expected that the issue will be discussed at the November meeting.
- **Dental Assisting Council Meeting** – July 26 in Sacramento. The Dental Assisting Council (Council) of the Dental Board of California (Board) has held several stakeholder workshops since between 2015-2018 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 drafted 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.

Board staff reorganized the regulatory requirements to provide consistency, clarity, and tried to avoid duplication. Additionally, staff 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.

The Council reviewed the proposed language and provided feedback and direction to aid staff in the further development of the comprehensive rulemaking proposal.

- **Attorney General Cost Increases** – On July 3, the Board received an email from the Department’s Chief Fiscal Officer that DCA was notified on July 1, 2019, that the Department of Justice (DOJ), Attorney General (AG) Office hourly rates increased effective July 1, 2019.

DCA was not consulted about this increase and only learned of the new fees on July 1st. The DCA budget office is currently analyzing the impact to each program. If programs have a sufficient fund balance, Budget Act of 2019, section 5.0 provides a process for the Department of Finance to augment your AG line items to reflect this base adjustment. Some programs have expressed concern that a statutory fee increase may be necessary in order to generate sufficient funds to pay for the increased AG costs. DCA has reached out to the Legislature to consider and weigh options for potential solutions.

DCA is committed to working with each program to increase budget authority so that enforcement is not diminished. July 15, the board was notified that the rate increase will go into effect September 1, 2019.

- **Dental Hygiene Board Meeting** – Teleconference, August 6. There was a legislative and regulatory update. The Board adopted by resolution the registration and renewal fees for mobile dental hygiene clinic \$100/\$160; and a fee for the application and review of new RDHAB educational programs. The language brought before the Dental Board in May was submitted to DCA legal without reference to “interim” adhesives.
- **Lease Agreement** – The lease agreement has been approved by all parties and will start March 1, 2020. The term is 4 years, with an option for additional 4 years. As previously mentioned, the board will be expanding its office space to accommodate the increase in staff positions.
- **Qingdao China** – Application Review. At the end of June I received a revised application for Board approval from the School. On or around July 12 I forwarded the information to the subcommittee for review and comment. It is the Board’s responsibility to determine if the application is complete. The subcommittee will be meeting at

the end of August to review the documents submitted by the school to determine if a recommendation can be made to the Board to accept the complete application.

- **Board Training** – Sexual Harassment Prevention Training There are still nine members that need to complete this training by year end. Please do so sooner rather than later.
- **Board/Council Elections** – November meeting. The Board's Policy and Procedure Manual indicates that members seeking office should contact the Board's EO thirty days prior to the meeting date at which the elections will occur. Please send me notification of your intention to run for office by October 14.

#### Agenda Item 16: Report of the Department of Consumer Affairs Staffing and Activities

Department of Consumer Affairs provided a written report which is available in the meeting materials published on the Board's website. The report covers the Director Quarterly Meeting, the Executive Officer Salary Study, DCA's open data portal, and future leadership development program. There was no public comment.

#### Agenda Item 17(a): Update on the Portfolio Pathway to Licensure

Tina Vallery, Dental Assisting Licensing Manager, provided this report. Refer to the board meeting materials on the Board's website. There was no public comment.

Dr. Lai questioned if the Board has direct contact with school faculty on a normal basis for feedback on the Portfolio Pathway to Licensure. Ms. Vallery responded that the Board does reach out and contact all the schools who are participating in the Portfolio Pathway to Licensure. Dr. Whitcher commented there was a list of problems which was identified when the Portfolio Pathway to Licensure was being implemented. Dr. Morrow commented that Dr. Le and himself previously met with deans of the six (6) dental schools to discuss issues related to the examination. Dr. Morrow asked the deans to provide a list of issues to improve the process. So far, the deans have not provided any feedback to him. Dr. Le commented that she is concerned there might not be any more applications and the program will go away if the Board does not receive feedback from the schools.

#### Public Comment:

Dr. Alan Felsenfeld suggested that the Board send a blast email with the Portfolio Pathway to Licensure brochure to freshman entering the university.

#### Agenda Item 17(b): Western Regional Examination Board Report

Huong Le, DDS, MA, reported that there are no updates for the Western Regional Examination Board (WREB) since the last meeting.

Dr. Norm Magnuson, WREB representative, provided a verbal update of the WREB examination. Dr. Magnuson reported that changes are being implemented for next year which include the prosthetic exam being offered to third year students. The WREB

exam will be reviewed by Office of Professional Examination Services (OPES) next year.

Dr. Chan questioned how many of the candidates are from the school conducting the exam, how many candidates from California, how many candidates are not from California, and how many candidates that are not within the WREB states who are taking the exam. Dr. Magnuson responded that he can provide more information in the future. Most schools will prioritize their students before filling spots for the exam. Dr. Lai questioned what the cost of the exam is for students in state and out of state. Dr. Magnuson responded there are no out-of-state fees and the exam cost roughly \$2,400 not including school fees. Ms. Burton questioned when the next DERB meeting is. Dr. Magnuson responded that the next meeting is November 8, 2019 in Denver, CA. There was no public comment.

Agenda Item 17(c): Presentation by the American Board of Dental Examiners (ADEX)  
Representatives from ADEX provided the presentation: President, Dr. Jeffery Hartsog, Vice President, Dr. Guy Champaine, former President, Dr. William Pappas, and Executive Director Kathleen Kelly. Refer to the webcast on the Board's website for details on the presentation

Dr. Witcher asked how many schools offer CIF compared to traditional. Dr. Champaine stated about forty (40) to fifty (50) percent of the schools have adopted all the components of the PCCIF. Dr. Morrow asked if the faculty with the examiner roles will be conducting the exam for the students at their school or if they will be conducting the exams at other locations. Dr. Champaine stated that they would conduct the exams at different locations to avoid conflict of interest. Dr. Morrow questioned the process of faculty members assessing the outcome of the completed restoration competency examination to meet requirements for CODA and ADEX for licensure. In addition, has ADEX conducted a comparison of the faculty review of the procedure for CODA examiner review of the procedure for the ADEX exam? Dr. Champaine responded that there is little difference, however one can pass the ADEX examination but not pass competency examination. Dr. Witcher questioned how ADEX controls consistency of implementation of the exam. Dr. Pappas responded that all of the exams are consistent with no variance. Dr. Morrow asked if there will be a CIF version of the endodontic assessment. Dr. Champaine responded that ADEX does not have a simulation for the endodontic assessment.

**Public Comment:**

Allison Yochim, consumer and Registered Dental Hygienist, commented that the WREB and ADEX only conduct tests with prosthetic teeth and was concerned about students who will go on to graduate to work on real natural teeth. She stated she is in support of the Sunset Bill.

Agenda Item 17(d): Discussion and Possible Action Regarding ADEX Examination Review by Office of Professional Examination Services

Office of Professional Examination Services (OPES) found that the procedures used to establish and support the validity and defensibility of the ADEX dental examination series meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (2014) (Standards)* and California Business and Professions Code (B&P) section 139. However, OPES offered a few recommendations for ADEX to consider should the Board adopt the ADEX dental examination series for California licensure. Refer to the board meeting materials on the Board’s website. Drs. Heidi Lincer and Tracy Montez were available to answer general questions regarding the report. There was no public comment.

Dr. Whitcher commented that the OPES review does not address the administration of the clinical competency portion in the dental field and the test site variability which was an issue with the RDA practical exam.

M/S/C: (Morrow/Le) to accept the OPES report regarding ADEX examination review.

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

The motion passed.

Agenda Item 18(a) Review of Dental Licensure and Permit Statistics

Ms. Vallery provided this report which is available in the meeting materials published on the Board’s website.

Dr. Lai commented that the first page of the memorandum was very informative. President Burton asked about the progress of cleaning up delinquent licenses since switching over to the online licensing and enforcement system Breeze. Ms. Wallace responded that licensees receive two notices: initial notice for renewal and another notice thirty (30) days after failure to renew. Staff continues to reach out to licensees to avoid delinquent status. There was no public comment.

Agenda Item 18(b): General Anesthesia and Conscious Sedation Permit Evaluation Statistics

Ms. Vallery provided this report which is available in the meeting materials published on the Board's website.

Dr. Lai expressed his concern with future general anesthesia and conscious sedation questions that may arise after Dr. Whitcher's term ends with the Board as he is the subject matter expert. There was no public comment.

Agenda Item 19(a): 2019 Tentative Legislative Calendar – Information Only

There was no public comment.

Agenda Item 19(b): Discussion and Possible Action Regarding Legislation

Mr. Rumbaoa provided a summary of legislation the Board is currently tracking. Refer to the Board meeting material for additional information and the specific bill language. The Board discussed the bills.

M/S/C (Whitcher/Lai) to take: No Position on AB 528 (Low) Controlled Substances: CURES Database; to Watch AB 1622 (Carillo) Family Physicians

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

The motion passed. There was no public comment.

Agenda Item 19(c): Discussion of Prospective Legislative Proposals

Stakeholders were encouraged to submit proposals in writing to the Board before or during the meeting for possible consideration by the Board at a future meeting. There was no public comment.

Agenda Item 20(a): Discussion and Possible Action to Modify the Rulemaking to Amend California Code of Regulations, Title 16, Sections 1019 and 1020 Relating to Substantial Relationship and Rehabilitation Criteria

Sarah Wallace, Assistant Executive Officer, provided this report. This item is the result of legislation, AB 2138. The attached language includes two versions of Section 1020 of Article 16 of the California Code of Regulations to reflect Option 1, which only applies the new AB 2138 rehabilitation criteria to denials, and Option 2, that also extends those



criteria to suspensions and revocations. The new criteria create a two-step process. Refer to the board meeting materials on the Board's website. There was no public comment.

Pursuant to Business and Professions Code sections 141 and 480, under existing law, boards may deny or discipline a license based upon discipline imposed by another state, an agency of the federal government, or another country for any act substantially related to the licensed profession. Effective July 1, 2020, Assembly Bill 2138 (Chapter 995, Statutes of 2018) will require boards to amend their existing regulations governing substantially-related crimes or acts, and rehabilitation criteria.

Business and Professions Code section 480 presently authorizes boards to deny an application for licensure based on a conviction for a crime or act substantially related to the licensed business or profession. Likewise, section 490 authorizes boards to suspend or revoke a license on the basis that the licensee was convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession.

AB 2138 also specified three criteria that boards must consider when evaluating whether a crime is "substantially related" to the regulated business or profession. The criteria shall include: (1) The nature and gravity of the offense; (2) The number of years elapsed since the date of the offense; and (3) The nature and duties of the profession in which the applicant seeks licensure or in which the licensee is licensed.

The Department of Consumer Affairs sent an all agency memorandum to assist the boards in crafting amendments to their regulations for consistency purposes.

Board staff worked with its Legal Counsel to draft proposed language for the Board's consideration to amend its substantial relationship criteria and rehabilitation criteria. Proposed language was presented to the Board at its February 2019 meeting. At that meeting, the Board took action to approve the proposed language and initiate the rule-making.

Upon submission of the proposed rulemaking to the Department of Consumer Affairs for pre-notice review, Board staff was made aware of an issue with the proposed language relating to rehabilitation criteria. The proposed language was brought back to the Board for discussion and consideration.

Staff requested the Board determine whether the new AB 2138 rehabilitation criteria will be strictly applied to denials of initial applications or if those criteria will also be extended to suspensions and revocations.

Staff presented proposed language which included two versions of Section 1020 of Article 16 of the California Code of Regulations to reflect: Option 1, which only applies the new AB 2138 rehabilitation criteria to denials, and Option 2, that also extends those criteria to suspensions and revocations. The new criteria create a two-step process

M/S/C: (Morrow/Whitcher) to accept Option 2 of the proposed language of Section 1020 of Article 16 of the California Code of Regulations to apply AB 2138's rehabilitation criteria to denials, suspensions and revocations of licensure.

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

The motion passed. There was no public comment.

M/S/C: (Burton/Morrow) to approve the proposed regulatory language relative to substantial relationship criteria and criteria for evaluating rehabilitation, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language for 45-day public comment, setting the proposed language for a public hearing, and delegating authority to the Executive Officer to make any technical or non-substantive changes to the rulemaking package. If after the close of the 45-day public comment period and public regulatory hearing, no adverse comments are received, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed regulations before completing the rulemaking process and adopt the proposed amendments to California Code of Regulations, Title 16, Section 1019 and 1020 as noticed in the proposed text.

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

The motion passed. There was no public comment.

Agenda Item 20(b): Update on Pending Regulatory Packages

Wilbert Rumbaoa, Administrative Services Manager, provided this report which is available in the meeting materials published on the Board's website. Regulatory packages are in the process of being reviewed by legal counsel. The following packages that are in the process of resubmission to the legal counsel include: Basic Life Support Equivalency Standards, Continuing Education Requirements, Determination of Radiographs and Placement of Interim Therapeutic Restorations, Diversion Committee Membership, Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements, Dentistry Law and Ethics Exam Score, Mobile Dental Clinic and Portable Dental Unit Registration Requirements, and Minimum Standards for Infection Control. The Dental Assisting Comprehensive Rulemaking regulatory package is currently in the process of submission after changes have been applied. The Site and Fine Regulation is currently being reviewed by executive staff at Department of Consumer Affairs (DCA). No additional proposals were submitted. There was no public comment.

Agenda Item 21: Licensing, Certifications, and Permits Committee Report on Closed Session

Dr. Lai, Chair of the LCP Committee, reported that the Committee met in closed session regarding applications for issuance of new license(s) to replace cancelled license(s) and whether to grant, deny, or request further evaluation for a CS Permits as it relates to an onsite inspection and evaluation failure. Dr. Lai request that the Board accept the recommendations of the LCP Committee.

Dr. Lai reported the LCP committee recommends issuance of a new dental license to replace a cancelled dental license with the condition of successfully passing of the California Dentistry Law and Ethics Written Examination and the WREB clinical exam for the following candidates:

1. GYA
2. MM

Dr. Lai reported the LCP committee recommends issuance of a new dental license to replace a cancelled dental license with the condition of successfully passing of the California Dentistry Law and Ethics Written Examination, basic life support certification, and a written verification of continuous practice since moving out of California on business letterhead for the following candidate:

1. ER

Dr. Lai reported the LCP Committee recommends issuance of a new dental license to replace a cancelled dental license with the condition of successfully passing of the California Dentistry Law and Ethics Written Examination Permit for the following candidates:

1. MGS
2. JMS

Dr. Lai reported the LCP Committee recommends denial of conscious sedation (CS) Permit for Dr. MS.

Ms. Olague reported the LCP committee recommends issuance of a new RDA license to replace a cancelled RDA license with the condition of successfully passing of the Combined California Registered Dental Assistant Law and Ethics/ Written Examination for the following candidates:

1. AB
2. RB
3. NG
4. AR
5. CL
6. LP
7. KT
8. LW

Ms. Olague reported the LCP committee recommends issuance of a new RDAEF license to replace a cancelled RDAEF license with the condition of successfully passing of the RDAEF Clinical, Practical, Written, and Combined California Registered Dental Assistant Law and Ethics/ Written Examination for the following candidates:

1. SA

M/S/C (Whitcher/Morrow) to accept issuance of a new dental license to replace a cancelled dental license for GYA, MM, ER, MGS, JMS; denial of CS Permit for Dr. MS; issuance of a new RDA license to replace a cancelled RDA license for AB, RB, NG, AR, CL, LP, KT, LW; issuance of a new RDAEF license to replace a cancelled RDAEF license for SA.

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

The motion passed. There was no public comment.

Agenda Item 22: Public Comment on Items Not on the Agenda

None.

Agenda Item 23: Board Member Comments on Items Not on the Agenda  
None.

Agenda Item 24: Adjournment  
The meeting adjourned at 11:51 a.m.



## MEMORANDUM

<b>DATE</b>	October 2, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 3:</b> Board President Welcome and Report

Background:

The President of the Dental Board of California will provide a verbal report.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	October 2, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 4:</b> Report of the Department of Consumer Affairs (DCA) Staffing and Activities

Background:

The Department of Consumer Affairs has provided the enclosed written report.

Action Requested:

No action requested.

**Executive Office**

1625 North Market Blvd., Suite S-308, Sacramento, CA 95834  
P (916) 574-8200 F (916) 574-8613 | [www.dca.ca.gov](http://www.dca.ca.gov)



October 15, 2019

Karen Fischer  
Executive Officer  
Dental Board of California  
2005 Evergreen Street, Ste. 1550  
Sacramento, CA 95815

Executive Officer Fischer:

Thank you for this opportunity to submit a written update from the Department of Consumer Affairs (DCA) to the Dental Board of California. You will find below an update on recent Department activities:

**DEPARTMENT OF CONSUMER AFFAIRS DIRECTOR APPOINTMENT**

We are pleased to share that, on October 8, 2019, Governor Newsom announced his appointment of Kimberly Kirchmeyer as Director of Department of Consumer Affairs. Ms. Kirchmeyer enters her new role with a wealth of DCA experience. Ms. Kirchmeyer has served as Executive Director of the Medical Board of California since 2013, where she was deputy director from 2011 to 2013. She was deputy director of board and bureau relations at the Department of Consumer Affairs from 2009 to 2011 and deputy director at the Medical Board of California from 2005 to 2009, where she was a staff services manager from 2001 to 2005 and an associate governmental program analyst from 1999 to 2001. Ms. Kirchmeyer is also a member of the International Association of Medical Regulatory Authorities, Federation of State Medical Boards Committees, Administrators in Medicine, and the United States Medical Licensing Examination State Board Advisory Panel.

We look forward to Ms. Kirchmeyer's leadership and working with her to carry out her vision for the Department!

**EXECUTIVE TEAM UPDATE**

It is bittersweet to report the departure of some of our colleagues in the DCA executive team:

- Chief Deputy Director, Chris Shultz, has been appointed by Governor Newsom to serve as Chief Deputy Commissioner at the California Department of Business Oversight. Mr. Shultz's last day with the Department will be Friday, November 1, 2019.
- Assistant Deputy Director Karen Nelson has accepted a position as Chief Impact Officer with the American Leadership Forum – Mountain Valley Chapter. Ms. Nelson's last day with the Department will be Thursday, October 31, 2019.
- September 6, 2019, was Assistant Deputy Director Patrick Le's last day with the Department. Mr. Le accepted a position as a consultant with the Assembly Business and Professions Committee.



Mr. Shultz, Ms. Nelson, and Mr. Le have been integral members of DCA's executive staff and their contributions to the Department will be dearly missed. We wish them well in the next chapter of each of their careers.

As we undergo this transition, please know that the Office of Board and Bureau Services' priority remains providing the utmost customer service to our boards and bureaus.

### **NEW PUBLICATION – “DCA – WE'RE LISTENING”**

DCA's Communications Division has been working to find ways to improve the interactions of the public with DCA and our boards and bureaus; to help them understand how to bring to you their concerns, comments, accolades, and complaints as effectively as possible.

Toward that effort, the Communications Division created a simple, visual how-to guide for Californians who want to approach us.

It's called “DCA-We're Listening,” and it lays out everything the public needs to know about giving their feedback to DCA, our boards and bureaus. From public comment etiquette to meeting mechanics, this guide is the perfect primer for approaching the podium.

The guide is available in both brochure and poster form. The brochures work great at the welcome table for any public meeting, and anywhere else interested parties may see it. The poster will hang in DCA's two Sacramento hearing rooms, but additional copies are available for purchase, laminated with foam backing, to go in any room where you may hold a public meeting. If you would like more information, please contact the Communications Division.

### **FUTURE LEADERSHIP DEVELOPMENT PROGRAM**

The third cohort had its kick-off meeting on September 24, 2019. Eight individuals were selected to be a part of this year's cohort. We look forward to reporting on the cohort's progress throughout this eight-month leadership program.

Thank you again for your valued partnership. Please let us know if the Department can be of service to your board. If you have any questions, feel free to contact [Christopher.Castrillo@DCA.ca.gov](mailto:Christopher.Castrillo@DCA.ca.gov).

All the best,



Christopher Castrillo  
Deputy Director, Board and Bureau Services  
Department of Consumer Affairs



## MEMORANDUM

<b>DATE</b>	October 16, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Steve Long, Budget and Contract Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 5: Budget Report</b>

### **Background:**

The Board manages two separate funds: 1) the State Dentistry Fund, and 2) the State Dental Assisting Fund. The funds are not comingled. The following is intended to provide a summary of expenses from July 1, 2019 to August 31, 2019 of Fiscal Year (FY) 2019-20 for both funds.

### **A. State Dentistry Fund**

Summary of Expenditures from July 1, 2019 to August 31, 2019:

The Board's appropriation is consistent with the 2019-20 Current Year Revised Budget. The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in September 2019. This report reflects actual expenditures from July 1, 2019 to August 31, 2019. The Board spent roughly \$2.1 million or 14% of its total Dentistry Fund appropriation for FY 2019-20. Of that amount, approximately \$1 million of the expenditures were for Personnel Services and \$1.1 million were for Operating Expense & Equipment (OE&E) for this time period.

<b>Fund Title</b>	<b>Appropriation</b>	<b>Total Expenditures July 1, 2019-August 31, 2019</b>
Dentistry Fund	\$14,784,000	\$2,143,590

Expenditure Projection:

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

Analysis of Fund Condition:

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

**B. State Dental Assisting Fund**

Summary of Expenditures from July 1, 2019 to August 31, 2019:

The Board’s appropriation is consistent with the 2019-20 Current Year Revised Budget. The expenditures in this report are based upon the budget report released by the DCA in September 2019. This report reflects actual expenditures from July 1, 2019 to August 31, 2019. The Board spent roughly \$284,000 or 11% of its total Dental Assisting Fund appropriation for this time period. Of that amount, approximately \$131,000 of the expenditures were for Personnel Services and \$153,000 were for OE&E for this time period.

Fund Title	Appropriation	Total Expenditures July 1, 2019-August 31, 2019
Dental Assisting Fund	\$2,486,000	\$285,356

Expenditure Projection:

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

Analysis of Fund Condition:

**Attachment 2A** displays the State Dental Assisting Fund’s condition.

**Action Requested**

None.

**ATTACHMENT 1**

**DENTAL BOARD - FUND 0741  
BUDGET REPORT  
FY 2019-20 EXPENDITURE PROJECTION FM 2**

Based on 9/27 Activity Log

OBJECT DESCRIPTION	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20				
	ACTUAL	ACTUAL	ACTUAL	CY REVISED	CURRENT YEAR	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
	EXPENDITURES (Month 13)	EXPENDITURES (Month 13)	EXPENDITURES (Prelim FM12)	BUDGET 2019-20	EXPENDITURES (9/27 Activity Log)			
<b>PERSONNEL SERVICES</b>								
Salary & Wages (Staff)	3,508,370	3,973,427	4,066,554	5,114,000	617,554	12%	3,705,324	1,408,676
Temp Help	91,423	115,694	95,938	284,000	9,482	3%	113,784	170,216
Statutory Exempt (EO)	114,087	119,520	124,296	96,000	21,442	22%	128,652	(32,652)
Board Member Per Diem	19,800	14,500	16,400	105,000	1,900	2%	22,800	82,200
Overtime/Retirement Payout	14,859	12,839	147,705	25,000	42,057	168%	504,684	(479,684)
Staff Benefits	1,992,049	2,343,757	2,419,987	3,019,000	352,810	12%	2,148,000	871,000
<b>TOTALS, PERSONNEL SVC</b>	<b>5,740,588</b>	<b>6,579,737</b>	<b>6,870,880</b>	<b>8,643,000</b>	<b>1,045,245</b>	<b>12%</b>	<b>6,623,244</b>	<b>2,019,756</b>
<b>OPERATING EXPENSE AND EQUIPMENT</b>								
General Expense	106,010	137,574	155,124	86,000	21,919	25%	133,000	(47,000)
Printing	80,185	84,508	143,296	58,000	143,821	248%	156,000	(98,000)
Communication	29,473	32,672	33,602	39,000	2,803	7%	39,000	0
Postage	62,527	39,697	40,903	54,000	0	0%	54,000	0
Insurance	8,056	11,115	33,535	2,000	0	0%	2,000	0
Travel In State	153,609	133,870	54,291	110,000	4,628	4%	110,000	0
Travel, Out-of-State	263	1,922	0	0	0	0%	0	0
Training	6,594	4,216	3,472	7,000	557	8%	7,000	0
Facilities Operations	413,542	419,804	447,096	361,000	87,483	24%	361,000	0
C & P Services - Interdept.	7,886	12,835	5,693	23,000	0	0%	23,000	0
Attorney General	1,056,537	1,090,876	1,074,111	1,778,000	112,567	6%	1,778,000	0
Office of Administrative Hearings	227,114	284,403	298,970	407,000	0	0%	407,000	0
C & P Services - External	839,236	867,055	807,794	916,000	291,197	32%	916,000	0
DCA Pro Rata	1,949,563	2,167,414	2,330,000	2,448,000	408,000	17%	2,448,000	0
DOI - Investigations	0	0	0	0	0	0%	0	0
Interagency Services	0	0	18,654	1,000	0	0%	1,000	0
IA w/ OPES	61,551	0	50,798	0	0	0%	0	0
Consolidated Data Center	32,856	19,362	14,494	21,000	1,362	6%	22,000	(1,000)
Information Technology	21,802	12,211	4,018	31,000	7,989	26%	31,000	0
Equipment	3,699	49,949	34,011	61,000	8,318	14%	61,000	0
Other Items of Expense	7,707	12,154	7,252	0	2,640	0%	10,000	(10,000)
Vehicle Operations	51,529	48,556	48,816	5,000	5,061	101%	10,000	(5,000)
<b>TOTALS, OE&amp;E</b>	<b>5,726,933</b>	<b>5,430,193</b>	<b>5,605,930</b>	<b>6,408,000</b>	<b>1,098,345</b>	<b>17%</b>	<b>6,569,000</b>	<b>(161,000)</b>
<b>TOTAL EXPENSE</b>	<b>11,467,521</b>	<b>12,009,930</b>	<b>12,476,810</b>	<b>15,051,000</b>	<b>2,143,590</b>	<b>14%</b>	<b>13,192,244</b>	<b>1,858,756</b>
Sched. Reimb. - Fingerprints	(15,365)	(16,366)	(15,541)	(53,000)	(3,087)	6%	(53,000)	0
Sched. Reimb. - Other	(8,000)	(7,756)	(5,875)	(214,000)	0	0%	(214,000)	0
Unsched. Reimb. - Other	(503,376)	(599,852)	(539,503)	0	(219,693)	0%	0	0
<b>NET APPROPRIATION</b>	<b>10,940,780</b>	<b>11,385,956</b>	<b>11,915,891</b>	<b>14,784,000</b>	<b>1,920,810</b>	<b>13%</b>	<b>12,925,244</b>	<b>1,858,756</b>
<b>SURPLUS/(DEFICIT):</b>								<b>12.6%</b>

ATTACHMENT 1A

**0741 - State Dentistry Fund  
Analysis of Fund Condition**

Prepared 9.25.2019

(Dollars in Thousands)

**2019-20 Budget Act**

	PY 2018-19*	Budget Act CY 2019-20	BY 2020-21
<b>BEGINNING BALANCE</b>	\$ 5,106	\$ 5,964	\$ 5,817
Prior Year Adjustment	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 5,106	\$ 5,964	\$ 5,817
 <b>REVENUES AND TRANSFERS</b>			
Revenues:			
4121200 Delinquent fees	\$ 200	\$ 170	\$ 170
4127400 Renewal fees	\$ 12,993	\$ 13,082	\$ 13,082
4129200 Other regulatory fees	\$ 157	\$ 117	\$ 117
4129400 Other regulatory licenses and permits	\$ 2,410	\$ 2,287	\$ 2,287
4143500 Miscellaneous services to the public	\$ 37	\$ 47	\$ 47
4163000 Income from surplus money investments	\$ 161	\$ 83	\$ 77
4171400 Escheat of unclaimed checks and warrants	\$ 10	\$ 4	\$ 4
4172500 Miscellaneous revenues	\$ 8	\$ 5	\$ 5
Total Revenues	\$ 15,976	\$ 15,795	\$ 15,789
 Total Revenues, Transfers, and Other Adjustments	\$ 15,976	\$ 15,795	\$ 15,789
 Total Resources	\$ 21,082	\$ 21,759	\$ 21,606
 <b>EXPENDITURES</b>			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 14,142	\$ 14,784	\$ 15,228
8880 Financial Information System of California (State Operations)	\$ 1	\$ -2	\$ -2
9892 Supplemental Pension Payments (State Operations)	\$ 161	\$ 318	\$ 318
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 814	\$ 842	\$ 842
Total Expenditures and Expenditure Adjustments	\$ 15,118	\$ 15,942	\$ 16,386
 <b>FUND BALANCE</b>			
Reserve for economic uncertainties	\$ 5,964	\$ 5,817	\$ 5,220
 <b>Months in Reserve</b>	4.5	4.3	3.7

Notes: \* PY 2018-19 includes Prelim FM 12 actuals

ATTACHMENT 2

**DENTAL ASSISTING PROGRAM - FUND 3142**  
**BUDGET REPORT**  
**FY 2019-20 EXPENDITURE PROJECTION FM 12**

Based on 9/27 Activity Log

OBJECT DESCRIPTION	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20				
	ACTUAL	ACTUAL	ACTUAL	CY REVISED	CURRENT YEAR	PERCENT	PROJECTIONS	UNENCUMBERED
	EXPENDITURES	EXPENDITURES	EXPENDITURES	BUDGET	EXPENDITURES			
	(MONTH 13)	(MONTH 13)	(Prelim FM12)	2019-20	(9/27 Activity Log)	SPENT	TO YEAR END	BALANCE
Salary & Wages (Staff)	404,432	429,537	389,649	667,000	78,598	12%	471,588	195,412
Temp Help	33,448	38,903	80,613	0	0	0%	81,000	(81,000)
Board Member Per Diem	2,600	600	1,400	0	0	0%	2,000	(2,000)
Overtime/Retirement Payout	12,255	9,508	1,912	0	0	0%	4,000	(4,000)
Staff Benefits	292,318	311,350	328,075	429,000	53,316	12%	375,000	54,000
<b>TOTALS, PERSONNEL SVC</b>	<b>745,053</b>	<b>789,898</b>	<b>801,648</b>	<b>1,096,000</b>	<b>131,914</b>	<b>12%</b>	<b>933,588</b>	<b>162,412</b>
<b>OPERATING EXPENSE AND EQUIPMENT</b>								
General Expense	9,015	9,198	2,541	34,000	0	0%	9,000	25,000
Printing	3,893	60	0	19,000	0	0%	100	18,900
Communication	0	0	602	8,000	0	0%	1,000	7,000
Postage	0	1	1	17,000	0	0%	100	16,900
Insurance	11	3,274	3,866	0	0	0%	4,000	(4,000)
Travel In State	36,037	14,975	17,428	46,000	1,594	3%	23,000	23,000
Travel, Out-of-State	0	0	0	0	0	0%	0	0
Training	36	0	0	4,000	0	0%	0	4,000
Facilities Operations	45,737	72,335	108,418	63,000	0	0%	112,000	(49,000)
Utilities	0	0	0	1,000	0	0%	0	1,000
C & P Services - Interdept.	0	0	47	128,000	0	0%	500	127,500
Attorney General	137,406	144,981	108,493	173,000	1,687	1%	118,000	55,000
Office of Administrative Hearings	0	0	0	3,000	0	0%	0	3,000
C & P Services - External	268,372	151,925	169,401	184,000	41,994	23%	160,000	24,000
DCA Pro Rata	813,569	745,694	729,000	649,000	108,167	17%	649,000	0
Interagency Services	0	0	2,883	73,000	0	0%	4,000	69,000
IA w/ OPES	39,728	64,415	38,552	0	0	0%	38,552	(38,552)
Consolidated Data Center	0	0	0	3,000	0	0%	0	3,000
Information Technology	0	0	0	1,000	0	0%	0	1,000
Equipment	0	0	2,732	0	0	0%	4,000	(4,000)
Other Items of Expense	0	0	7,840	0	0	0%	9,000	(9,000)
Vehicle Operations	0	0	0	0	0	0%	0	0
<b>TOTALS, OE&amp;E</b>	<b>1,353,804</b>	<b>1,206,858</b>	<b>1,191,804</b>	<b>1,406,000</b>	<b>153,442</b>	<b>11%</b>	<b>1,132,252</b>	<b>273,748</b>
<b>TOTAL EXPENSE</b>	<b>2,098,857</b>	<b>1,996,756</b>	<b>1,993,452</b>	<b>2,502,000</b>	<b>285,356</b>	<b>11%</b>	<b>2,065,840</b>	<b>436,160</b>
Sched. Reimb. - Fingerprints	(1,323)	(622)	(296)	(13,000)	(296)	2%	(13,000)	0
Sched. Reimb. - Other	(705)	0	(470)	(3,000)	(470)	16%	(3,000)	0
Unsched. Reimb. - Other	0	0	0	0	0	0%	0	0
<b>NET APPROPRIATION</b>	<b>2,096,829</b>	<b>1,996,134</b>	<b>1,992,686</b>	<b>2,486,000</b>	<b>284,590</b>	<b>11%</b>	<b>2,049,840</b>	<b>436,160</b>
<b>SURPLUS/(DEFICIT):</b>								<b>17.5%</b>

ATTACHMENT 2A



# 3142 - State Dental Assistant Fund

## Analysis of Fund Condition

Prepared 9.25.19

(Dollars in Thousands)

### 2019-20 Budget Act

	PY 2018-19*	Budget Act CY 2019-20	BY 2020-21
<b>BEGINNING BALANCE</b>	\$ 1,860	\$ 1,638	\$ 1,518
Prior Year Adjustment	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 1,860	\$ 1,638	\$ 1,518
<b>REVENUES AND TRANSFERS</b>			
Revenues:			
4121200 Delinquent fees	\$ 96	\$ 88	\$ 88
4127400 Renewal fees	\$ 1,832	\$ 1,827	\$ 1,827
4129200 Other regulatory fees	\$ 36	\$ 26	\$ 26
4129400 Other regulatory licenses and permits	\$ 511	\$ 547	\$ 547
4143500 Miscellaneous services to the public	\$ 43	\$ 43	\$ 43
4163000 Income from surplus money investments	\$ 32	\$ 12	\$ 12
4171400 Escheat of unclaimed checks and warrants	\$ 2	\$ 2	\$ 2
4172500 Miscellaneous revenues	\$ 2	\$ 2	\$ 2
Total Revenues	\$ 2,554	\$ 2,547	\$ 2,547
Total Revenues, Transfers, and Other Adjustments	\$ 2,554	\$ 2,547	\$ 2,547
Total Resources	\$ 4,414	\$ 4,185	\$ 4,065
<b>EXPENDITURES</b>			
Disbursements:			
1111 Department of Consumer Affairs Program Expenditures (State Operations)	\$ 2,557	\$ 2,486	\$ 2,561
8880 Financial Information System for California (State Operations)	\$ -	\$ -	\$ -
9892 Supplemental Pension Payments (State Operations)	\$ 17	\$ 33	\$ 33
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 202	\$ 148	\$ 148
Total Expenditures and Expenditure Adjustments	\$ 2,776	\$ 2,667	\$ 2,742
<b>FUND BALANCE</b>			
Reserve for economic uncertainties	\$ 1,638	\$ 1,518	\$ 1,323
<b>Months in Reserve</b>	7.4	6.6	5.6

Notes: \* PY 2018-19 includes Prelim FM 12 actuals



**DENTAL BOARD OF CALIFORNIA  
DENTAL ASSISTING COUNCIL MEETING AGENDA**

**Thursday, November 14, 2019**

Sacramento Marriott Rancho Cordova

11211 Point East Drive

Rancho Cordova, CA, 95742

(916) 638-1100 (Hotel) or (916) 263-2300 or (877) 729-7789 (Board Office)

**Members of the Dental Assisting Council:**

Rosalinda Olague, RDA, Vice Chair

Anne Contreras, RDA,  
Cindy Ovard, RDA  
Melinda Cazares, 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/>.

1. Call to Order/Roll Call/Establishment of a Quorum
2. Introduction of New Dental Assisting Council Members **[38]**
3. Approval of the July 26, 2019 and August 15, 2019, Dental Assisting Council Meeting Minutes **[39-66]**
4. Update on New Dental Assisting Program and Course Applications **[67-39]**
5. Update on RDA Program Re-Evaluations and Overview of Re-Evaluation Process **[70-74]**



6. Update on Dental Assisting Examination Statistics **[75-109]**
  - a. Registered Dental Assistant (RDA) General Written and Law and Ethics Examination
  - b. Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations
  - c. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
  - d. Orthodontic Assistant (OA) Written Examination
  - e. Dental Sedation Assistant (DSA) Written Examination
7. Presentation by Office of Professional Examination Services Regarding the Registered Dental Assistant General and Law and Ethics Combined Written Examination Passing Scores **[110]**
8. Update on Dental Assisting Licensing Statistics **[111-118]**
  - a. Registered Dental Assistant (RDA)
  - b. Registered Dental Assistant in Extended Functions (RDAEF)
  - c. Orthodontic Assistant (OA)
  - d. Dental Sedation Assistant (DSA)
9. Election of Dental Assisting Council Chair and Vice Chair **[119]**
10. Discussion and Possible Action Regarding the Dental Assisting Comprehensive Rulemaking Proposal **[120-281]**
11. 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)).
12. Future Agenda Items  
Stakeholders are encouraged to propose items for possible consideration by the Council at a future meeting.
13. 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)).
14. Adjournment



# MEMORANDUM

<b>DATE</b>	October 4, 2019
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>DAC Agenda Item 2:</b> Introduction of New Dental Assisting Council Members

**Background:**

The Dental Assisting Council (Council) considers all matters relating to dental assistants in California and makes appropriate recommendations to the Dental Board of California (Board) and the standing Committees of the Board. The Council meets quarterly in conjunction with the Board meetings and at other times as deemed necessary. The Council is composed of the Registered Dental Assistant (RDA) member of the Board, another member of the Board, two members who are employed as faculty members of a RDA educational program approved by the Board, and three members, one of which shall be a registered dental assistant in extended functions (RDAEF), who shall be employed clinically in private dental practice or public safety net or dental health care clinics. Council members are appointed by the Board and serve at the Board’s pleasure.

The Council had a vacancy for a RDA employed clinically in private dental practice or public safety net or dental health care clinics. At the August 2019 Board meeting Melinda Cazares was appointed to fill this vacancy. She will join the following members on the Council:

**Faculty:**

Anne Contreras, RDA  
 Cindy Friel Ovard, RDA

**Clinical:**

Melinda Cazares, RDA  
 Pamela Peacock, RDA

**Board Representative:**

Rosalinda Olague, RDA  
 Bruce Whitcher, DDS

**Action Requested:**

No action requested.

**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 MINUTES**

**Friday, July 26, 2019**  
 2005 Evergreen Street  
 1<sup>st</sup> Floor Hearing Room  
 Sacramento, CA 95815  
 916-263-2300 or 877-729-7789

**Members Present:**

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

Anne Contreras, RDA  
 Cindy Ovard, RDA  
 Bruce Whitcher, DDS

**Staff Present:**

Sarah Wallace, Assistant Executive Officer  
 Tina Vallery, Dental Assisting Manager  
 Gabriel Nevin, Associate Governmental Program Analyst  
 Michael Kanotz, Legal Counsel

Webcast Available Online at: <https://youtu.be/0YGUL7grzo>

**FRIDAY JULY 26, 2019**

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

The meeting was called to order by Councilmember Ovard at 9:30 a.m. Sarah Wallace, Board Assistant Executive Officer, called the roll and a quorum was established.

**Agenda Item 2: Approval of February 7, 2019 Dental Assisting Council Meeting Minutes**

M/S/C (Whitcher/Ovard) to approve the minutes with no changes. There was no public comment.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				

Whitcher	✓				
Vacant					

The motion passed, and the minutes are approved with no changes.

**Agenda Item 3: Discussion and Possible Action Regarding Initiation of Rulemaking to Amend California Code of Regulations, Title 16, Division 10, Chapter 3 Relating to the Dental Assisting Comprehensive Rulemaking Proposal.**

Sarah Wallace, Dental Board Assistant Executive Officer gave a brief background of the proposed comprehensive rulemaking for Dental Assisting. The proposed rulemaking is based on workshops and public input beginning almost a decade ago. The proposed rulemaking is a first draft of this comprehensive regulatory framework. The Council then considered each section in the proposed rulemaking in turn.

**Section 1067:**

Councilmember Contreras questioned whether a Registered Dental Hygienist (RDH) licensee may perform Registered Dental Assistant (RDA) licensee activities without RDA license.

Sarah Wallace specified that the RDH licensee activities are defined in statute and not yet incorporated into this regulation. Furthermore, the Hygiene Committee is in the middle of their rulemaking process, and they don't want anything changed because they are relying on sections in the Dental Board regulations.

Lori Gagliardi, FADE Questioned the language at 1067(c) because it does not appear in other parts of the practice act.

Dr. Whitcher explained that the language appears in the stand-alone duty table document. Dr. Whitcher stated that the Council needed to decide if the duty statement would remain a stand-alone document or if it should be incorporated by reference.

Melodi Randolph, Sacramento City College pointed out that the proposed language at (h) was prescriptive to the type of materials currently used (it mentions a rubber cup), that this does not match the duty table and that it limits the techniques available. Ms. Randolph suggested removing the reference to specific materials.

M/S/C (Whitcher/Olague) Staff to review the allowed duty table and make sure there is consistency in definitions. There was no public comment.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	

Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff will review the allowed duty tables to ensure consistency of definitions.

**Section 1068:** No Comment

**Section 1069:**

Sarah Wallace explained that staff proposes deleting the current section 1069 because the statute authorizing it is no longer operative.

**M/S/C (Whitcher/Ovard) Board staff to delete Section 1069. No Public Comment**

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff will delete section 1069.

**Section 1070:**

Sarah Wallace explained that section 1070 was deleted entirely and the new proposed text incorporates comments and attempts to incorporate all the requirements for all the educational programs and courses in an organized and easily digestible format.

Chair Rodriguez noticed a discrepancy in the required hours of instruction in teaching methodology in 1070(d) specifically that the teaching methodology course hours required are different for different for directors and instructors.

Councilmember Ovard at page 8, line 30, questioned where the requirement for 6 hours came from.

Councilmember Contreras asked for a consistent 30 hours and pointed out that the differing requirements are confusing.

Public Comment from Joan Greenfield, EF Advisors, who stated that 30 hours for programs for faculty in RDA programs was meant to bring the requirements for RDA faculty in line with the requirements for being a teacher at a community college. The 2-3 hours for a stand-alone course teacher was meant to facilitate the necessary teaching methodology for courses that were primarily about assessing the technical proficiency of the student and less education methodology was necessary. The 6-hour requirement for Extended Functions instructors was increased from the stand-alone requirements to acknowledge the more complicated nature of the Extended Functions instruction.

Lori Gagliardi commented that at page 5, line 36 and page 7, line 29 the language describing the necessary Basic Life Saving (BLS) class requirements is not consistent; requested that the language from page 7, line 29 be used throughout. Ms. Gagliardi also requested that the page 5, line 36, additional requirements for AED intervals not exceed 2 years.

Dr. Witcher requested that the BLS language be made consistent across the document.

Ms. Greenfield further pointed out that the inconsistent 30-hour requirement for extended functions programs language appears at page 10, line 21.

Cara Miyasaki, Foothill College, requested that the language at page 5, line 36 requirement to have BLS certification prior to student enrollment is problematic because the schools provide the BLS certification. Request that the BLS certification can be concurrent to enrollment or obtained later in the year.

Dr. Witcher pointed out that there is another provision which allows enrollment if the BLS is completed before the clinical component of instruction, and this would be a reasonable compromise.

**Section 1070(b):**

No Board Comment.

Ms. Randolph requested addition of “in writing” at page 4, line 31; at page 6, line 18 questioned whether the requirement to notify the Board of an increase in course enrollment is necessary because there is a requirement to not exceed a student teacher ratio of 1:6; at page 4, line 25 requested consistency in the language “or deemed equivalent thereto by the Board”.

Councilmember Ovard stated that the increase was understood to be an increase in the total capacity of the course.

Sarah Wallace indicated that staff can research the effect of the requirement.

Councilmember Ovard asked to review and make consistent the requirements for notification of faculty changes at page 4, line 17.

**Section 1070(c):**

Councilmember Ovard at page 7, line 2 questioned what the recourse of the Board is if the requirement to notify the Board of a school’s discontinuance or closure is violated. Is it necessary since the Board is not empowered to do anything because of this

provision? How does a discontinued school give records of the student's completion after it closes to meet the certification requirements?

Sarah Wallace explained that the Board has been able to meet with the Bureau for Private Postsecondary Education to obtain student transcripts from defunct institutions.

### **Section 1070 (d):**

Sarah Wallace noted that there is a question from staff about whether the Dental Sedation Assistant (DSA) permit holder or the Orthodontic Assistant (OA) permit holder should be counted towards the faculty and if so under what circumstances.

Councilmember Olague would like to include the DSA and OA because they are the subject of the section and it would be incongruous to not include them here.

Dr. Witcher commented out that the DSA and OA do not have an overlapping background with an RDA and therefore it does not make sense to include them, would like to see language such that you can teach things within your scope of licensed practice.

Councilmember Olague pointed out that the OA requirements do not include maintaining a license in the field for at least two years before teaching and this would make the two years of licensure a requirement

Sarah Wallace commented that the lack of a two-year prior licensure requirement for OAs and DSA was because at the time the regulation was passed there were no OAs or DSAs and therefore a two-year requirement would have limited the pool of viable instructors to zero. However, now that these license categories have existed for nearly 10 years staff can evaluate whether to include that as a requirement.

Councilmember Olague questioned why in light of the attempts to implement Commission on Dental Accreditation (CODA) standards, would the Board require that applicants possess a California license. The purpose of CODA is allowing for increased mobility of qualifying professionals.

Sarah Wallace explained that California RDA licensure has additional components that are not met by a CODA program. Therefore, a CODA approved school is not necessarily a California approved RDA program. Therefore, the standard in most states is that the prospective teacher must have been a licensee in the state that they wish to teach even if they completed a CODA approved program.

Claudia Pohl, CDAAN (SP?) commented that at page 7, line 13, the word "instruction" is missing after the word 'clinical'; age 8, line 9 there is a change from two years to six months for completing a 30-hour education methodology course. Ms. Pohl requested that the two-year window be changed back to 6 months making it consistent with the EF requirements

Dr. Whitcher preferred to hear from the programs themselves on this issue because the course cycle may not allow for the 30-hour requirement to be met in 6 months. Dr Whitcher felt that the two-year time limit is reasonable.

Councilmember Olague believed that the two-year window is too long and that instructors should have studied the materials recently, and the requirement has not significantly limited the pool of instructors.

Dr. Whitcher stated that so long as the students are not hampered by the timeframe he is not set on any particular length, he just wants to be certain that the requirement is not unduly burdensome.

Staff to research the question of whether the 6-month requirement is too limiting to the potential pool of instructors, class sizes. Councilmember Olague suggested the addition of the word 'or'.

Ms. Greenfield commented that the current regime requires an instructor to hold licensure for two years prior to beginning instruction, however that requirement says nothing about what is going on during those two years, i.e. it does not require that someone be practicing the skills that they would be teaching after the two years pass and they can teach; it does not even require that a would-be teacher work in dentistry during that time. The idea behind the section is to not have people teaching who are not proficient in the skills that they will be teaching; but the language does not actually address the desired proficiency. Either remove the two years or add a requirement that during the two years involve validated experience performing the skills that will be taught.

Councilmember Olague pointed out that current regulations require teachers to be within their specialty and specifically at page 8, line 27 language requires teachers to “demonstrate expertise in each subject area for which they are teaching”.

Ms. Pohl commented that the language limiting licensees from teaching in programs that they are licensed in may be unduly limiting regarding RDH licensees. Because RDH licensees' requirements overlap to such a degree with RDA licensees that they are meant to be able to teach in RDA programs, and this unnecessarily limits the pool of possible instructors.

Sarah Wallace stated that her understanding was that the point of this provision was to limit the pool of applicants because the Board did not want instructors teaching in programs which they were unlicensed. Furthermore, the definitions in the regulation are not update with the statute, therefore the regulation definitions are no longer valid.

Councilmember Olague asked whether this change was related to the changes in the practice act which happened in 2006.



Ms. Greenfield stated that the Dental Hygienist Programs are against changing this because RDH programs do not want to have to meet the same standards as the RDA programs.

Ms. Miyasaki testified that in her program at least half of her staff are Dental Hygienists because they work part time. It is very difficult to find an RDA who does not work full time, which would limit her faculty pool.

Ms. Randolph testified that the 6-month period to complete the 30-hours instruction in teaching methodology is sufficient and not unduly burdensome. Also, at page 7, line 25, the wording "immediately preceding" makes this requirement seem like it must be recompleted before every course. At page 7, line 22, added requirement to demonstrate expertise in the subject matter prior to teaching courses; however, it is unclear how such expertise would be demonstrated. Would like clarification on the reasoning and procedure for this requirement.

Sarah Wallace directed staff to research the question of the procedure for demonstrating that the expertise in a given subject matter as requirement by proposed section 1070(d)(1)(B).

Ms. Pohl: Page 8, line 8 Language is missing which is present in similar sections regarding waiving the 30-hour teaching methodology in clinical instruction requirement for applicants with a RYAN credential or a degree in education. Sarah Wallace directed staff to review these sections and add the missing language for consistency.

**Section 1070(e):**

Councilmember Ovard pointed out on page 9 line 13 there is an omission of the word clinical in "clinical course" which appears in other similar sections.

Councilmember Contreras at page 9, line 5-7 questioned whether OAs and DSAs should be added to the list of required licensures for consistency

Councilmember Ovard questioned at page 9, line 27 whether the records retention requirement has always been 5 years or if it is or has been 7 years. Staff to research.

**Section 1070(f):**

Sarah Wallace page 10, line 21-22, staff to check for consistency

Councilmember Ovard at page 10, line 40-44 check for consistency with other provisions

Ms. Miyasaki, page 11, line 12 addressing the documentation for continuing education professional development to be maintained by the director of the educational program; this is overly burdensome. Chair Rodriguez concurs, Ovard seconds.

**Section 1070(g):**

Councilmember Ovard questioned if the intention was to remove the language from general provisions regarding the number of instruments. Sarah Wallace confirms that these changes are only for general provisions not otherwise specifically enumerated.

Ms. Randolph commented at page 11, line 17 that regarding the language stating “all laboratory and pre-clinical instruction shall be held at the facility”; it is more important that the instruction be done by a faculty member than where the instruction is received. Would like to see the location restriction removed and the addition of a requirement that the instruction be given by approved faculty members. Chair Rodriguez asked for clarification about what would be supervised in the dental office, and whether courses could be taught in the office. Dr. Witcher explained that this was an attempt at compromise, the program director is supposed to meet with the extramural facility supervisor and go over the requirements for grading and methodology. Dr. Witcher pointed out that there has never been a faculty supervision requirement for the extramural facility instruction component, and this could be unduly burdensome.

Chair Rodriguez asked for clarification of what clinically will be done in the extramural facility which will be supervised by the staff of the extramural facility?

Stakeholders pointed out that this is really two separate issues. Can stand-alone course be taught in an office, and there are programs that allow students to go to an extramural facility and perform procedures like x-rays that the faculty at the program then evaluate, however this provision requiring that instruction occur at the program facility would prevent this. Miyasaki pointed out that in CODA approved programs the students are required to complete clinical competencies in the program’s facilities by the program’s instructors. CODA program’s instructors generally feel that allowing the extramural “approved staff” to certify clinical competency is a double standard since they do not have the 30 hours teaching methodology standard.

Susy Dault commented that in the case of an extramural office where the clinicians impact the student’s grades; the program reviews the grading methodology with clinician, but the clinician’s input is not the only data that is determinative of the student’s grade. Students must pass a final test with the program’s staff after completing the extramural component of instruction.

Councilmember Ovard question whether 1070 includes OA and DSA courses. Sarah Wallace confirmed that they are.

Sarah Wallace directed staff to review this language.

**Section 1070(h) No Comments****Section 1070(i):**

Councilmember Ovard asked about the language at page 12, line 40 “curriculum shall include remediation procedures”. Sarah Wallace confirmed that this is now required. Dr Whitcher commented that this is required by CODA and is a good idea. Remediation is an important and often overlooked part of education. Ovard agreed.

Ms. Pohl asked about page 12, line 35 whether Infection Control should be added to the list. The section talks about the BLS requirement but leaves out some of the other requirements that appear in similar sections elsewhere. Sarah Wallace directed staff to review this language for consistency

**Section 1070(j): No Comments**

**Section 1070(k):**

No Council comments.

Ms. Miyasaki asked about the requirement, at page 14, line 41, to maintain a health history documentation in all student records. Does this mean that students would need to transport medical records with them from the extern offices back to the program? This is concerning because it seems to mandate an otherwise unnecessary transfer or confidential health information.

Ms. Miyasaki page 15, line 3: Should the language excepting persons from the laws against unlicensed practice of dentistry be more restrictive and include language about the scope of practice? Sarah Wallace Clarified that this would be limited to scope of practice as a general provision.

Ms. Randolph 1070(k)(2) “qualified staff” should be “qualified course faculty”. Staff is not defined, staff do not have to meet the 30-hour teaching methodology requirement. 1070(k)(3) requires a before and after evaluation of students. This conflicts with CODA Standard 2-28 which requires evaluation “during” clinical instruction.

Councilmember Ovard commented that at 1070(k)(6) language allowing exemption from laws against unauthorized practice of dentistry for students is very important because there have been clinics who refused to allow students to perform unlicensed activities which defeats the purpose of having the students in the clinician’s office. So this is an excellent provision to have in writing.

Ms. Pohl commented that at page 14, line 15 “clinical proficiency” should be changed to “minimal competency”. Ms. Randolph concurs with this; there is a big difference between proficiency and competency.

Ms. Randolph also asked that at page 14, line 41, does this require that every single x-ray performed by a student would need to have the patient sign an informed consent and fill out a health history form which would then have to be transported back to the

program and stored as a confidential patient record? This is an unduly burdensome requirement for patients, students and programs.

**Section 1070(l):**

Councilmember Ovard commented that at page 15, line 20 Requiring rubrics and competency evaluations is a large burden for Non-Coda programs. Is this a move to align with CODA and is a huge undertaking for DBC approved Non-CODA programs?

Dr. Whitcher commented that requiring a summary of the competency requirements scoring form and the scores achieved by students would be more practical than requiring the programs to maintain copies of all of the actual rubrics used for each student.

Councilmember Ovard pointed out that the CODA requirements do expect schools to keep the complete records and the complete rubrics with scoring, so if this is aimed at bringing the requirements for DBC approved programs in line with the CODA requirements, then that is what this provision would require.

Councilmember Ovard questioned whether in the language at 1070(l)(3) “evidence of faculty calibration meetings, faculty credentials, licenses and certificates” the evidence of faculty calibration meeting is the same as the department meeting. The document used to require quarterly department meetings with faculty, but this provision for faculty calibration meeting appears to have taken its place. Is it the same thing? Chair Rodriguez believes that this is different.

Sarah Wallace stated that staff can add the ‘department meetings’ to the list of required documentation and develop the frequency

Ms. Miyasaki commented that as a CODA approved program her program is required to submit sample written examinations without the key. They don't keep graded ones, they just keep records that the students were evaluated on the rubrics. There is also language about department meetings in CODA standards, but her school does faculty calibration during department meetings. Section 1070(l)(4), line 25, talks about advisory board meetings and a requirement for saving sign in sheets, but this requirement could be met by allowing the attendance to be recorded in the meeting minutes and not require the burden of collecting and storing meeting sign-in sheets.

Ms. Randolph confirmed that CODA approved programs only have to submit samples and not comprehensive records of student scores. Requiring comprehensive record keeping would put an undue burden on the programs to have to store these voluminous materials. Also asked whether these record keeping requirements would be met by electronic records or if they must keep paper copies.

Sarah Wallace requested that staff research whether electronic records satisfy the record keeping requirements.

**Section 1070(m):**

Ms. Miyasaki asked that Coronal Polish and Pit and Fissure Sealant be added to the list of specifically referenced competencies at 1070(m)(1)(A).

Ms. Randolph asked about the use of “jurisprudence” at Section 1070(m)(1)(A).

Sarah Wallace explained that the use of “jurisprudence” throughout the proposed language related to continuing education was going to be changed to the “Dental Practice Act”.

**Section 1070(n):**

Ms. Randolph commented that this is strange location for this section and it would make more sense for it to be moved to 1070(c).

**M/S/C (Rodriguez/Contreras)** moved to ask staff to review and standardize the hours requirements for teaching methodology for all courses; review and standardize the language describing the Basic Life Saving class requirements; add the requirement that provisional approval discussed in 1070(a)(5) shall be in writing; review and standardize language 1070(a)(4) requiring programs and course be established at the postsecondary level or deemed equivalent thereto; review and standardize the requirements for notification of faculty changes; Staff to research the question of whether the 6 month requirement is too limiting to the potential pool of instructors, class sizes; Staff to research the effect of allowing or not allowing RDH licensees to teach in RDA programs; staff to research the question of the procedure for demonstrating that the expertise in a given subject matter as requirement by proposed section 1070(d)(1)(B); Staff to review 1070(d)(2)(D) and other sections regarding the 30 hour teaching methodology in clinical instruction and a waiver for people with other equivalent credentials or degrees in teaching methodology and make these sections consistent throughout the document; at 1070(e)(1)(A) staff to add OA licenses and DSA licenses to the listing of licenses in the section; at 1070(e)(2)(C) staff to research whether 5 year record retention requirement complies with existing law which the Council believe may be 7 years; staff to review 1070(f)(1)(D) and 1070(f)(2)(D) for consistency with similar provisions; Staff to remove the requirement at 1070(f)(2)(G) that program directors maintain documentation pertaining to completed coursework and continuing professional and educational requirements; staff to review the language at 1070(g) for reasonableness of fulfilling requirements; Staff to review the requirements at 1070(i)(2) and similar sections to ensure consistency in provisions; Staff to research the impact of 1070(k)(5), and whether this would require collection, transport and storage of confidential health information for every single patient who a student performs clinical functions for during an externship; Staff to review the entire document for use of “proficiency” and standardize a way to change this to “minimum competency”; Staff to add department meetings to the list of required activities and required documentation at Section 1070(l)(3), staff will also research these meetings to establish a reasonable frequency to require these meetings; staff research whether electronic records satisfy the record keeping requirements of Section 1070(l);

staff to review the use of “jurisprudence” throughout the proposed language and replace it with “Dental Practice Act”.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to make appropriate changes.

**Section 1070.1:**

Councilmember Ovard asked to clarify that at 1070.1(d) the proposal is moving away from 14 to 12 (students to teacher ratio) in pre-clinical instruction? Also asked about the consistency of the use of “simulated clinical instruction”

Sarah Wallace pointed out that this is existing language.

Councilmember Ovard asked to clarify that simulated clinical instruction has a two to one ratio whereas pre-clinical instruction has a 1 to 6 ratio and Laboratory instruction has a 12 to 1 ratio. Sarah Wallace confirmed.

Chair Rodriguez commented that this ratio would be start large and build to a smaller ratio in the order presented.

Councilmember Ovard commented that it would be logical to reorder these sections.

Sarah Wallace explained that the organization was alphabetical in compliance with OAL procedures and not a reflection of the order that the various instruction components would be received.

Ms. Gagliardi FADE, at page 20, line 40, commented that the extramural dental facility actually means two things (CODA has attempted to address this issue as well) you have one meeting which is like an extended campus/laboratory/clinical facility which is still within the program and they may need to go outside the program to get whatever pre-clinical laboratory experience is required. Then there is the other definition once they have completed all those competencies and now they are at their clinical externship site (after they have finished all the other things). So, it is almost two different things meshed into one definition. And further down the line you’ll have the clinical instruction which actually occurs at the clinical externship site, and also comes with different rule. Suggested that under subsection (c) there could be an (A) and (B). A would define the extended campus laboratory clinical facility and B would be the actual clinical externship.

Chair Rodriguez pointed out that the section referenced by Ms. Gagliardi is existing language and was not properly before the Council for this meeting

Sarah Wallace explained that some existing language was within the scope of the meeting

Chair Rodriguez requested that the Council and members of the public to limit comments to the proposed language, but Sarah Wallace pointed out that some of the existing language was within the scope of the meeting and therefore a blanket restriction was probably inappropriate.

Ms. Randolph commented that at 1070.1(c), line 41, “dental assisting educational program” should be “dental assisting educational program or course”.

Ms. Pohl commented that during the workshops there were definitions for “post-secondary education” and “curriculum” that are no longer in the document. At page 21, lines 1-10 giving definitions for “Laboratory Instruction” and “Pre-Clinical Instruction” there is an over use of the word “simulation” which is confusing and should be clarified.

**Section 1070.2:**

**Section 1070.2(a):** No Comments

**Section 1070.2(b):** No Comments

**Section 1070.2(c):** No Comments

**Section 1070.2(d):** No Comments

**Section 1070.2(d):** Duplicate, need to renumber section

Ms. Gagliardi commented that as it relates to program directors are times when larger corporations which multiple dental assisting programs and they will hire one program director who oversees 3-4 different sites. Would like this changed to read the program director must have full time commitment on site to the institution, shall not have full time instruction or administrator responsibilities. Would like “sufficient time” to be a be changed to “assigned time to allow administrator responsibilities”

**Section 1070.2(e):** No Comment

**Section 1070.2(f):** No Council Comments

Ms. Randolph commented that the hour requirement in section 1070.2(f)(1) creates an issue by not specifying the number of hours required for an externship. 1070.2(f)(2) puts a cap on the number of hours given to clerical, administrative, and dental practice management specific curriculum, however the list of topics in those courses cannot be reasonably covered in the 20-hour cap.

Ms. Gagliardi commented that at 1070.2(f)(1) the extramural site is part of the 260-hour requirement and that the left over hours are part of the clinical externship. Suggests that

there be a specific 260 hours assigned to the clinical externship component of the program, but that pre-clinical and laboratory experience can be performed either on off site.

**Section 1070.2(g):**

Councilmember Ovard asked to clarify at 1070.2(g), line 37, where the 100-hour requirement for direct didactic instruction prior to activities involving patients came from? Sarah Wallace directed staff to research the origin of this requirement.

Ms. Pohl asked if “pit and fissure sealant” should have been included in the listing of required courses at 1070.2(g)(2). Sarah Wallace directed staff to make this addition.

Ms. Randolph asked for clarification on 1070.2(g)(5) at line 41 what is the meaning of “additional”. Ms. Randolph commented that at page 25, line 1-2 the requirement to complete coursework before beginning clinical and preclinical work is a huge issue because the programs offer simultaneous instruction in multiple competencies and forcing students to wait while finishing other coursework will delay student progress and mess up class schedules. It is potentially a huge burden on programs and would potentially require huge reworking of curriculum. At the request of Sarah Wallace, Ms. Randolph agreed to submit a written list of code sections affected by this change.

**Section 1070.2(h):**

Dr. Whitcher commented that under “biomedical sciences” this language tracks the current language and CODA. Dr. Whitcher to submit notes on the specific sections that need to be update. Additionally, the “applicable state and federal laws and regulations” and “Microbiology” should be in different sections. Microbiology should go down under dental science and applicable state and federal laws and regulations should go under the California law section. Leaving bloodborne pathogens and hazardous communication standards where they are, which matches CODA. The idea is that they are meant to be integrated throughout the curriculum. Just using the CODA language would probably be an improvement.

Ms. Gagliardi requested that at 1070.2(h)(2)(J) a subsection be added related to opioids; and 1070.2(h)(2)(J)(viii) Nutrition should be its own subsection outside of pharmacology (K or H were suggested; however, the section is alpha ordered incorrectly and will need to be reformatted).

Dr. Whitcher concurred with the suggestion to move nutrition to its own subsection.

Ms. Pohl commented that there does not appear to be any requirement for radiology content. Ms. Pohl also pointed out that at page 26, line 12 and page 27, line 4 there are references to dental assisting jurisprudence which should properly reference the entire DPA. Ms. Pohl also commented that page 30, line 6, is all new content not from the workshop and asked to clarify the source of that language. Dr. Whitcher clarified that the language came from CODA.



Dr. Witcher commented that in the original regulations there was an enumeration of all the required courses, however that appears to be missing here. Dr. Witcher suggested that the Council reuse the original section. Dr. Witcher to email the specific materials he is referencing.

**Section 1070.2(i):**

Councilmember Ovard commented that at 1070.1(i)(2) the requirement that each student be assigned to two or more offices or clinics for clinical experience and assisting in general dentistry could be a hardship for externship programs. Externship is for experience, but it is also effectively a job interview. Going to one office often leads to a job but going to multiple offices can be detrimental to hiring. Sarah Wallace directed staff to research this issue.

Ms. Gagliardi commented that at page 30, line 27 “clinical instruction” refers to “externship” and is similar to pre-clinical instruction making it confusing, suggested that this be changed to language including the word externship for clarity.

Ms. Pohl asked to clarify that the language at page 31, line 18 is from CODA. Sarah Wallace confirmed that the language comes from CODA.

Ms. Pohl commented that at 1070.2(i)(4)(H) the site visit has gone from a 10-day timeline to no timeline.

Councilmember Ovard commented that the 10 visit requirement was a hardship for some students, but there should not be no guideline. Ovard suggested 5 visits. Staff to implement.

Ms. Pohl commented that this section covers didactic and clinical instruction but makes no mention of laboratory instruction, which was previously included. Ms. Pohl requested that at 1070.2(i)(1) the 25% be changed to 50%. Also, on Page 31, line 20 the language about a site visit needs to be cleaned up.

Ms. Randolph commented that 50% is the CODA standard; and section (H) suggested that a phone call could suffice for check in.

Ms. Gagliardi commented that section (H) the site visit requirement needs to be reasonable based on the total required hours for the externship.

**Section 1070.2(j):**

Dr. Witcher commented that page 32, line 4, references the DSA, but does not give much detail, the section goes into more detail about the OA, the language should be consistent between the two.

**Section 1070.2(k):**

Councilmember Ovard commented that there is a reference to “DPA” that in other sections has been a reference to the “jurisprudence” and the language should be consistent.

Dr. Whitcher commented that in similar sections there is a listing of required course competencies and it should be added here for consistency; and the listing of optional programs should include ultrasonic scaling. Ovard pointed out that the ultrasonic scaling class was mainly for orthodontics and therefore might not be needed on this list. However, Dr. Whitcher pointed out that ultrasonic scaling is required by other educational regs sections so it should probably be included here as well. Staff to research.

Ms. Randolph commented that at page 32, line 34 Coronal Polish and Pit and Fissure Sealant are missing

**Section 1070.2(l):**

Ms. Randolph requested clarification as to why the language allowing the Board to accept CODA accreditation be omitted (language is in strikethrough and begins at page 32, line 40)? Staff to research.

Staff to review deleted text to make sure lists of requirements and ratios are not omitted.

**M/S/C (Whitcher/Contreras):** Motion to ask staff to implement the requested changes and research requested questions from Council and Public.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff will review and implement the requested changes and research requested sections for clarification.

**Section 1070.3:**

Councilmember Ovard asked at page 40, line 4-8, 8-hour Infection Control course must be done prior to being allowed to take other courses in a stand-alone course context, but is this also true in the context of a comprehensive educational program?

Councilmember Ovard asked for clarification at page 40, line 22, that language stating providers shall require a written letter or prescription from a dentist allows just a letter. Ms. Ovard also commented that in regard to course duration page 40, line 40 lists required course components but allows for simulated clinical **or** clinical instruction, which

would allow a course with no component of working on actual patients. Councilmember Contreras commented that she would like to see students receive experience with actual patients. Dr. Witcher commented that the programs had stated that it was incredibly difficult to bring in patients for these courses and the added benefit was not so substantial that it didn't make more sense to allow the simulated components.

Ovard commented that at page 41, line 20 the requirements are vague whereas previous drafts required specific teeth or sections of the mouth (molars and pre-molars; or posterior and anterior). Ovard requested more specifics on which teeth and where that are required to meet this section. Staff to add specification for posterior and anterior teeth.

Councilmember Contreras would like a requirement that students perform pit and fissure sealants on an actual patient prior to performing the duty as a licensee.

Dr. Witcher asked to clarify that the simulated experience occurs on a typodont with lips and cheeks and therefore the simulated experience is more comprehensive than the laboratory experience. Furthermore, dentist use typodonts for several of their education requirements so using the typodonts here would not be without precedent.

Ms. Randolph commented that she was not under the impression that the result of the workshops was an agreement to remove patient experiences from the education requirements. There was extensive discussion of the difficulty in meeting the old requirement of 1 tooth in each quadrant on 4 separate patients. At that time the language that was drafted was a minimum of 16 teeth on two different patients, and there was almost complete consensus that that was a good formula; and that there should be a requirement for experience with actual patients.

Ms. Miyasaki commented that her program just had a student learning to do sealants who need four patients to be competent. Ms. Miyasaki also pointed out that the crux of performing competent sealants is managing patient saliva which interferes with the sealant, and therefore a patient experience component is important and should be required. Ms. Miyasaki requested that the Council require at least two patients and an evaluation of clinical competency.

Ms. \_\_\_\_\_ asked at page 40, line 19-24 if a dentist is not required to be on site, what happens if there is a severe overflow, and the patient needs to be gotten back to occlusion requiring a burr? If there is no dentist, what happens?

Ms. Randolph commented that page 40, line 33 the text references instruction occurring at the facility, however there is an increasing demand for online components where possible so this should be re-worded

Ms. Pohl commented that at page 40, line 13, "coronal polishing" should be "pit and fissure sealants"; and page 40, line 41-44, course duration noted that the hours of the course are no longer broken down, unsure why this was removed but would like to see

specific breakdowns of the hours required for different course components (lab, clinical, etc.) re-inserted; page 42, line 29, acid etching, does not include evaluation criteria for etch and bond; page 43, line 42 noted that there are not clinical instruction criteria.

Ms. Gagliardi at page 40, line 20 asked that now that there will be an addition of a minimum number of patients and teeth, will there be a specific number of teeth that they are required to pass or is it all 16? Right now, it reads as though it would require passing all 16, but this could be a hardship because it is difficult to get enough patients to meet the 16 tooth requirement let alone increasing the standard; also asked about remediation if there is an overfill.

Ms. Dault commented that having a dentist on site for these procedures is important since some patients that come in for these services do not have their own dentist, so it would be useful to have a doctor on site to evaluate the patients and make sure they are good candidates for the procedures from students, and that in case there is an overfilling there would be a doctor on site to fix this with a hand tool.

**M/S/C (Ovard/Contreras):** Motion to add a requirement to perform pit and fissure sealants on actual patients as part of the clinical education requirements; and specifically, to require language from the workshop specifying that students perform the skill on a minimum of 16 teeth on at least two different patients.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague		✓			
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to review language from previous drafts and add a requirement to place sealants on at least 16 teeth on two different patients as part of clinical experience.

**M/S/C (Ovard/Contreras):** Motion to accept the Council comments on Section 1070.3.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to implement comments.

**Section 1070.4:**

Ovard asked at page 51, line 39 where the section talks about infection control courses but does not mention the 8-hour course requirement which is present in other mentions of infection control courses, should be clarified and standardized; at page 51, line 37 there is another instance of “jurisprudence” which should be DPA.

Sarah Wallace reminded Council members and members of the public, that staff will be fixing all erroneous instances of “jurisprudence”.

Dr. Whitcher pointed out that at page 54, line 38 there appears to be a paragraph header missing.

[Name Unknown] at page 52, line 7-8 asked whether the faculty making a judgment on whether a patient is calculus free is within the scope of practice.

Ms. Pohl commented that at page 52 subsection (g), line 34, and in other similar provisions there was existing language requiring minimal competency, this language should be put back in; same with page 52, line 43.

Ms. Randolph thanked the Council for adding the sections at page 52, regarding faculty declaring a patient to be “calculus free” instead of requiring a dentist or hygienist. However, Ms. Randolph commented that it is impossible to declare any patient truly free of calculus, and therefore there should be different parameters such as “minimal calculus” or something more realistic; page 54, line 18 asked for clarification on the words “fully articulated and mounted typodont” what does “fully articulated” mean; and at page 54, line 33 requirement that patients have two thirds of their natural teeth and she did not remember discussing this previously requested research as to why the rule is so restrictive on the patient characteristics.

Ms. Pohl commented that at page 54 subsection 3(A)-(B) she did not remember this from the workshops and there is now a breakout of two lab experiences and two simulated experiences as opposed to being all lab. Does not know the rationale for including this and noted that it would require that the programs acquire the simulated devices. Staff to research.

Ms. Dault commented that she would like a recommendation to have an evaluation on patients that are calculus free or supra gingival, at least a week or two before the clinical exam.

**M/S/C (Whitcher/Rodriguez):** Motion to accept comments and move forward

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				

Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to implement comments.

**Section 1070.5:** No Comments

**Section 1070.6:**

Ms. Pohl commented that at page 72 there is no simulated instruction; at page 73, line 1-2 again there should be reference to “demonstrated competence”; at page 73, line 19 the language regarding “purging” should be replaced with more inclusive terms such as “required maintenance”.

**Section 1070.7:**

Ms. Pohl commented that at page 79, line 27 there needs to be language regarding background info (Ms. Poll to send to Sarah Wallace); at page 80, line 33 there should be a reference to demonstrated competency or showing competency in the student’s clinical skills.

Sarah Wallace requested an itemized list of all the changes Ms. Pohl would like to see along the lines of omissions of previously existing language.

Ms. Pohl commented that simulated experiences are now being required which would require purchasing the simulation heads. This used to be optional and Ms. Pohl is not sure about the rationale for this change.

**Section 1070.8:**

Ms. \_\_\_\_\_ commented that at page 95, line 30 need to remove a reference to ultrasonic scaling in the dental sedation assistant materials.

Ms. Pohl at page 89, line 20-24 commented that content is in the wrong place under didactic; also asked about page 95, line 22 in this course the written exam does not have to be completed before clinical training, but this section does not require why is there a difference; staff to research.

**Section 1070.9:**

Sarah Wallace commented that this is an early attempt to move language existing in another section to this section and could be incomplete.

Ms. Gagliardi asked for clarification at page 108, line 14 regarding clinical supervisor evaluations whether the clinical supervisor would be present at the facility seems like it is written for off site, non faculty.

Ms. Randolph commented that at page 104, line 11 the whole section has an issue with requiring certain instruction be completed before starting other instruction and would create a huge undue burden on the programs. Ms. Randolph to email Sarah Wallace regarding preferred language; at page 104, line 20 questioned the viability of requiring a patient health history form for all patients who students work on during externship because it would be another extreme hardship; at page 105, line 20-22 questioned the purpose of the section stating that dental providers do not need to obtain electronic devices.

Ms. Randolph at page 105, line 27 questioned why it is necessary to incorporate infection control curriculum during simulation and laboratory work since there is no risk of infection when this work is done on dummies; at page 108, line 24 in regards to the completion of the written exam being required prior to laboratory instruction this is a hardship problem; and at page 108, line 35 the requirement that clinical instruction and oversight shall be performed by licensed dentist who shall deem the radiographs necessary by written prescription is a hardship because it requires there be a dentist on site at all times. Does this mean in the externship, meaning that the extern clinics need to have dentist on site at all times, or does it refer to programs, meaning that programs must hire a dentist? This would be a financial hardship for programs.

Dr. Whitcher commented that course sequencing and infection control and oversight by a licensed dentist were items that were discussed extensively during the workshops but thinks the final consensus was that people wanted to have the required courses as a prerequisite for radiation safety, the question of dentist supervision was no but Dr. Whitcher would need to review his notes to be certain.

Chair Rodriguez at page 105, line 27 asked regarding the requirement for infection control procedures during lab instruction whether this was discussed at the workshops? Dr. Whitcher confirmed that it was, but that there was support for the idea that the infection control class should be incorporated into the larger class so that it was not an undue burden.

Ms. Randolph commented that the difference between a program and a course should be separated out. Because requiring a program to complete prerequisites before moving on to other topics is an undue burden because the nature of a program means that they can cover materials across topics in several different classes taken simultaneously, whereas in a standalone course it makes more sense to ensure that people have the minimum background to proceed with new material.

Ms. Pohl at page 105, line 3 commented that the requirement to have viewing boxes or monitors was left perhaps inadvertently; and asked at page 106, line 11-13 lab hours and clinical hours were changed, but they should be the same; asked for clarification

will email Sarah; At page 108, line 14, the original language included a reference to an instructor; And at page 108, line 33-34 competency should be experiences not used for clinical competency.

Ms. Dault commented that the Doctor is general supervision for the x-rays, so the doctor does not need to be on site but a prescription is required to work on patients; and the infection control is part of laboratory curriculum need for program approval; the doctor does not need to be on site, but a prescription definitely needs to be filled out before a student touches a patient.

**M/S/C (Whitcher/Contreras):** Motion to accept Council comments and move forward.

Council Member:	Aye:	Nay:	Abstain:	Absent:	Recusal:
Contreras	✓				
Olague	✓				
Ovard	✓				
Peacock				✓	
Rodriguez	✓				
Whitcher	✓				
Vacant					

The motion passed, staff to implement Council comments

**Section 1071:**

Dr. Whitcher at page 117 commented that the notice of compliance is missing from the last section.

No Public comment, but Sarah Wallace noted that staff will reach out to Joan Greenfield for her comments.

**Section 1074:**

Councilmember Ovard asked at page 128, line 11-12 regarding approved dental hygiene education programs, is that a typo. Sarah Wallace confirmed that the reference to Dental Hygiene is correct.

**Section 1075:** No Comments

**Section 1076:** No Comment

Councilmember Ovard commented at page 129, line 17-21 where it reads that the “application shall not be deemed incomplete if it is accompanied by a certification from an approved program, it should include a letter form the program director



Ms. Pohl asked at page 128, line 42-43, why this language was removed; and pointed out that the section needs to be renumbered.

Sarah Wallace reminded the Council and attendees that the OAL process used to allow forms to be generally referenced but now OAL requires that forms be incorporated by reference and so there are older regulation sections related to forms and applications that have to be substantially redrawn.

Ms. Pohl asked at line 21, does the 30 days prior to examination requirement no longer apply? Sarah Wallace confirmed that it does still apply for the EF courses but not this section.

Councilmember Ovard asked if at page 129, line 14 is there a timeline for abandonment of an application? Sarah Wallace confirmed that there is.

Tina Vallery explained that it depends on what section of the application is deficient; fees has a timeline, and other sections have different timelines.

#### **Section 1077:**

Ms. Pohl asked at what point in the process will the applications be available for review? Sarah Wallace confirmed that when the regulation materials are ready for final submission the applications will be part of the finalized product and will be available for review. Ms. Pohl commented that at page 130, line 24, Pit and Fissure Sealant is not included asked if that was a mistake. Sarah Wallace explained that Pit and Fissure sealant course are not required for RDA licensure. Ms. Pohl at page 131, line 24 asked if the section requires submission of written exams as well. Staff to research.

Ms. Gagliardi commented that at page 131, line 17 there is a BLS section that specifically references the Red Cross and asked if this is intentional. Sarah Wallace confirmed that this instance of non-standard language is correct and that it comes from another regulation.

#### **Section 1077.1:**

Ms. Miyasaki asked about the effect on an RDAEF license if the RDA license lapses.

#### **Section 1077.2:**

Ms. Pohl asked about the inconsistencies page 136 versus page 62 mentioning of ultrasonic scaling.

#### **Section 1077.3: No Comment**

**Section 1080:** No Comment

**Section 1080.1:** No Comment

**Section 1080.2:** No Comment

**Section 1081:**

Staff to verify content areas

**Section 1081.2:** No Comment

**Section 1081.3:** No Comment

**Section 1083:** No Comment

Sarah Wallace explained that Board staff amended this section in pursuant to guidance from the Office of Professional Examination Services relating to setting the passing scores for written examination; rather than specify a percentage, we should state achieve a passing score based on the modified Ing-Goff methodology outlined in the examination information received from PSI.

**Section 1085:**

Sarah Wallace commented that the duties, are old and outdated. 1085 also states activities that Dental assistants may not perform, whereas statute states what activities they may perform. Staff deleted the could perform activities that are covered in statute and left the activities that are prohibited in the regulation.

Ovard asked if this means that the supervision level was removed as well. Sarah Wallace confirmed that this was removed as it is from statute.

Dr. Witcher asked if at page 149, line 30 it says, "knowledge skill and training of a licensed dentist or licensed dental hygienist", there are certain duties that are allowed RDH and not RDAs, does this need to be addressed or is it covered in the dental hygiene section? Sarah Wallace commented that we would not have authority, but staff will research.

**Section 1086:**

Sarah Wallace commented that this is deleted because it is now specified in statute.

Dr. Witcher at 149, line 36 commented that there is some overlap between what RDAs can do and the prohibited list, specifically denture adjustment.

Sarah Wallace commented that perhaps it would make more sense to incorporate the table of allowable duties. Dr. Witcher commented that a separate duty table provides for some flexibility, and some practitioners are concerned by the incorporated duty table because they don't understand it because it is so dense and they worry that they will task their DAs with something outside the scope of their license. Dr. Witcher suggested that this is a big enough issue that perhaps the Board needs to take this up separately.

**Section 1087: No Comment**

**Agenda Item 4: Public Comments on items not on the Agenda.**

None

**Agenda Item 5: Future Agenda Items.**

No Comment

**Agenda Item 6: Council Member Comments on Items Not on the Agenda.**

No Comments

**Agenda Item 7: Adjournment**



**DENTAL BOARD OF CALIFORNIA  
DENTAL ASSISTING COUNCIL MEETING MINUTES**

**August 15, 2019**

DoubleTree by Hilton Hotel San Francisco Airport  
835 Airport Blvd.  
Burlingame, CA, 94010

**Members Present:**

Anne Contreras, RDA  
Cindy Ovard, RDA  
Jennifer Rodriguez, RDAEF  
Rosalinda Olague, RDA  
Bruce Witcher, DDS

**Members Absent:**

Pamela Peacock, RDA

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

The meeting of the Dental Assisting Council was called to order by Dental Assisting Council Chair Jennifer Rodriguez. Roll was called and a quorum established.

Agenda Item 2: Update on New Dental Assisting Program and Course Applications

Tina Vallery, Dental Assisting Licensing Manager, provided a report on the new dental assisting program and course applications. Refer to the board meeting materials on the Board's website.

Public Comment:

Dr. Guy Acheson, California Academy of General Dentistry representative, requested the Council to consider expanding training for dental sedation assistants.

Dr. Witcher responded that a lot of dental assisting programs were interested in teaching dental sedation assistant courses; however, their administrations were unwilling to take on the courses due to insurance considerations. Dr. Witcher added that the Council recognizes the need for expanding the training but the logistics of providing those courses is an ongoing challenge. The Council does encourage dental assisting specialties to open more dental sedation assistant courses.

Agenda Item 3: Update on RDA Program Re-Evaluation and Overview of Re-Evaluation Process

Ms. Vallery provided a report of the RDA program re-evaluation and an overview of the re-evaluation process. Refer to the board meeting materials on the Board's website.

Ms. Ovard questioned if there has been any improvement on applications since the last meeting. Ms. Vallery responded that the Board has not sent out any requests since the last meeting and the workshops are intended to inform the programs of the process. Ms. Ovard questioned how long deficiency and extensions last. Ms. Vallery responded that it is a case by case basis depending on what the program's requesting as the Board does it's best to consider the program's time. Dr. Whitcher commented that the process is still new and recognized Board staff for working with the programs. Ms. Contreras questioned if the Board will do re-evaluation for stand-alone courses. Ms. Vallery responded that no plans have been made for those courses; however, it is something Board staff wants to eventually work on in the future.

Public Comment:

Claudia Pohl, California Dental Assistants Association (CDAA), thanked and recognized staff for working collaboratively with CDAA.

Agenda Item 4: Update on Dental Assisting Examination Statistics

Ms. Vallery provided the dental assisting examination statistics report. Refer to the board meeting materials on the Board's website.

Ms. Contreras noticed the decline in the passing rate for *orthodontic assistants* under *repeat candidates* and questioned if there have been any changes in the written exam. Ms. Vallery responded there has been no change. Dr. Whitcher commented that an efficient exam should display successful candidates passing the first time and a higher failure rate for repeat candidates. There was no public comment.

Agenda Item 5: Update on Dental Assisting Licensing Statistics

Ms. Vallery provided the dental assisting licensing statistics report. Refer to the board meeting materials on the Board's website.

Dr. Whitcher commented on the shortage of dental assistants in the workforce. Ms. Ovard questioned how long dental assistant licensees can be inactive since there is no continuing education requirement. Ms. Vallery responded that the licensees can remain in inactive status as long as they choose to with the opportunity to renew their dental assistant license every two (2) years. Ms. Ovard asked how long a license can remain delinquent before it gets cancelled. Ms. Vallery responded that the delinquent status would be automatic after the expiration date until its renewed. The license will then be cancelled after five years in delinquent status. There was no public comment.

Agenda Item 6: Update Regarding the Dental Assisting Comprehensive Rulemaking Proposal

Ms. Sarah Wallace, Assistant Executive Officer reported on the dental assisting comprehensive rulemaking proposal. Refer to the board meeting materials on the Board's website.

Ms. Wallace reported that a special meeting may be held with the Dental Assisting Council to finalize the rulemaking proposal for the Board's consideration in initiation of the rulemaking. Dr. Whitcher recognized Board staff's work and acknowledged stakeholders and Council members for reading through the proposal and providing feedback. There was no public comment.

Agenda Item 7: Public Comment on Items Not on the Agenda

None.

Agenda Item 8: Future Agenda Items

None.

Agenda Item 9: Council Member Comments on Items Not on the Agenda

None.

Agenda Item 9: Adjournment

Meeting adjourned.



# MEMORANDUM

<b>DATE</b>	October 22, 2019
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	Tina Vallery, Dental Assisting Program Manager
<b>SUBJECT</b>	<b>DAC Agenda Item 4:</b> Update on New Dental Assisting Program and Course Applications

## Update on Dental Assisting Program and Course Applications

Table 1 identifies the total number of DA Program/Course curriculum applications approved in 2019. Table 2 lists the number of RDA and RDAEF Program site visits conducted in 2019. Table 3 lists the DA Program and Course application status in 2019. Table 4 provides the total number of approved DA programs and courses. Table 5 identifies approved DA program or course providers by name and type of program. Table 6 identifies the DA approved program and course trends for 2019.

<b>Table 1 Total DA Program and Course Applications Approved in 2019</b>											
	RDA Programs	RDAEF Programs	RDAEF-ITR	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant	Ultrasonic Scaler	Infection Control	Ortho Assistant	Dental Sedation Assistant	Grand Total
<b>Course Totals</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>17</b>

<b>Table 2 Total RDA and RDAEF Program Site Visits in 2019</b>					
	RDA Programs		RDAEF Programs		Grand Total
	Provisional	Full	Provisional	Full	
<b>Totals</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>4</b>

**Table 3  
DA Program & Course Application Status 2019**

<b>Program or Course</b>	<b>Approved</b>	<b>Denied</b>	<b>Curriculum Approved-Pending Site Visit</b>	<b>In the Review Process</b>	<b>Deficient</b>
RDA Program/Curriculum	0	0	0	0	0
RDAEF Program/Curriculum	0	0	0	0	0
RDAEF-ITR	0	0	N/A	0	0
Radiation Safety	5	0	N/A	5	7
Coronal Polish	2	0	N/A	1	4
Pit & Fissure Sealant	0	0	N/A	1	5
Ultrasonic Scaler	0	0	N/A	0	0
Infection Control	3	0	N/A	0	6
OA Permit	2	0	N/A	1	1
DSA Permit	4	0	N/A	2	1
<b>Total Applications</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>24</b>

**Table 4  
Total Approved DA Programs and Courses**

<b>RDA Programs</b>	<b>RDAEF Programs</b>	<b>RDAEF-ITR Programs</b>	<b>Radiation Safety Course</b>	<b>Coronal Polish Course</b>	<b>Pit and Fissure Sealants Course</b>	<b>Ultrasonic Scaler Course</b>	<b>Infection Control Course</b>	<b>Orthodontic Assistant Course</b>	<b>Dental Sedation Assistant Course</b>
<b>88</b>	<b>11</b>	<b>4</b>	<b>145</b>	<b>93</b>	<b>120</b>	<b>31</b>	<b>120</b>	<b>155</b>	<b>34</b>



**Table 5  
Approved DA Program & Course by Name**

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	CP	P/F	US	IC	DSA	OA
Eggleston Dental Institute	1/7/19				X						
National Career College	1/7/19								X		
ABC Adult School	2/14/19								X		
L. Stephen Vaughan, DDS, MD	2/21/19									X	
Allan Hancock College	2/28/19					X					
ABC Adult School	3/1/19					X					
David Allen Pulsipher, DDS, MD, FACS	3/28/19									X	
Smile Power Orthodontics	3/28/19										X
Allan Hancock College	3/28/19				X						
The OP Dental Learning Community	4/26/19				X						
The OP Dental Learning Community	5/14/19								X		
Western Dental Services	6/25/19										X
Eden Area ROP	6/26/19				X						
Palisades Surgical Arts	8/5/19									X	
Indigo Career College	9/12/19				X						
Follmar Oral and Maxillofacial Surgery	9/12/19									X	
<b>INDIVIDUAL PROGRAM/COURSE TOTALS</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>2</b>

**TOTAL APPROVALS = 16**



# MEMORANDUM

<b>DATE</b>	October 23, 2019
<b>TO</b>	Members of the Dental Assisting Council
<b>FROM</b>	Tina Vallery Dental Assisting Unit Manager
<b>SUBJECT</b>	<b>DAC Agenda Item 5:</b> Update on RDA Program Re-Evaluations and Overview of Re-Evaluation Process

## Update on RDA Program Re-Evaluations

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

Board staff began the re-evaluation process with the Registered Dental Assistant (RDA) programs. The order of the programs to be evaluated was determined by the Law and Ethics and the RDA Written Examination statistics, using the school or program's overall pass/fail rate and the year the program was given full approval. Board staff determined that there were fifty (50) RDA programs that required a re-evaluation of their curriculum.

The following table details the current status of the re-evaluations.

Program Name:	Letter Mailed:	Status:
San Joaquin Valley College - Visalia	February 6, 2018	Approved 9/24/18
San Joaquin Valley College - Bakersfield		Approved 9/24/18
Grossmont Health Occupations Center		Deficient 7/23/2019: Program Content
San Joaquin Valley College - Fresno		Approved 9/24/18
Hacienda La Puente Adult School	March 5, 2018	Deficient 9/1/2018: Part-time faculty hire date August 2019
Carrington College - San Leandro		Approved 2/8/2019
Allan Hancock College		Approved 7/10/2019
College of the Redwoods		Approved 2/13/2019
Pima Medical Institute - Chula Vista		Approved 2/11/2019

<b>Program Name:</b>	<b>Letter Mailed:</b>	<b>Status:</b>
Concorde Career College - San Diego	April 2, 2018	Deficiency response received 9/16/2019: In review process.
Concorde Career College - North Hollywood		Approved 3/21/2019
Concorde Career College - San Bernardino		Approved 10/16/2019
Concorde Career College - Garden Grove	May 7, 2018	Approved 12/13/18
Riverside County Office of Education		Approved 8/13/18
North Orange County ROP	June 12, 2018	Deficiency response received 10/15/2019: In review process.
United Education Institute - Chula Vista		Approved 9/14/18
Southern California ROC	July 23, 2018	Currently in review process
United Education Institute - Ontario		Approved 12/6/18
United Education Institute - Huntington Park		Approved 1/28/2019
Chaffey College	August 27, 2018	Deficient 1/15/19: Program Director, Faculty, Emergency Management, Length of Program, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety, Coronal Polishing, Pit and Fissure Sealants. Extension Granted.
Mt. Diablo/Loma Vista Adult Center		Deficiency response received 9/23/2019: In review process.
Eden Regional Occupational Program		Approved 4/26/2019
Baldy View Regional Occupational Program		Deficiency response received 10/11/2019: In review process.
American Career College - Anaheim	September 7, 2018	Currently in review process
Blake Austin College		Deficiency response received 9/16/2019: In review process.
Carrington College - San Jose		Approved 9/10/2019
Tri-Cities Regional Occupational Program		Extension Granted.
Carrington College - Sacramento	October 30, 2018	Currently in review process
Carrington College - Citrus Heights		Currently in review process
Moreno Valley College		Approved 8/16/19
American Career College - Ontario	November 27, 2018	Currently in review process
Milan Institute – Palm Desert		Currently in review process
Milan Institute - Visalia		Currently in review process
Carrington College - Stockton		Currently in review process
Butte County Regional Occupational Program		Currently in review process
Reedley College		Extension Granted. Due date 1/08/2019.

Program Name:	Letter Mailed:	Status:
The Valley School for Dental Assisting	January 9, 2019	Deficiency response received 10/17/2019: In review process.
College of Alameda		Deficient 8/30/2019: Administration, Program Director, Faculty, Student Certificate of Completion, Infection Control/Hazardous Waste, Length of Program, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety Instruction, Pit and Fissure Sealants. Response due 10/14/2019.
Monterey Peninsula College		Deficient 8/20/2019: Administration, Faculty, Emergency Management, Infection Control/Hazardous Waste, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety Instruction, Coronal Polishing Instruction, Pit and Fissure Sealants. Response due 10/04/2019.
San Jose City College		Extension Granted. Due date 4/30/2019.
Carrington Career College - Pleasant Hill		Deficient 4/14/2019: Application, Admin, Program Director, Emergency Management, Infection Control/Hazardous Waste Disposal Protocols, Length of Program, Facilities and Resources, Program Content, Extramural Clinical Instruction, Radiation Safety, Coronal Polishing, Pit and Fissure Sealants. Response due 5/30/2019.
Santa Rosa Junior College		February 15, 2019
Citrus College	Extension Granted.	
College of San Mateo	Extension Granted. Due date 2/29/2020.	

Cypress College		Deficient 10/01/2019: Faculty, Infection Control/Hazardous Waste Disposal Protocols, Length of Program, Facilities and Resources, Program Content, Radiation Safety Instruction, Coronal Polishing Instruction, Pit and Fissure Sealants. Response due 11/15/2019.
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**Overview of Re-Evaluation Process**

The re-evaluation process is a rereview of currently approved RDA programs. The goal of the re-evaluation is to ensure that the RDA programs are currently in compliance with the current laws and regulations. During the re-evaluations, the approved programs can continue to run their programs as usual. Once the program receives notification that they are being re-evaluated, they are given six weeks to submit the required documentation. Once the documentation has been received by the Board, the information is reviewed by one of our Subject Matter Experts (SME). Once the review is completed, the program is notified of their re-approval or of any outstanding deficiencies. If deficiencies have been identified, programs will receive notification, in writing, and be given an opportunity to correct the issues identified.

In early 2019, it was brought to the attention of Board staff that programs were struggling with the re-evaluation process. Programs were concerned with the amount of time that they were given to respond to the re-evaluation request, and they seemed to have questions regarding what was required of them. Board staff made the decision to suspend new requests for re-evaluations. This decision was made to provide the current programs undergoing a re-evaluation and Board staff an opportunity to address any areas of concern.

Based on feedback from stakeholders, Board staff decided to host an informational workshop to go over the re-evaluation process and to allow programs an opportunity to ask questions regarding the process. An email invitation was sent to all the RDA program directors and staff that would be assisting in the process.

Two informational workshops were given; one on May 3, 2019 in Sacramento and the other on May 10, 2019 in Glendora, California.

Board staff, with the assistance of one of the Board’s subject matter experts, provided a brief overview of the re-evaluation process and the basis for the re-evaluations. Board staff reviewed the expectations of the programs and went over the most common deficiencies found while conducting the re-evaluations. Attendees were given the opportunity to ask questions regarding the process and were given the contact information of Board staff and management, should the program directors have any specific questions relating to extensions, the re-evaluation process, or deficiency notices. Board staff and program directors agreed that the open dialogue was helpful, and the program directors were more at ease with the process. Many program directors felt the re-evaluation process was

daunting as they were new to their positions, but they were optimistic to take on this challenge.

Subsequently, Board staff received additional feedback from stakeholders indicating that they felt the re-evaluation process needed improvement. Specifically, that the applications were duplicative, there were deficiencies sent out to programs that were for items not listed on the applications, and that the information requested on the applications is confusing (i.e. the number of requested application copies, missing instructions on submission of documents, inconsistency in language of items).

To rectify the issues mentioned, Board staff is in the process of developing a new application specifically for the re-evaluation process. When complete, the final product will merge all current RDA program requirements into one application, which will remove the issue of duplication and should clarify and make it easier to identify all the required documents. Additionally, Board staff is developing a checklist, as requested, to make the application requirements clear.

Board staff was also informed that there was concern regarding privacy and confidentiality. Programs were concerned that the applications requested the personal information of the program director and faculty and the wondered what happened to the documents they submitted after the re-evaluation has been approved. During the workshops, Board staff explained that all SME's have signed privacy and confidentiality agreements and that all documents are kept by the Board or shredded by Board staff. Board staff also advised attendees that they can omit their addresses from the Curriculum vitae's that they submit with their application.

Additionally, Board staff were informed that there was concern regarding what appeared to be inconsistencies of policies regarding timeframes, extensions, and that the Board has unrealistic due dates. Throughout the re-evaluation process, Board staff and management have expressed numerous times that we are willing to work with programs with regard to due dates or extensions. Board staff are willing to work with each program and give as much time and assistance as we are able. We have granted several requests for extensions, on a case by case basis and based on each program operational needs, these extensions can vary. Board staff are currently determining if initial lead time is warranted and will be deciding on that amount of time, prior to sending out new requests for re-evaluation. All programs have been encouraged to communicate with Board staff and or management, if they need any assistance during this process, if they have concerns, and to ask for additional time.

Board staff have also created a schedule to identify when programs are undergoing their CODA re-evaluations to avoid the programs being evaluated by both entities during the same year.

The re-evaluation process is new to the Board and is a work in progress. We believe that the new application, once approved, will assist in making this a smoother process for all involved and we welcome any further suggestions.

DAC Agenda Item 5: Update on RDA Program Re-Evaluations and Overview of Re-Evaluation Process

Dental Assisting Council Meeting  
November 14, 2019

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## MEMORANDUM

<b>DATE</b>	October 16, 2019
<b>TO</b>	Members of the Dental Assisting Council Dental Board of California
<b>FROM</b>	Wendy McElroy, Management Services Technician Dental Board of California
<b>SUBJECT</b>	<b>DAC Agenda Item 6: Update on Dental Assisting Examination Statistics</b>

### Background:

The following tables provides the written examination pass and fail statistics for candidates who took the examinations from October 2018 through September 2019 for all, first- time and repeat candidates.

### Written Examination Statistics - All Candidates

Written Exam	Total Candidates Tested	# of Candidates Passed	# of Candidates Failed	% of Candidates Passed	% of Candidates Failed
RDA Combined	3,946	2,169	1,777	55%	45%
RDAEF	171	112	59	65%	35%
Orthodontic Assistant	559	229	330	41%	59%
Dental Sedation Assistant	7	5	2	78%	22%

### Written Examination Statistics - First Time Candidates

Written Exam	Total Candidates Tested	# of Candidates Passed	# of Candidates Failed	% of Candidates Passed	% of Candidates Failed
RDA Combined	1,546	988	558	64%	36%
RDAEF	92	68	24	74%	26%
Orthodontic Assistant	194	96	98	49%	51%
Dental Sedation Assistant	4	4	0	100%	0%

### Written Examination Statistics - Repeat Candidates

Written Exam	Total Candidates Tested	# of Candidates Passed	# of Candidates Failed	% of Candidates Passed	% of Candidates Failed
<b>RDA Combined</b>	<b>1,005</b>	<b>396</b>	<b>609</b>	<b>39%</b>	<b>61%</b>
<b>RDAEF</b>	<b>56</b>	<b>30</b>	<b>26</b>	<b>54%</b>	<b>46%</b>
<b>Orthodontic Assistant</b>	<b>230</b>	<b>77</b>	<b>153</b>	<b>33%</b>	<b>67%</b>
<b>Dental Sedation Assistant</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>50%</b>	<b>50%</b>

The following tables provide the RDAEF clinical and practical examination statistics for the months of October 2018 through September 2019 for all and then the first-time and repeat candidates are for 2019 only.

### Clinical Examination Statistics - All Candidates

Clinical Exam Date/Site	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Aug 2018 - UCLA/UCSF	34	59%	41%
Oct 2018 - UCLA	31	35%	65%
Nov 2018 - UCSF	8	100%	0%
Feb 2019 - UCLA	18	61%	39%
Mar 2019 - FADE	3	100%	0%
June 2019 - UCSF/UCLA	59	66%	34%
August 2019 - UCSF/UCLA	21	61%	39%
<b>Total</b>	<b>174</b>	<b>61%</b>	<b>39%</b>

### Clinical Examination Statistics - First Time Candidates in 2019

Clinical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
<b>Total</b>	<b>53</b>	<b>70%</b>	<b>30%</b>

### Clinical Examination Statistics - Repeat Candidates in 2019

Clinical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
<b>Total</b>	<b>22</b>	<b>73%</b>	<b>27%</b>



### Practical Examination Statistics - All Candidates

Clinical Exam Date/Site	Total Candidates Tested	% Candidates Passed	% Candidates Failed
Aug 2018 - UCLA/UCSF	27	81%	19%
Oct 2018 - UCLA	27	52%	48%
Nov 2018 - UCSF	10	50%	50%
Feb 2019 - UCLA	15	80%	20%
Mar 2019 - FADE	4	75%	25%
June 2019 - UCSF/UCLA	58	76%	24%
August 2019 - UCSF/UCLA	27	70%	30%
<b>Total</b>	<b>168</b>	<b>71%</b>	<b>29%</b>

### Practical Examination Statistics - First Time Candidates in 2019

Practical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
<b>Total</b>	<b>52</b>	<b>77%</b>	<b>23%</b>

### Practical Examination Statistics - Repeat Candidates in 2019

Practical Exam	Total Candidates Tested	% Candidates Passed	% Candidates Failed
<b>Total</b>	<b>21</b>	<b>71%</b>	<b>29%</b>

**Action Requested:**

No action requested at this time.

## RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Total
4D College - Victorville (914)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Allan Hancock (508)	N/A	0%	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	50%	100%	88%
pass		0					2			10	1	2	15
fail		1					0			0	1	0	2
American Career - Anaheim (896)	0%	0%	67%	100%	0%	33%	20%	0%	0%	N/A	50%	N/A	30%
pass	0	0	2	2	0	1	1	0	0		1		7
fail	3	1	1	0	1	2	4	1	2		1		16
American Career - Long Beach (997)	0%	N/A	0%	N/A	100%	N/A	0%	N/A	N/A	100%	N/A	33%	38%
pass	0		0		1		0			1		1	3
fail	1		1		0		1			0		2	5
American Career - Los Angeles (867)	33%	67%	67%	0%	50%	0%	33%	100%	63%	0%	0%	33%	40%
pass	1	2	2	0	1	0	1	3	5	0	0	2	17
fail	2	1	1	2	1	2	2	0	3	6	2	4	26
American Career - Ontario (905)	25%	50%	67%	75%	50%	0%	40%	71%	100%	50%	0%	1%	53%
pass	1	1	2	3	1	0	2	5	4	1	0	1	21
fail	3	1	1	1	1	2	3	2	0	1	2	2	19
Anthem College (503)	100%	N/A	N/A	N/A	N/A	0%	0%	N/A	0%	0%	0%	50%	30%
pass	1					0	0		0	0	0	2	3
fail	0					1	1		1	1	1	2	7
Bakersfield College	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Baldy View Regional Occupational Program (590)	N/A	0%	100%	N/A	N/A	100%	N/A	N/A	0%	100%	100%	100%	78%
pass		0	1			2			0	2	1	1	7
fail		1	0			0			1	0	0	0	2
Blake Austin College (897)	80%	100%	67%	100%	N/A	67%	N/A	100%	50%	N/A	0%	75%	76%
pass	4	1	2	3		2		3	1		0	3	19
fail	1	0	1	0		1		0	1		1	1	6
Brightwood - Bakersfield (884)	100%	67%	50%	100%	0%	100%	67%	67%	0%	0%	50%	N/A	60%
pass	3	2	1	3	0	1	2	2	0	0	1		15
fail	0	1	1	0	1	0	1	1	1	3	1		10
Brightwood - Clovis (885)	N/A	100%	100%	67%	0%	50%	100%	67%	67%	0%	0%	40%	51%
pass		4	6	2	0	3	1	2	2	0	0	2	22
fail		0	0	1	3	3	0	1	1	4	5	3	21
Brightwood - Modesto (499)/(890)	25%	83%	75%	0%	0%	60%	86%	50%	67%	100%	50%	0%	59%
pass	1	5	3	0	0	3	6	2	6	3	4	0	33
fail	3	1	1	1	2	2	1	2	3	0	4	3	23
Brightwood - Palm Springs (901)	33%	50%	50%	100%	33%	67%	50%	100%	N/A	0%	33%	67%	48%
pass	1	2	1	1	1	2	1	1		0	1	2	13
fail	2	2	1	0	2	1	1	0		2	2	1	14
Brightwood - Riverside (898)	100%	100%	100%	100%	33%	N/A	100%	0%	33%	N/A	0%	N/A	56%
pass	1	2	1	1	1		2	0	1		0		9
fail	0	0	0	0	2		0	2	2		1		7
Brightwood - Sacramento (888)	86%	50%	63%	67%	100%	0%	50%	50%	40%	100%	67%	25%	62%

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
94%	0%
15	0
1	0
30%	33%
3	2
7	4
60%	0%
3	0
2	1
53%	13%
10	2
9	13
57%	50%
12	5
9	5
50%	0%
2	0
2	5
0%	0%
0	0
0	0
100%	50%
5	1
0	1
90%	50%
9	3
1	3
50%	60%
6	3
6	2
40%	29%
8	4
12	10
69%	38%
18	6
8	10
71%	36%
5	4
2	7
50%	33%
3	2
3	4
71%	42%

**RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS**

	pass	6	2	5	2	5	0	1	1	2	1	2	1	28		
	fail	1	2	3	1	0	1	1	1	3	0	1	3	17		
Brightwood - San Diego (899)		50%	N/A	100%	50%	100%	0%	0%	0%	N/A	0%	50%	25%	39%		
	pass	3		1	1	1	0	0	0		0	2	1	9		
	fail	3		0	1	0	1	1	2		1	2	3	14		
Brightwood - Stockton (611)		0%	100%	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	100%	N/A	78%		
	pass	0	2			0			3			2		7		
	fail	1	0			1			0			0		2		
Brightwood - Vista (900)		40%	100%	100%	86%	100%	100%	71%	50%	0%	0%	40%	100%	68%		
	pass	2	1	3	6	2	5	5	1	0	0	2	1	28		
	fail	3	0	0	1	0	0	2	1	1	2	3	0	13		
Butte County Regional Occupational Program (605)		100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%	100%	100%		
	pass	1							1		2	6	3	13		
	fail	0							0		0	0	0	0		
Cabrillo College (001)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
	pass													0		
	fail													0		
California Dental Certifications - San Diego (993)		0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%		
	pass	0			0									0		
	fail	1			1									2		
CA College of Vocational Careers (878)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
	pass													0		
	fail													0		
Carrington - Antioch (886)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
	pass													0		
	fail													0		
Carrington - Citrus Heights (882)		100%	0%	60%	83%	100%	100%	N/A	N/A	N/A	0%	50%	43%	68%		
	pass	3	0	3	5	3	3				0	1	3	21		
	fail	0	1	2	1	0	0				1	1	4	10		
Carrington - Emeryville (904)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
	pass													0		
	fail													0		
Carrington - Pleasant Hill (868)		67%	100%	100%	50%	100%	75%	67%	80%	0%	100%	100%	100%	79%		
	pass	2	3	2	1	1	3	2	4	0	2	2	1	23		
	fail	1	0	0	1	0	1	1	1	1	0	0	0	6		
Carrington - Pomona (908)		N/A	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%		
	pass		1											1		
	fail		1											1		
Carrington - Sacramento (436)		40%	73%	69%	70%	63%	50%	40%	36%	50%	60%	33%	100%	55%		
	pass	4	8	9	7	5	2	2	4	2	3	4	3	53		
	fail	6	3	4	3	3	2	3	7	2	2	8	0	43		
Carrington - San Jose (876)		25%	50%	67%	N/A	80%	67%	100%	0%	100%	100%	25%	63%	58%		
	pass	1	1	2		4	2	2	0	1	2	1	5	21		
	fail	3	1	1		1	1	0	2	0	0	3	3	15		
Carrington - San Leandro (609)		56%	50%	36%	63%	75%	43%	0%	40%	50%	50%	45%	20%	45%		
	pass	5	1	4	5	3	3	0	2	2	3	5	1	34		
	fail	4	1	7	3	1	4	3	3	2	3	6	4	41		
Carrington - Stockton (902)		50%	40%	75%	0%	100%	33%	50%	50%	33%	33%	25%	60%	47%		
	pass	2	2	3	0	3	1	3	1	1	1	2	3	22		
	fail	2	3	1	1	0	2	3	1	2	2	6	2	25		

10	5
4	7
56%	0%
5	0
4	7
100%	75%
2	3
0	1
71%	64%
15	7
6	4
100%	0%
12	0
0	0
0%	0%
0	0
0	1
0%	0%
0	0
0	0
59%	63%
10	5
7	3
0%	0%
0	0
0	0
43%	59%
13	19
17	13
63%	64%
10	7
6	4
58%	34%
14	10
10	19
58%	27%
11	4
8	11

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Cerritos College (511)	67%	100%	N/A	100%	100%	N/A	100%	50%	100%	100%	40%	75%	75%
pass	2	2		3	2		1	1	1	1	2	3	18
fail	1	0		0	0		0	1	0	0	3	1	6
Chabot College (513)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass						1							1
fail						0							0
Chaffey College (514)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	100%	75%
pass		1									0	2	3
fail		0									1	0	1
Charter College - Canyon Country (401)	100%	100%	100%	N/A	100%	100%	100%	N/A	N/A	100%	0%	N/A	85%
pass	2	2	2		2	1	1			1	0		11
fail	0	0	0		0	0	0			0	2		2
Citrus College (515)	80%	100%	N/A	100%	100%	100%	N/A	100%	N/A	100%	100%	100%	95%
pass	4	1		2	1	1		2		1	3	5	20
fail	1	0		0	0	0		0		0	0	0	1
City College of San Francisco (534)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	0%	67%	75%	67%
pass			1							0	2	3	6
fail			0							1	1	1	3
College of Alameda (506)	50%	100%	100%	100%	N/A	100%	100%	N/A	0%	N/A	50%	47%	56%
pass	2	1	2	1		1	1		0		3	7	18
fail	2	0	0	0		0	0		1		3	8	14
College of Marin (523)	33%	100%	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	78%
pass	1	2	3			1							7
fail	2	0	0			0							2
College of San Mateo (536)	50%	N/A	N/A	0%	N/A	100%	0%	0%	0%	33%	100%	80%	47%
pass	2			0		1	0	0	0	1	1	4	9
fail	2			1		0	2	1	1	2	0	1	10
College of the Redwoods (838)	N/A	N/A	67%	N/A	N/A	100%	100%	100%	N/A	50%	100%	N/A	82%
pass			2			1	1	2		1	2		9
fail			1			0	0	0		1	0		2
Concorde Career - Garden Grove (425)	33%	25%	100%	40%	100%	50%	50%	80%	100%	50%	0%	75%	58%
pass	1	1	1	2	4	1	2	4	1	2	0	3	22
fail	2	3	0	3	0	1	2	1	0	2	1	1	16
Concorde Career - North Hollywood (435)	33%	0%	50%	100%	33%	100%	0%	50%	0%	67%	33%	0%	36%
pass	1	0	1	2	1	1	0	1	0	2	1	0	10
fail	2	2	1	0	2	0	3	1	2	1	2	2	18
Concorde Career - San Bernardino (430)	44%	56%	56%	60%	25%	63%	17%	57%	60%	50%	55%	69%	53%
pass	4	5	5	3	1	5	1	4	3	9	6	9	55
fail	5	4	4	2	3	3	5	3	2	9	5	4	49
Concorde Career - San Diego (421)	86%	50%	57%	60%	57%	67%	33%	44%	0%	33%	33%	50%	50%
pass	6	1	4	3	4	2	1	4	0	1	1	2	29
fail	1	1	3	2	3	1	2	5	5	2	2	2	29
Concorde Career - San Jose (400)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Contra Costa (745)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Cypress College (518)	100%	100%	N/A	100%	N/A	0%	N/A	50%	N/A	N/A	100%	N/A	78%

73%	75%
11	3
4	1
100%	0%
1	0
0	0
100%	100%
1	1
0	0
100%	50%
3	2
0	2
100%	100%
12	3
0	0
57%	100%
4	1
3	0
58%	33%
11	2
8	4
100%	0%
1	0
0	0
67%	17%
6	1
3	5
75%	100%
3	4
1	0
72%	54%
13	7
5	6
46%	25%
6	2
7	6
60%	46%
24	17
16	20
52%	29%
13	5
12	12
0%	0%
0	0
0	0
0%	0%
0	0
0	0
60%	100%

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	pass	1	2		1		0		1		2		7	
	fail	0	0		0		1		1		0		2	
Diablo Valley College (516)		0%	N/A	N/A	100%	100%	N/A	N/A	100%	N/A	50%	100%	43%	68%
	pass	0			3	1			1		2	5	3	15
	fail	1			0	0			0		2	0	4	7
East Los Angeles Occupational Center (855)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass													0
	fail													0
Eden Area Regional Occupational Program (608) (856)		25%	20%	100%	0%	100%	100%	N/A	N/A	100%	100%	0%	100%	50%
	pass	1	1	2	0	1	1			1	1	0	1	9
	fail	3	4	0	1	0	0			0	0	1	0	9
Everest - Alhambra (406)		N/A	N/A	0%	100%	0%	N/A	100%	N/A	N/A	100%	N/A	100%	71%
	pass			0	1	0		2			1		1	5
	fail			1	0	1		0			0		0	2
Everest - Anaheim (403)(600)		N/A	N/A	0%	100%	N/A	0%	100%	100%	N/A	N/A	100%	N/A	75%
	pass			0	1		0	2	2			1		6
	fail			1	0		1	0	0			0		2
Everest - City of Industry (875)		50%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%
	pass	1				1								2
	fail	1				0								1
Everest - Gardena (870)		0%	N/A	0%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	40%
	pass	0		0	1				1					2
	fail	2		1	0				0					3
Everest - Los Angeles (410)		N/A	0%	100%	N/A	N/A	0%	N/A	N/A	N/A	0%	0%	33%	25%
	pass			1			0				0	0	1	2
	fail			0			1				1	2	2	6
Everest - Ontario (501)		25%	100%	0%	100%	N/A	50%	50%	N/A	N/A	N/A	N/A	0%	50%
	pass	1	3	0	1		2	1					0	8
	fail	3	0	1	0		2	1					1	8
Everest - Reseda (404)		0%	N/A	N/A	0%	67%	0%	100%	0%	100%	N/A	50%	100%	43%
	pass	0			0	2	0	2	0	1		1	0	6
	fail	1			1	1	2	0	1	0		1	1	8
Everest - San Bernardino (881)		0%	N/A	N/A	N/A	N/A	50%	0%	N/A	N/A	N/A	0%	100%	25%
	pass	0					1	0				0	1	2
	fail	1					1	2				2	0	6
Everest - San Francisco (407)		67%	100%	50%	0%	50%	100%	0%	0%	N/A	N/A	N/A	N/A	53%
	pass	2	1	2	0	2	2	0	0					9
	fail	1	0	2	1	2	0	1	1					8
Everest - San Jose (408)		100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
	pass	3												3
	fail	0												0
Everest - Torrance (409)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass													0
	fail													0
Everest - W Los Angeles (874)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass													0
	fail													0
Foothill College (517)		80%	0%	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	55%	65%
	pass	4	0	1		1						1	6	13
	fail	1	1	0		0						0	5	7

	3	1
	2	0
	73%	67%
	11	4
	4	2
	0%	0%
	0	0
	0	0
	100%	50%
	3	2
	0	2
	75%	100%
	3	2
	1	0
	75%	100%
	3	3
	1	0
	100%	0%
	1	0
	0	0
	100%	0%
	2	0
	0	0
	0%	100%
	0	1
	6	0
	80%	0%
	4	0
	1	3
	67%	29%
	4	2
	2	5
	33%	25%
	1	1
	2	3
	75%	20%
	3	1
	1	4
	0%	0%
	0	0
	0	0
	0%	0%
	0	0
	0	0
	67%	0%
	8	0
	4	1

## RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

<b>Galen - Bakersfield (496)</b>	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass				1										1
fail				0										0
<b>Galen - Fresno (413)</b>	N/A	N/A	100%	N/A	N/A	N/A	0%	100%	100%	100%	100%	100%	N/A	71%
pass			1				0	1	1	1	1	1		5
fail			0				2	0	0	0	0	0		2
<b>Galen - Modesto (497)</b>	N/A	50%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%
pass		1			1									2
fail		1			0									1
<b>Galen - Visalia (445)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass														0
fail														0
<b>Grossmont Community College - El Cajon (519)</b>	80%	100%	50%	50%	60%	25%	N/A	50%	100%	29%	67%	0%		57%
pass	4	7	1	2	3	1		2	2	2	4	0		28
fail	1	0	1	2	2	3		2	0	5	2	3		21
<b>Hacienda La Puente (776)</b>	0%	0%	0%	N/A	N/A	N/A	100%	0%	0%	100%	100%	100%		40%
pass	0	0	0				1	0	0	1	1	1		4
fail	1	2	1				0	1	1	0	0	0		6
<b>Heald - Concord (891)</b>	100%	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass	1		1					1						3
fail	0		0					0						0
<b>Heald - Hayward (889)</b>	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A		100%
pass		1								1	1			3
fail		0								0	0			0
<b>Heald - Roseville (911)</b>	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		50%
pass	1													1
fail	1													1
<b>Heald - Salida (910)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%		0%
pass												0		0
fail												1		1
<b>Heald - Stockton (887)</b>	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		100%
pass	1													1
fail	0													0
<b>Howard Healthcare Academy (996)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			100%
pass												1		1
fail												0		0
<b>Intercoast College - El Cajon (883)</b>	N/A	100%	0%	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	N/A		25%
pass		1	0					0	0					1
fail		0	1					1	1					3
<b>Intercoast College - Riverside (923)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		N/A
pass														0
fail														0
<b>Milan Institute - Merced (928)</b>	100%	67%	67%	50%	50%	N/A	100%	0%	N/A	0%	50%	100%		67%
pass	1	2	2	1	1		5	0		0	1	1		14
fail	0	1	1	1	1		0	1		1	1	0		7
<b>Milan Institute - Palm Desert/Indio (906)</b>	0%	N/A	100%	100%	N/A	N/A	100%	0%	N/A	100%	N/A	N/A		71%
pass	0		1	2			1	0		1				5
fail	1		0	0			0	1		0				2
<b>Milan Institute - Visalia (907)</b>	0%	0%	100%	100%	33%	0%	N/A	0%	N/A	N/A	33%	0%		28%

100%	100%
1	1
0	0
75%	50%
3	1
1	1
100%	0%
1	0
0	0
0%	0%
0	0
0	0
47%	44%
8	8
9	10
100%	50%
2	2
0	2
100%	0%
1	0
0	0
100%	0%
2	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	1
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
58%	100%
7	2
5	0
80%	0%
4	0
1	0
44%	0%

## RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

	pass	0	0	1	2	1	0		0		1	0	5	
	fail	2	1	0	0	2	2		2		2	2	13	
Modesto Junior College (526)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	pass												0	
	fail												0	
Monterey Peninsula (527)		0%	50%	100%	N/A	N/A	0%	N/A	0%	100%	100%	50%	100%	63%
	pass	0	1	1			0		0	1	3	1	3	10
	fail	1	1	0			1		2	0	0	1	0	6
Moreno Valley College (903)		N/A	0%	0%	N/A	100%	100%	N/A	N/A	N/A	100%	100%	N/A	80%
	pass		0	0		1	2				2	3	8	
	fail		1	1		0	0				0	0	2	
Mt. Diablo Adult Education - Concord (500)		100%	100%	N/A	100%	0%	50%	75%	0%	100%	100%	50%	67%	62%
	pass	2	2		2	0	2	3	0	1	2	2	2	18
	fail	0	0		0	1	2	1	4	0	0	2	1	11
National Education Center (604)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	pass													0
	fail													0
North Orange County Regional Occupational Program (495)		N/A	100%	50%	100%	0%	N/A	33%	0%	N/A	N/A	67%	0%	40%
	pass		1	1	1	0		1	0			2	0	6
	fail		0	1	0	2		2	1			1	2	9
North-West College - Pomona (420)		N/A	100%	N/A	N/A	100%	N/A	0%	67%	N/A	100%	N/A	100%	73%
	pass		1			2		0	2		1		2	8
	fail		0			0		2	1		0		0	3
North-West College - West Covina (419)		67%	0%	50%	100%	0%	N/A	50%	100%	0%	N/A	50%	0%	47%
	pass	2	0	1	1	0		2	1	0		1	0	8
	fail	1	1	1	0	1		2	0	1		1	1	9
Orange Coast (528)		75%	100%	N/A	N/A	100%	0%	100%	N/A	N/A	100%	67%	100%	83%
	pass	3	2			1	0	1			2	2	4	15
	fail	1	0			0	1	0			0	1	0	3
Palomar College (721)		N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	100%	100%	100%	100%
	pass					1			1		1	13	5	21
	fail					0			0		0	0	0	0
Pasadena City College (529)		67%	100%	100%	100%	50%	50%	N/A	N/A	N/A	100%	0%	100%	78%
	pass	2	3	1	3	1	1				1	0	6	18
	fail	1	0	0	0	1	1				0	2	0	5
Pima Medical Institute (871)		0%	75%	100%	50%	100%	100%	N/A	50%	0%	0%	75%	33%	57%
	pass	0	6	2	1	1	2		1	0	0	3	1	17
	fail	3	2	0	1	0	0		1	2	1	1	2	13
Pima Medical Institute - San Marcos (1004)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	50%	75%
	pass										1	1	1	3
	fail										0	0	1	1
Reedley College (530)		67%	100%	0%	100%	0%	N/A	100%	0%	N/A	67%	57%	100%	62%
	pass	2	1	0	1	0		1	0		2	4	2	13
	fail	1	0	1	0	1		0	1		1	3	0	8
Riverside County Office of Education (921)		100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	N/A	N/A	67%
	pass	1					1				0			2
	fail	0					0				1			1
Riverside County Regional Occupational Program (498)		0%	67%	N/A	100%	N/A	N/A	50%	N/A	N/A	50%	25%	100%	50%
	pass	0	2		1			2			1	1	1	8
	fail	1	1		0			2			1	3	0	8

4	0
5	5
0%	0%
0	0
0	0
78%	33%
7	1
2	2
100%	100%
5	3
0	0
65%	38%
11	3
6	5
0%	0%
0	0
0	0
50%	17%
3	1
3	5
71%	67%
5	2
2	1
43%	50%
3	2
4	2
89%	67%
8	2
1	1
100%	0%
21	0
0	0
71%	100%
10	2
4	0
70%	29%
7	2
3	5
67%	100%
2	1
1	0
73%	40%
8	2
3	3
50%	0%
1	0
1	0
50%	50%
5	1
5	1

## RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Sacramento City College (532)	100%	100%	0%	100%	N/A	100%	N/A	N/A	N/A	100%	80%	50%	86%
pass	1	1	0	1		1				10	4	1	19
fail	0	0	1	0		0				0	1	1	3
San Bernardino County Regional Occupational Program - Hesperia (454)	33%	100%	100%	100%	N/A	100%	67%	0%	0%	N/A	100%	67%	60%
pass	1	3	1	1		2	4	0	0		1	2	15
fail	2	0	0	0		0	2	2	3		0	1	10
San Bernardino County Regional Occupational Program - Twentynine Palms (913)	N/A	N/A	N/A	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	40%
pass				1								1	2
fail				1								2	3
San Diego Mesa College (533)	N/A	100%	100%	100%	100%	N/A	N/A	N/A	N/A	100%	100%	100%	100%
pass		1	1	2	1					4	1	2	12
fail		0	0	0	0					0	0	0	0
San Joaquin Valley College - Bakersfield (601)	N/A	100%	N/A	N/A	N/A	100%	0%	100%	0%	75%	71%	100%	75%
pass		2				1	0	1	0	3	5	3	15
fail		0				0	1	0	1	1	2	0	5
San Joaquin Valley College - Fresno (602)	33%	67%	100%	100%	50%	50%	50%	0%	0%	0%	50%	63%	58%
pass	2	2	6	3	1	1	1	0	0	0	1	5	22
fail	4	1	0	0	1	1	1	1	2	1	1	3	16
San Joaquin Valley College - Hesperia (998)	N/A	N/A	N/A	67%	50%	N/A	N/A	100%	N/A	100%	100%	N/A	78%
pass				2	1			2		1	1		7
fail				1	1			0		0	0		2
San Joaquin Valley College - Rancho Cordova (880)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
San Joaquin Valley College - Temecula (919)	88%	75%	67%	0%	50%	83%	67%	100%	N/A	100%	100%	67%	82%
pass	7	6	2		1	5	2	3		6	3	2	37
fail	1	2	1		1	1	1	0		0	0	1	8
San Joaquin Valley College - Visalia (446)	100%	50%	67%	57%	67%	88%	100%	67%	0%	50%	75%	75%	69%
pass	2	1	2	4	2	7	1	2	0	3	6	6	36
fail	0	1	1	3	1	1	0	1	1	3	2	2	16
San Jose City College (535)	50%	50%	N/A	75%	100%	100%	0%	50%	0%	0%	33%	40%	42%
pass	1	1		3	1	1	0	1	0	0	3	4	15
fail	1	1		1	0	0	1	1	1	3	6	6	21
Santa Barbara City College (537)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Santa Rosa Junior College (538)	100%	86%	N/A	N/A	100%	N/A	40%	100%	N/A	0%	0%	100%	75%
pass	5	6			2		2	2		0	0	1	18
fail	0	1			0		3	0		1	1	0	6
Shasta/Trinity Regional Occupational Program (455)	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%	0%	N/A	0%
pass						0				0	0		0
fail						1				1	1		3
Simi Valley Adult School (866)	50%	0%	0%	50%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	36%
pass	1	0	0	2		1							4
fail	1	2	2	2		0							7
Southern California Regional Occupational Center - Torrance (612)	0%	33%	N/A	50%	100%	100%	100%	0%	100%	100%	50%	50%	59%
pass	0	1		1	2	1	1	0	1	1	1	1	10
fail	1	2		1	0	0	0	1	0	0	1	1	7
Southland College (428)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0

94%	0%
17	0
1	1
73%	29%
8	2
3	5
33%	50%
1	1
2	1
100%	0%
10	0
0	0
77%	60%
10	3
3	2
64%	33%
9	3
5	6
88%	%
7	0
1	1
0%	0%
0	0
0	0
91%	50%
20	2
2	2
71%	57%
27	4
11	3
53%	27%
9	4
8	11
0%	0%
0	0
0	0
86%	20%
6	1
1	4
0%	0%
0	0
2	1
50%	67%
1	2
1	1
83%	57%
5	4
1	3
0%	0%



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	pass													0
	fail													0
The FADE Institute, Inc. (999)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	100%
	pass										1	1	4	6
	fail										0	0	0	0
The Valley School of Dental Assisting (920)		N/A	N/A	N/A	N/A	0%	0%	100%	N/A	N/A	N/A	100%	N/A	67%
	pass					0	0	1				1		2
	fail					1	0	0				0		1
Tri Cities Regional Occupational Program (877)		100%	N/A	N/A	0%	N/A	0%	0%	100%	N/A	N/A	N/A	N/A	40%
	pass	1			0		0	0	1					2
	fail	0			1		1	1	0					3
United Education Institute - Anaheim (916)		100%	50%	100%	100%	100%	50%	100%	N/A	N/A	100%	50%	0%	73%
	pass	1	1	2	2	1	1	1			1	1	0	11
	fail	0	1	0	0	0	1	0			0	1	1	4
United Education Institute - Bakersfield (926)		33%	100%	50%	33%	40%	50%	N/A	25%	25%	17%	0%	0%	27%
	pass	1	1	1	1	2	1		1	1	1	0	0	10
	fail	2	0	1	2	3	1		3	3	5	4	3	27
United Education Institute - Chula Vista (879)		0%	75%	100%	0%	40%	67%	N/A	33%	50%	17%	20%	75%	41%
	pass	0	3	2	0	2	2		1	1	1	1	3	16
	fail	2	1	0	3	3	1		2	1	5	4	1	23
United Education Institute - El Monte (909)		25%	0%	50%	50%	100%	50%	60%	50%	50%	67%	0%	60%	47%
	pass	1	0	1	1	1	2	3	1	1	2	0	3	16
	fail	3	3	1	1	0	2	2	1	1	1	1	2	18
United Education Institute - Encino (453)		50%	50%	50%	0%	100%	50%	60%	0%	N/A	100%	33%	100%	52%
	pass	1	2	1	0	1	2	3	0		4	1	1	16
	fail	1	2	1	2	0	2	2	3		0	2	0	15
United Education Institute - Fresno (927)		25%	33%	50%	N/A	50%	0%	40%	25%	50%	86%	14%	8%	34%
	pass	1	1	4		2	0	2	1	1	6	1	1	20
	fail	3	2	4		2	2	3	3	1	1	6	12	39
United Education Institute - Gardena (915)		0%	50%	N/A	0%	N/A	100%	0%	0%	0%	60%	33%	50%	39%
	pass	0	1		0		1	0	0	0	3	1	1	7
	fail	1	1		1		0	1	1	1	2	2	1	11
United Education Institute - Huntington Park (448)		20%	36%	25%	20%	57%	67%	100%	33%	0%	50%	38%	20%	35%
	pass	1	4	1	1	4	2	2	3	0	1	3	1	23
	fail	4	7	3	4	3	1	0	6	4	1	5	4	42
United Education Institute - Los Angeles (449)		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	50%
	pass											1		1
	fail											1		1
United Education Institute - Ontario (450)		100%	0%	0%	100%	0%	100%	0%	100%	50%	0%	0%	100%	45%
	pass	1	0	0	1	0	1	0	3	1	0	0	3	10
	fail	0	2	1	0	2	0	1	0	1	3	2	0	12
United Education Institute - Riverside (917)		25%	25%	33%	40%	20%	100%	0%	50%	0%	0%	0%	100%	29%
	pass	1	2	1	2	1	1	0	1	0	0	0	1	10
	fail	3	6	2	3	4	0	2	1	1	2	1	0	25
United Education Institute - San Diego (451)		N/A	100%	N/A	N/A	100%	N/A	N/A	0%	100%	N/A	N/A	N/A	75%
	pass		1			1			0	1				3
	fail		0			0			1	0				1
United Education Institute - San Marcos (918)		25%	100%	0%	0%	67%	50%	50%	25%	100%	33%	45%	0%	42%
	pass	1	1	0	0	4	1	2	1	3	2	5	0	20
	fail	3	0	2	1	2	1	2	3	0	4	6	4	28

0	0
0	0
100%	0%
6	0
0	0
50%	100%
1	1
1	0
50%	0%
1	0
1	2
71%	67%
5	2
2	1
26%	17%
5	2
14	10
43%	29%
6	5
8	12
69%	42%
9	5
4	7
62%	40%
8	4
5	6
53%	27%
8	6
7	23
50%	29%
4	2
4	5
50%	28%
10	7
10	18
50%	0%
1	0
1	0
40%	54%
2	7
3	6
0%	40%
0	6
5	9
50%	100%
1	1
1	0
52%	35%
11	7
10	13

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<b>United Education Institute - Stockton (925)</b>	100%	100%	100%	0%	0%	50%	40%	25%	67%	100%	100%	50%	59%
pass	1	2	1	0	0	2	2	1	2	3	3	2	19
fail	0	0	0	1	1	2	3	3	1	0	0	2	13
<b>United Education Institute - Van Nuys (453)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Unitek - Concord (994)</b>	50%	N/A	50%	33%	33%	N/A	100%	50%	0%	33%	0%	75%	45%
pass	1		1	1	1		1	1	0	1	0	3	10
fail	1		1	2	2		0	1	1	2	1	1	12
<b>Unitek - Sacramento (924)</b>	0%	N/A	N/A	N/A	N/A	0%	100%	N/A	0%	67%	N/A		50%
pass	0					0	1		0	2		1	4
fail	0					1	0		1	1		1	4
<b>Unitek - San Jose (995)</b>	N/A	0%	0%	50%	0%	N/A	N/A	0%	N/A	N/A	0%	0%	11%
pass		0	0	1	0			0			0	0	1
fail		1	1	1	1			2			1	1	8
<b>University of California, Los Angeles - Extension (803)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>West Los Angeles College (1001)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
pass	1											1	2
fail	0											0	0
<b>National (ADA) Out of State</b>	33%	100%	100%	N/A	100%	50%	N/A	100%	N/A	100%	0%	0%	70%
pass	1	1	1		1	1		1		1	0	0	7
fail	2	0	0		0	1		0		0	0	0	3
<b>Work Experience</b>	50%	61%	55%	60%	49%	55%	46%	47%	50%	56%	50%	57%	53%
pass	63	62	51	55	49	66	39	47	51	44	53	59	639
fail	62	40	42	37	52	54	46	54	52	35	53	44	571
<b>Mixed Education and Work Experience</b>	50%	55%	67%	70%	50%	63%	47%	60%	57%	35%	57%	40%	54%
pass	12	12	10	14	6	10	9	9	13	6	13	8	122
fail	12	10	5	6	6	6	10	6	10	11	10	12	104
<b>PERCENT PASS</b>	<b>52%</b>	<b>61%</b>	<b>61%</b>	<b>63%</b>	<b>55%</b>	<b>58%</b>	<b>51%</b>	<b>49%</b>	<b>47%</b>	<b>56%</b>	<b>51%</b>	<b>56%</b>	<b>55%</b>
<b>TOTAL PASS</b>	<b>209</b>	<b>212</b>	<b>182</b>	<b>183</b>	<b>155</b>	<b>177</b>	<b>142</b>	<b>150</b>	<b>115</b>	<b>183</b>	<b>222</b>	<b>239</b>	<b>2,169</b>
<b>TOTAL FAIL</b>	<b>196</b>	<b>133</b>	<b>118</b>	<b>107</b>	<b>128</b>	<b>129</b>	<b>139</b>	<b>156</b>	<b>128</b>	<b>142</b>	<b>212</b>	<b>189</b>	<b>1,777</b>

59%	45%
10	5
7	6
0%	0%
0	0
0	0
63%	30%
5	3
3	7
50%	50%
3	1
3	1
0%	33%
0	1
4	2
0%	0%
0	0
0	0
100%	0%
1	0
0	0
75%	0%
3	0
1	0
62%	36%
216	91
135	159
69%	39%
46	15
21	23
64%	39%
988	396
558	609

\*The totals for the First Time and Repeat Test Takers only includes those that tested in 2019

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics  
July 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College (508)	10	10	100%	0	0%	10	10	100%	0	0%	0	0	0%	0	0%
American Career College - Long Beach (997)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
American Career College - Los Angeles (867)	6	0	0%	6	100%	2	0	0%	2	100%	4	0	0%	4	100%
American Career College - Ontario (905)	3	1	33%	2	67%	2	1	60%	1	50%	1	0	0%	1	100%
Anthem College - Sacramento (503)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Baldy View ROP (590)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Brightwood - Bakersfield (884)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Clovis (885)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Brightwood - Modesto (890)	4	3	75%	1	25%	1	1	80%	0	0%	3	2	67%	1	33%
Brightwood - Palm Springs (901)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Brightwood - Sacramento (888)	2	1	50%	1	50%	1	1	67%	0	0%	1	0	0%	1	100%
Brightwood - San Diego (899)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Vista (900)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Butte County ROP (605)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Carrington College - Citrus Heights (882)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Carrington College - Pleasant Hill (868)	3	2	67%	1	33%	1	1	75%	0	0%	2	1	50%	1	50%
Carrington College - Sacramento (436)	5	3	60%	2	40%	2	0	0%	2	100%	3	3	100%	0	0%
Carrington College - San Jose (876)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Carrington College - San Leandro (609)	6	3	50%	3	50%	4	3	86%	1	25%	2	0	0%	2	100%
Carrington College - Stockton (902)	3	1	33%	2	67%	2	1	60%	1	50%	1	0	0%	1	100%
Cerritos Community College (511)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Charter College (401)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Citrus College (515)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
City College of San Francisco (534)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
College of San Mateo (536)	5	2	40%	3	60%	2	1	63%	1	50%	3	1	33%	2	67%
College of the Redwoods (838)	2	1	50%	1	50%	2	1	67%	1	50%	0	0	0%	0	0%
Concorde Career College - Garden Grove (425)	4	2	50%	2	50%	3	1	67%	2	67%	1	1	100%	0	0%
Concorde Career College - North Hollywood (435)	4	2	50%	2	50%	3	2	80%	1	33%	1	0	0%	1	100%
Concorde Career College - San Bernardino (430)	18	9	50%	9	50%	10	5	91%	5	50%	8	4	50%	4	50%
Concorde Career College - San Diego (421)	4	1	25%	3	75%	0	0	0%	0	0%	4	1	25%	3	75%
Diablo Valley College (516)	6	4	67%	2	33%	5	3	90%	2	40%	1	1	100%	0	0%
Eden Area ROP (608)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest College - Alhambra (406)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - Los Angeles (874)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
FADE, Inc. (999)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Galen College of Medical & Dental Assistants - Fresno (413)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Grossmont Community College (519)	7	2	29%	5	71%	5	1	58%	4	80%	2	1	50%	1	50%
Hacienda La Puente Adult School (776)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Heald College - Hayward (889)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Milan Institute - Merced (928)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Milan Institute - Palm Desert (906)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Monterey Peninsula College (527)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Moreno Valley College (903)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Mt. Diablo Adult Education - Concord (500)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
North-West College - Pomona (420)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Orange Coast College (528)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Palomar College (721)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics  
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Pasadena City College (529)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pima Medical Institute - Chula Vista (871)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Pima Medical Institute - San Marcos (1004)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Reedley College (530)	3	2	67%	1	33%	2	2	86%	0	0%	1	0	0%	1	100%
Riverside County Office of Education - Indio (921)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Riverside County Office of Education - Riverside (498)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Sacramento City College (532)	10	10	100%	0	0%	10	10	100%	0	0%	0	0	0%	0	0%
San Diego Mesa College (533)	5	5	100%	0	0%	5	5	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Bakersfield (601)	4	3	75%	1	25%	3	2	89%	1	33%	1	1	100%	0	0%
San Joaquin Valley College - Fresno (602)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
San Joaquin Valley College - Hesperia (998)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Temecula (919)	7	7	100%	0	0%	6	6	100%	0	0%	1	1	100%	0	0%
San Joaquin Valley College - Visalia (446)	8	3	38%	5	63%	6	2	76%	4	67%	2	1	50%	1	50%
San Jose City College (535)	4	0	0%	4	100%	1	0	0%	1	100%	3	0	0%	3	100%
Santa Rosa Junior College (538)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Shasta Trinity ROP (455)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Southern California ROC - Torrance (612)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
United Education Institute - Anaheim (916)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Bakersfield (926)	7	1	14%	6	86%	6	0	0%	6	100%	1	1	100%	0	0%
United Education Institute - Chula Vista (879)	6	1	17%	5	83%	2	0	0%	2	100%	4	1	25%	3	75%
United Education Institute - El Monte (909)	4	2	50%	2	50%	1	1	67%	0	0%	3	1	33%	2	67%
United Education Institute - Encino (453)	5	4	80%	1	20%	3	2	91%	1	33%	2	2	100%	0	0%
United Education Institute - Fresno (927)	7	6	86%	1	14%	4	4	97%	0	0%	3	2	67%	1	33%
United Education Institute - Gardena (915)	6	4	67%	2	33%	5	3	90%	2	40%	1	1	100%	0	0%
United Education Institute - Huntington Park (448)	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
United Education Institute - Ontario (450)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
United Education Institute - Riverside (917)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
United Education Institute - San Diego (451)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - San Marcos (918)	5	2	40%	3	60%	5	2	77%	3	60%	0	0	0%	0	0%
United Education Institute - Stockton (925)	3	0	0%	3	100%	3	0	0%	3	100%	0	0	0%	0	0%
Unitek College - Concord (994)	4	1	25%	3	75%	1	0	0%	1	100%	3	1	33%	2	67%
Unitek College - Sacramento (995)	3	2	67%	1	33%	3	2	86%	1	33%	0	0	0%	0	0%
<b>TOTALS</b>	<b>245</b>	<b>136</b>	<b>56%</b>	<b>109</b>	<b>42%</b>	<b>165</b>	<b>103</b>	<b>100%</b>	<b>62</b>	<b>38%</b>	<b>80</b>	<b>33</b>	<b>41%</b>	<b>47</b>	<b>59%</b>
<b>NATIONAL (ADA)</b>	<b>1</b>	<b>1</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>1</b>	<b>1</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
<b>WORK EXPERIENCE</b>	<b>83</b>	<b>45</b>	<b>54%</b>	<b>38</b>	<b>45%</b>	<b>46</b>	<b>33</b>	<b>72%</b>	<b>13</b>	<b>26%</b>	<b>37</b>	<b>12</b>	<b>32%</b>	<b>25</b>	<b>68%</b>
<b>MIXED EDUCATION AND WORK EXPERIENCE</b>	<b>17</b>	<b>6</b>	<b>35%</b>	<b>11</b>	<b>52%</b>	<b>10</b>	<b>4</b>	<b>40%</b>	<b>6</b>	<b>46%</b>	<b>7</b>	<b>2</b>	<b>29%</b>	<b>5</b>	<b>71%</b>
<b>GRAND TOTALS</b>	<b>346</b>	<b>188</b>	<b>54%</b>	<b>158</b>	<b>42%</b>	<b>222</b>	<b>141</b>	<b>64%</b>	<b>81</b>	<b>40%</b>	<b>124</b>	<b>47</b>	<b>38%</b>	<b>77</b>	<b>62%</b>

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics  
August 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
American Career College - Anaheim (896)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
American Career College - Los Angeles (867)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	0%
American Career College - Ontario (905)	2	0	0%	2	100%	1	0	0%	1	100%	1	0	0%	1	100%
Anthem College - Sacramento Formerly High-Tech (503)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Baldy View Regional Occupational Program (590)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Blake Austin College (897)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Brightwood - Bakersfield (884)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Brightwood - Clovis (885)	5	0	0%	5	100%	1	0	0%	1	100%	4	0	0%	4	100%
Brightwood - Modesto (499)/(890)	8	4	50%	4	50%	4	3	75%	1	25%	4	1	25%	3	75%
Brightwood - Palm Springs (901)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Brightwood - Riverside (898)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Brightwood - Sacramento (888)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
Brightwood - San Diego (899)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
Brightwood - Stockton (611)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Brightwood - Vista (900)	5	2	40%	3	60%	1	1	100%	0	0%	4	1	25%	3	75%
Butte County Regional Occupational Center (605)	6	6	100%	0	0%	6	6	100%	0	0%	0	0	0%	0	0%
Carrington College - Citrus Heights (882)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
Carrington College - Pleasant Hill (868)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
Carrington College - Sacramento (436)	12	4	33%	8	67%	6	2	33%	4	67%	6	2	33%	4	67%
Carrington College - San Jose (876)	4	1	25%	3	75%	3	0	0%	3	100%	1	1	100%	0	0%
Carrington College - San Leandro (609)	11	5	45%	6	55%	3	1	33%	2	67%	8	4	50%	4	50%
Carrington College - Stockton (902)	8	2	25%	6	75%	2	0	0%	2	100%	6	2	33%	4	67%
Cerritos Community College - Norwalk (511)	5	2	40%	3	60%	5	2	40%	3	60%	0	0	0%	0	0%
Chaffey Community College (514)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Charter College (401)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Citrus College - Glendora (515)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
City College of San Francisco (534)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
College of Alameda - Alameda ( 506)	6	3	50%	3	50%	6	3	50%	3	50%	0	0	0%	0	0%
College of San Mateo - San Mateo (536)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
College of the Redwoods (838)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
Concorde Career College - Garden Grove (425)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Concorde Career College - North Hollywood (435)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Concorde Career College- San Bernardino (430)	11	6	55%	5	45%	8	5	63%	3	38%	3	1	33%	2	67%
Concorde Career College - San Diego (421)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Cypress College - Cypress ( 518)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Diablo Valley College - Pleasant Hill ( 516)	5	5	100%	0	0%	5	5	100%	0	0%	0	0	0%	0	0%
Eden Area Regional Occupational Center - Hayward (608)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest College - Anaheim (403)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - Los Angeles (410)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Everest College - Reseda (404)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Everest College - San Bernardino (881)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
FADE, Inc. (999)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Foothill Community College (517)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Galen College of Medical & Dental Assistants (413)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Grossmont Community College - El Cajon (519)	6	4	67%	2	33%	3	1	33%	2	67%	3	3	100%	0	0%
Hacienda La Puente Adult School - La Puente (776)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Heald College - Hayward (889)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Milan Institute - Merced (928)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Milan Institute -Visalia (907)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%

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Monterey Peninsula College (527)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
Moreno Valley College - Moreno Valley ( 903)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Mt. Diablo Adult Education - Concord (500)	4	2	50%	2	50%	1	1	100%	0	0%	3	1	33%	2	67%
North Orange County ROP (495)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
North-West College - West Covina (419)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Orange Coast College (528)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
Palomar College - San Marcos (721)	13	13	100%	0	0%	13	13	100%	0	0%	0	0	0%	0	0%
Pasadena City College (529)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Pima Medical Institute - Chula Vista (871)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Pima Medical Institute - San Marcos (1004)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Reedley College (530)	7	4	57%	3	43%	6	3	50%	3	50%	1	1	100%	0	0%
Riverside County Office of Education - Riverside (498)	4	1	25%	3	75%	3	1	33%	2	67%	1	0	0%	1	100%
Sacramento City College (532)	5	4	80%	1	20%	5	4	80%	1	20%	0	0	0%	0	0%
San Bernardino County ROP - Hesperia (454)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
San Diego Mesa College - San Diego (533)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Bakersfield (601)	7	5	71%	2	29%	5	4	80%	1	20%	2	1	50%	1	50%
San Joaquin Valley College - Fresno (602)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
San Joaquin Valley College - Hesperia (998)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Temecula (919)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Visalia (446)	8	6	75%	2	25%	6	4	67%	2	33%	2	2	100%	0	0%
San Jose City College - San Jose (535)	9	3	33%	6	67%	4	2	50%	2	50%	5	1	20%	4	80%
Santa Rosa Junior College - Santa Rosa (538)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Shasta Trinity Regional Occupational Program (455)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Southern California ROC - Torrance (612)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
The Valley School of Dental Assisting - Encino (920)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Anaheim (916)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
United Education Institute - Bakersfield (926)	4	0	0%	4	100%	2	0	0%	2	100%	2	0	0%	2	100%
United Education Institute - Chula Vista (879)	5	1	20%	4	80%	1	0	0%	1	100%	4	1	25%	3	75%
United Education Institute - El Monte (909)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Encino (453)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
United Education Institute - Fresno (927)	7	1	14%	6	86%	4	1	25%	3	75%	3	0	0%	3	100%
United Education Institute - Gardena (915)	3	1	33%	2	67%	0	0	0%	0	0%	3	1	33%	2	67%
United Education Institute - Huntington Park (448)	8	3	38%	5	63%	3	1	33%	2	67%	5	2	40%	3	60%
United Education Institute - Los Angeles (449)	2	1	50%	1	50%	2	1	50%	1	50%	0	0	0%	0	0%
United Education Institute - Ontario (450)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
United Education Institute - Riverside (927)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - San Marcos (918)	11	5	45%	6	55%	5	2	40%	3	60%	6	3	50%	3	50%
United Education Institute - Stockton (925)	3	3	100%	0	0%	1	1	100%	0	0%	2	2	100%	0	0%
Unitek College - Concord (994)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Unitek College - San Jose (995)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
University of California, Extension - Los Angeles (803)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
<b>TOTALS</b>	<b>306</b>	<b>156</b>	<b>51%</b>	<b>150</b>	<b>49%</b>	<b>190</b>	<b>112</b>	<b>59%</b>	<b>78</b>	<b>41%</b>	<b>116</b>	<b>44</b>	<b>38%</b>	<b>72</b>	<b>62%</b>
<b>NATIONAL (ADA)</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
<b>WORK EXPERIENCE</b>	<b>106</b>	<b>53</b>	<b>50%</b>	<b>53</b>	<b>50%</b>	<b>66</b>	<b>39</b>	<b>59%</b>	<b>27</b>	<b>41%</b>	<b>40</b>	<b>14</b>	<b>0%</b>	<b>26</b>	<b>65%</b>
<b>MIXED EDUCATION AND WORK EXPERIENCE</b>	<b>23</b>	<b>13</b>	<b>57%</b>	<b>10</b>	<b>43%</b>	<b>13</b>	<b>10</b>	<b>77%</b>	<b>3</b>	<b>23%</b>	<b>10</b>	<b>3</b>	<b>0%</b>	<b>7</b>	<b>70%</b>
<b>GRAND TOTALS</b>	<b>435</b>	<b>222</b>	<b>51%</b>	<b>213</b>	<b>49%</b>	<b>269</b>	<b>161</b>	<b>60%</b>	<b>108</b>	<b>40%</b>	<b>166</b>	<b>61</b>	<b>37%</b>	<b>105</b>	<b>63%</b>



**Registered Dental Assistant General and Law and Ethics Written Examination Statistics  
September 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Allan Hancock College - Santa Maria (508)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
American Career College - Long Beach (997)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
American Career College - Los Angeles (867)	6	2	33%	4	67%	2	1	50%	1	50%	4	1	25%	3	75%
American Career College - Ontario (905)	3	1	33%	2	67%	1	1	100%	0	0%	2	0	0%	2	100%
Anthem College - Sacramento (503)	4	2	50%	2	50%	2	2	100%	0	0%	2	0	0%	2	100%
Baldy View Regional Occupational Program (590)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Blake Austin College (897)	4	3	75%	1	25%	1	1	100%	0	0%	3	2	67%	1	33%
Brightwood - Clovis (885)	5	2	40%	3	60%	3	1	33%	2	67%	2	1	50%	1	50%
Brightwood - Modesto (499)/(890)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
Brightwood - Palm Springs (901)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
Brightwood - Sacramento (888)	4	1	25%	3	75%	2	1	50%	1	50%	2	0	0%	2	100%
Brightwood - San Diego (899)	4	1	25%	3	75%	2	1	50%	1	50%	2	0	0%	2	100%
Brightwood - Vista (900)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Butte County Regional Occupational Center (605)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Carrington College - Citrus Heights (882)	7	3	43%	4	57%	5	2	40%	3	60%	2	1	50%	1	50%
Carrington College - Pleasant Hill (868)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Carrington College - Sacramento (436)	3	3	100%	0	0%	0	0	0%	0	0%	3	3	100%	0	0%
Carrington College - San Jose (876)	8	5	63%	3	38%	3	3	100%	0	0%	5	2	40%	3	60%
Carrington College - San Leandro (609)	5	1	20%	4	80%	1	0	0%	1	100%	4	1	25%	3	75%
Carrington College - Stockton (902)	5	3	60%	2	40%	2	2	100%	0	0%	3	1	33%	2	67%
Cerritos Community College - Norwalk (511)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
Chaffey Community College (514)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Citrus College - Glendora (515)	5	5	100%	0	0%	4	4	100%	0	0%	1	1	100%	0	0%
City College of San Francisco (534)	4	3	75%	1	25%	3	2	67%	1	33%	1	1	100%	0	0%
College of Alameda - Alameda ( 506)	15	7	47%	8	53%	10	5	50%	5	50%	5	2	40%	3	60%
College of San Mateo - San Mateo (536)	5	4	80%	1	20%	4	4	100%	0	0%	1	0	0%	1	100%
Concorde Career College - Garden Grove (425)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
Concorde Career College - North Hollywood (435)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Concorde Career College- San Bernardino (430)	13	9	69%	4	31%	6	5	83%	1	17%	7	4	57%	3	43%
Concorde Career College - San Diego (421)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
Diablo Valley College - Pleasant Hill ( 516)	7	3	43%	4	57%	4	2	50%	2	50%	3	1	33%	2	67%
Eden Area Regional Occupational Center - Hayward (608)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - Alhambra (406)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Everest College - Los Angeles (410)	3	1	33%	2	67%	2	0	0%	2	100%	1	1	100%	0	0%
Everest College- Ontario (501)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest College - Reseda (404)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Everest College - San Bernardino (881)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
FADE, Inc. (999)	4	4	100%	0	0%	4	4	100%	0	0%	0	0	0%	0	0%
Foothill Community College (517)	11	6	55%	5	45%	10	6	60%	4	40%	1	0	0%	1	100%
Grossmont Community College - El Cajon (519)	3	0	0%	3	100%	3	0	0%	3	100%	0	0	0%	0	0%
Hacienda La Puente Adult School - La Puente (776)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Heald College - Salida (910)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Howard Healthcare Academy (996)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Milan Institute - Merced (928)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Milan Institute -Visalia (907)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Monterey Peninsula College (527)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
Mt. Diablo Adult Education - Concord (500)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
North Orange County ROP (495)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
North-West College- Pomona (420)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
North-West College - West Covina (419)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%

**Registered Dental Assistant General and Law and Ethics Written Examination Statistics  
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Orange Coast College (528)	4	4	100%	0	0%	3	3	100%	0	0%	1	1	100%	0	0%
Palomar College - San Marcos (721)	5	5	100%	0	0%	5	5	100%	0	0%	0	0	0%	0	0%
Pasadena City College (529)	6	6	100%	0	0%	6	6	100%	0	0%	0	0	0%	0	0%
Pima Medical Institute - Chula Vista (871)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Pima Medical Institute - San Marcos (1004)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Reedley College (530)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Riverside County Office of Education - Riverside (498)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Sacramento City College (532)	2	1	50%	1	50%	1	1	100%	0	0%	1	0	0%	1	100%
San Bernardino County ROP - Hesperia (454)	3	2	67%	1	33%	2	2	100%	0	0%	1	0	0%	1	100%
San Bernardino County ROP-Twenty-nine Palms (913)	3	1	33%	2	67%	3	1	33%	2	67%	0	0	0%	0	0%
San Diego Mesa College - San Diego (533)	2	2	100%	0	0%	2	2	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Bakersfield (601)	3	3	100%	0	0%	3	3	100%	0	0%	0	0	0%	0	0%
San Joaquin Valley College - Fresno (602)	8	5	63%	3	38%	5	3	60%	2	40%	3	2	67%	1	33%
San Joaquin Valley College - Temecula (919)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
San Joaquin Valley College - Visalia (446)	8	6	75%	2	25%	8	6	75%	2	25%	0	0	0%	0	0%
San Jose City College - San Jose (535)	10	4	40%	6	60%	5	1	20%	4	80%	5	3	60%	2	40%
Santa Rosa Junior College - Santa Rosa (538)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Southern California ROC - Torrance (612)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
United Education Institute - Anaheim (916)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
United Education Institute - Bakersfield (926)	3	0	0%	3	100%	1	0	0%	1	100%	2	0	0%	2	100%
United Education Institute - Chula Vista (879)	4	1	25%	3	75%	1	1	100%	0	0%	3	0	0%	3	100%
United Education Institute - El Monte (909)	5	3	60%	2	40%	3	2	67%	1	33%	2	1	50%	1	50%
United Education Institute - Encino (453)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
United Education Institute - Fresno (927)	13	1	8%	12	92%	4	1	25%	3	75%	9	0	0%	9	100%
United Education Institute- Gardena (915)	2	1	0%	1		1	0	0%	1	100%	1	1	100%	0	0%
United Education Institute - Huntington Park (448)	5	1	20%	4	80%	3	0	0%	3	100%	2	1	50%	1	50%
United Education Institute - Ontario (450)	3	3	100%	0	0%	0	0	0%	0	0%	3	3	100%	0	0%
United Education Institute - Riverside (927)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
United Education Institute - San Marcos (918)	4	0	0%	4	100%	1	0	0%	1	100%	3	0	0%	3	100%
United Education Institute - Stockton (925)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
Unitek-Concord (994)	4	3	75%	1	25%	2	2	100%	0	0%	2	1	50%	1	50%
Unitek College - Sacramento (924)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Unitek College - San Jose (995)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
West Los Angeles College	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
<b>TOTALS</b>	304	169	56%	135	44%	188	123	65%	65	35%	116	46	40%	70	60%
<b>NATIONAL (ADA)</b>	0	0	0%	0	0%	0	0	0%	0	0%	0	0	0%	0	0%
<b>WORK EXPERIENCE</b>	102	59	58%	43	42%	69	44	64%	25	36%	33	15	45%	18	55%
<b>MIXED EDUCATION AND WORK EXPERIENCE</b>	20	8	40%	12	60%	13	7	54%	6	46%	7	1	14%	6	86%
<b>GRAND TOTALS</b>	426	236	55%	190	45%	270	174	64%	96	36%	156	62	40%	94	60%



**RDAEF PRACTICAL AND CLINICAL EXAMINATION SCHOOL STATISTICS**

Program	Aug-18	Oct-18	Nov-18	Feb-19	Mar-19	Jun-19	19-Aug	Total		YTD First Time Testers	YTD Repeat Testers
<b>Central California Dental Academy (011)</b>											
Amalgam and Composite	N/A	50%	N/A	50%	N/A	50%	N/A	50%		50%	50%
	pass	1		1		3		5		3	1
	fail	1		1		3		5		3	1
Cord Retraction & Final Impression	N/A	0%	N/A	67%	N/A	67%	N/A	55%		67%	67%
	pass	0		2		4		6		4	2
	fail	2		1		2		5		2	1
<b>Dental Career Institute (008)</b>											
Amalgam and Composite	0%	50%	N/A	100%	N/A	50%	N/A	64%		100%	50%
	pass	0	2		4		1	7		4	1
	fail	1	2		0		1	4		0	1
Cord Retraction & Final Impression	0%	0%	N/A	60%	N/A	60%	N/A	40%		75%	50%
	pass	0	0		3		3	6		3	3
	fail	1	4		2		2	9		1	3
<b>Expanded Functions Dental Assistants Association (004)</b>											
Amalgam and Composite	100%	60%	N/A	60%	N/A	75%	0%	65%		71%	57%
	pass	2	6		3		6	17		5	4
	fail	0	4		2		1	9		2	3
Cord Retraction & Final Impression	67%	42%	N/A	67%	N/A	50%	N/A	52%		43%	71%
	pass	2	5		4		4	15		3	5
	fail	1	7		2		4	14		4	2
<b>FADE (010)</b>											
Amalgam and Composite	90%	N/A	63%	N/A	100%	N/A	67%	74%		67%	100%
	pass	9		5		3		29		12	3
	fail	1		3		0		10		6	0
Cord Retraction & Final Impression	100%	N/A	100%	N/A	100%	N/A	63%	81%		100%	14%
	pass	9		6		1		26		10	1
	fail	0		0		0		6		0	6
<b>Howard Healthcare Academy (009)</b>											
Amalgam and Composite	N/A	50%	N/A	100%	N/A	100%	N/A	78%		100%	100%
	pass		2		2		3	7		2	3
	fail		2		0		0	2		0	0
Cord Retraction & Final Impression	N/A	50%	N/A	50%	N/A	67%	N/A	56%		100%	33%
	pass		2		1		2	5		2	1
	fail		2		1		1	4		0	2
<b>J Productios (005)</b>											
Amalgam and Composite	100%	N/A	0%	100%	N/A	86%	100%	86%		86%	100%
	pass	1		0	1		3	24		19	4
	fail	0		1	0		0	4		3	0
Cord Retraction & Final Impression	33%	N/A	100%	N/A	N/A	85%	100%	81%		85%	100%
	pass	1		2		17	2	22		17	2
	fail	2		0		3	0	5		3	0
<b>Loma Linda University (007)</b>											
Amalgam and Composite	0%	0%	N/A	N/A	0%	67%	N/A	56%		71%	0%
	pass	0	0			10		10		10	0
	fail	1	1			5		8		4	2

Cord Retraction & Final Impression	20%	80%	N/A	N/A	N/A	57%	N/A	54%
pass	1	4				8		13
fail	4	1				6		11
<b>University of California, Los Angeles (002)</b>								
Amalgam and Composite	75%	50%	N/A	100%	N/A	100%	N/A	69%
pass	6	3		1		1		11
fail	2	3		0		0		5
Cord Retraction & Final Impression	60%	0%	N/A	50%	N/A	0%	N/A	31%
pass	3	0		1		0		4
fail	2	4		1		2		9
<b>University of the Pacific (006)</b>								
Amalgam and Composite	100%	N/A	0%	N/A	N/A	100%	80%	82%
pass	4		0			1	4	9
fail	0		1			0	1	2
Cord Retraction & Final Impression	50%	N/A	N/A	N/A	100%	100%	100%	71%
pass	4				2	1	3	10
fail	4				0	0	0	4
<b>AMALGAM AND COMPOSITE</b>								
	81%	52%	50%	80%	75%	76%	70%	71%
TOTAL PASS	22	14	5	12	3	44	19	119
TOTAL FAIL	5	13	5	3	1	14	8	49
<b>CORD RETRACTION &amp; FINAL IMPRESSION</b>								
	59%	35%	100%	61%	100%	66%	71%	61%
TOTAL PASS	20	11	8	11	3	39	15	107
TOTAL FAIL	14	20	0	7	0	20	6	67

54%	100%
7	1
6	0
0%	100%
0	2
0	0
0%	25%
0	1
0	3
100%	80%
1	4
0	1
100%	100%
1	5
0	0
77%	71%
40	15
12	6
70%	73%
37	16
16	6

\*The totals for the First Time and Repeat Test Takers only includes those that tested in 2019

## RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Total
Central California Dental Academy (011)	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	100%	60%	50%	N/A	73%
pass		1				1			2	3	1		8
fail		0				0			0	2	1		3
Dental Care Institute (007)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Dental Career Institute (008)	33%	50%	N/A	N/A	N/A	67%	100%	N/A	N/A	33%	100%	100%	63%
pass	1	1				2	2			1	1	2	10
fail	2	1				1	0			2	0	0	6
Expanded Functions Dental Assistants Association (004)	60%	100%	N/A	N/A	N/A	40%	50%	67%	75%	100%	100%	67%	64%
pass	3	1				2	1	2	3	1	1	2	16
fail	2	0				3	1	1	1	0	0	1	9
Howard Healthcare Academy (009)	N/A	N/A	0%	0%	0%	100%	100%	N/A	50%	100%	N/A	N/A	56%
pass			0	0	0	1	1		1	2			5
fail			1	1	1	0	0		1	0			4
J Productions (005)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	65%	38%	33%	60%	100%	57%
pass								11	3	1	3	2	20
fail								6	5	2	2	0	15
Loma Linda University (007)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	75%	100%	0%	85%
pass									7	3	1	0	11
fail									0	1	0	1	2
The FADE Institute, Inc. (010)	N/A	67%	100%	100%	N/A	N/A	N/A	N/A	N/A	82%	100%	N/A	81%
pass		4	2	1						14	1		22
fail		2	0	0						3	0		5
University of California, Los Angeles (001)	100%	0%	N/A	0%	0%	0%	60%	0%	N/A	N/A	N/A	N/A	29%
pass	1	0		0	0	0	3	0					4
fail	0	1		1	1	4	2	1					10
University of California, San Francisco (002)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
University of the Pacific (006)	N/A	N/A	N/A	N/A	N/A	100%	N/A	0%	100%	67%	67%	N/A	76%
pass						1		0	11	2	2		16
fail						0		3	0	1	1		5
<b>PERCENT PASS</b>	<b>56%</b>	<b>64%</b>	<b>67%</b>	<b>33%</b>	<b>0%</b>	<b>47%</b>	<b>70%</b>	<b>54%</b>	<b>79%</b>	<b>71%</b>	<b>71%</b>	<b>75%</b>	<b>65%</b>
<b>TOTAL PASS</b>	<b>5</b>	<b>7</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>7</b>	<b>13</b>	<b>27</b>	<b>27</b>	<b>10</b>	<b>6</b>	<b>112</b>
<b>TOTAL FAIL</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>8</b>	<b>3</b>	<b>11</b>	<b>7</b>	<b>11</b>	<b>4</b>	<b>2</b>	<b>59</b>

YTD First Time Testers	YTD Repeat Testers
86%	33%
6	1
1	2
0%	0%
0	0
0	0
71%	75%
5	3
2	1
67%	60%
6	6
3	4
75%	50%
3	2
1	2
57%	57%
12	8
9	6
92%	0%
11	0
1	1
81%	100%
13	3
3	0
0%	27%
0	3
1	8
0%	0%
0	0
0	0
80%	67%
12	4
3	2
74%	54%
68	30
24	26

\*The totals for the First Time and Repeat Test Takers only includes those that tested in 2019

**Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics  
July 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Central California Dental Academy (11E)	5	3	60%	2	40%	4	3	75%	1	25%	1	0	0%	1	100%
Dental Career Institute (08E)	3	1	33%	2	67%	1	0	0%	1	100%	2	1	50%	1	50%
Expanded Functions Dental Assistants Association (04E)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
The FADE, Inc.	17	14	82%	3	18%	16	13	81%	3	19%	1	1	100%	0	0%
Howard Healthcare Academy (09E)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	0%	0	0%
J Productions (05E)	3	1	33%	2	67%	1	1	100%	0	0%	2	0	0%	2	100%
Loma Linda University, School of Dentistry (07E)	4	3	75%	1	25%	4	3	75%	1	25%	0	0	0%	0	0%
University of the Pacific (06E)	3	2	67%	1	33%	2	1	50%	1	50%	1	1	100%	0	0%
<b>TOTALS</b>	<b>38</b>	<b>27</b>	<b>71%</b>	<b>11</b>	<b>29%</b>	<b>30</b>	<b>23</b>	<b>77%</b>	<b>7</b>	<b>23%</b>	<b>8</b>	<b>4</b>	<b>50%</b>	<b>4</b>	<b>50%</b>

**Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics  
August 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Central California Dental Academy	2	1	50%	1	50%	0	0	0%	0	0%	2	1	50%	1	50%
Dental Career Institute (08E)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Expanded Functions Dental Assistants Assoc. (04E)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
The FADE Institute, Inc. (010E)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
J Productions (005E)	5	3	60%	2	40%	0	0	0%	0	0%	5	3	60%	2	40%
Loma Linda University (007E)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
University of the Pacific (006E)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
<b>TOTALS</b>	<b>14</b>	<b>10</b>	<b>71%</b>	<b>4</b>	<b>29%</b>	<b>3</b>	<b>3</b>	<b>100%</b>	<b>0</b>	<b>0%</b>	<b>11</b>	<b>7</b>	<b>64%</b>	<b>4</b>	<b>36%</b>

**Registered Dental Assistant in Extended Functions (RDAEF) Written Examination Statistics  
September 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Career Institute (08E)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Expanded Functions Dental Assistants Assoc. (04E)	3	2	67%	1	33%	3	2	67%	1	33%	0	0	0%	0	0%
J Productions (005E)	2	2	100%	0	0%	0	0	0%	0	0%	2	2	100%	0	0%
Loma Linda University (007E)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
<b>TOTALS</b>	<b>8</b>	<b>6</b>	<b>75%</b>	<b>2</b>	<b>25%</b>	<b>4</b>	<b>3</b>	<b>75%</b>	<b>1</b>	<b>25%</b>	<b>4</b>	<b>3</b>	<b>75%</b>	<b>1</b>	<b>25%</b>

**DSA WRITTEN EXAMINATION SCHOOL STATISTICS**

Program	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Total
<b>Dr. H. Mark Cox, DDS (008)</b>	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass					1								1
fail					0								0
<b>Dr. Bruce Witcher (009)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>John R. Pappas, DDS (012)</b>	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass							1						1
fail							0						0
<b>Michael P. Morrissette, DDS (016)</b>	N/A	0%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	50%
pass		0						1					1
fail		1						0					1
<b>Robert E. Bell, DDS, Inc. (017)</b>	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass				0									0
fail				1									1
<b>Steven Miyamoto, DDS (019)</b>	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass							1						1
fail							0						0
<b>Robert Charles McIntosh (043)</b>	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	1												1
fail	0												0
<b>PERCENT PASS</b>	100%	0%	N/A	0%	100%	N/A	100%	100%	N/A	N/A	N/A	0%	78%
<b>TOTAL PASS</b>	1	0		0	1		2	1				0	5
<b>TOTAL FAIL</b>	0	1		1	0		0	0				0	2

YTD First Time Testers	YTD Repeat Testers
100%	0%
1	0
0	0
100%	0%
1	0
0	0
100%	0%
1	0
0	0
0%	100%
0	1
0	0
0%	0%
0	0
0	1
100%	0%
1	0
0	0
100%	0%
0	0
100%	50%
4	1
0	1



**OA WRITTEN EXAMINATION SCHOOL STATISTICS**

Program	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	YTD Total
American Canyon Orthodontics (092)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Andrea DeLurgio, DDS (032)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Bakersfield Orthodontic Dental Group (126)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	50%
pass	0									1			1
fail	1									0			1
Baird Orthodontics (108)	N/A	N/A	N/A	N/A	N/A	N/A	50%	100%	N/A	N/A	N/A	N/A	67%
pass							1	1					2
fail							1	0					1
Bakersfield Orthodontics (047)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Bart R. Boulton, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Bella Smile (016)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass									1				1
fail									0				0
Bernstein Orthodontics (047)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	N/A	0%
pass								0	0	0	0		0
fail								1	1	1	1		4
Braces - San Diego (113)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Brent Sexton, DDS (136)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass								1					1
fail								0					0
Brian H Bergh, DDS (111)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
California Institute of Dental Education (127)	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	67%
pass			0	1						1			2
fail			1	0						0			1
Cameron Mashouf, DDS (066)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Classic Orthodontics (140)	N/A	N/A	N/A	0%	0%	0%	N/A	0%	N/A	N/A	N/A	N/A	0%
pass				0	0	0		0					0
fail				1	1	1		1					4
Dental Advantage (123)	N/A	0%	N/A	20%	0%	100%	N/A	0%	N/A	33%	N/A	N/A	38%
pass		0		1	0	4		0		1			6
fail		1		4	1	0		2		2			10
Dental Career Institute (006)	0%	0%	N/A	25%	0%	75%	N/A	0%	N/A	N/A	N/A	0%	27%
pass	0	0		1	0	3		0				0	4
fail	1	1		3	3	1		1				1	11
Dental Pros (007)	67%	50%	N/A	0%	50%	N/A	50%	33%	50%	0%	67%	50%	46%
pass	2	1		0	1		1	1	1	0	4	1	12
fail	1	1		2	1		1	2	1	2	2	1	14
Dental Specialties Institute Inc. (015)	0%	N/A	50%	60%	N/A	50%	50%	N/A	N/A	N/A	0%	N/A	42%
pass	0		1	3		2	2				0		8
fail	2		1	2		2	2				2		11
Diablo Orthodontic Specialties (096)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	100%
0	1
0	0
0%	67%
0	2
0	1
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
1	3
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
100%	0%
2	0
0	0
0%	0%
0	0
43%	38%
3	3
4	5
33%	30%
1	3
2	7
40%	45%
4	5
6	6
44%	50%
4	3
5	3
0%	0%

**OA WRITTEN EXAMINATION SCHOOL STATISTICS**

Program	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	YTD Total
pass													0
fail													0
<b>Downey Adult School (004)</b>	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	100%	N/A	67%
pass		1						0			1		2
fail		0						1			0		1
<b>Dr. Amy E. Buchler (082)</b>	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass			1										1
fail			0										0
<b>Dr. Brian C Crawford (086)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Christopher C. Cruz (081)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Douglas Nguyen (012)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Efstatios Righellis (029)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Jasmine Gordon (008)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Jason M. Cohen (085)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Jeffrey Kwong (083)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Joel Brodsky (013)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%
pass									1				1
fail									0				0
<b>Dr. Joseph Gray (009)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Kathleen Nuckles, Specialist in Orthodontics (019)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Kurt Stromberg (014)</b>	N/A	N/A	N/A	0%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass				0		1							1
fail				1		0							1
<b>Dr. Lili Mirtorabi Orthodontics (021)</b>	N/A	100%	100%	0%	N/A	100%	N/A	100%	100%	N/A	N/A	N/A	88%
pass		1	1	0		2		2	1				7
fail		0	0	1		0		0	0				1
<b>Dr. Michael Payne/CAO (005)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	100%
pass								1	1		1		3
fail								0	0		0		0
<b>Dr. Paul J. Styrt (067)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Dr. Waleed Soliman Brite Dental Group (020)</b>	N/A	N/A	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	50%
pass				0				1					1
fail				1				0					1
<b>Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)</b>	N/A	0%	0%	N/A	50%	0%	100%	N/A	N/A	N/A	N/A	N/A	33%
pass		0	0		1	0	1						2

YTD First Time Testers	YTD Repeat Testers
0	0
0	0
50%	0%
1	0
1	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
100%	0%
1	0
0	0
0%	0%
0	0
100%	0%
1	0
0	0
100%	0%
1	0
0	1
100%	100%
3	2
1	0
100%	100%
1	2
0	0
0%	0%
0	0
0	0
100%	0%
1	0
0	1
100%	33%
1	1

**OA WRITTEN EXAMINATION SCHOOL STATISTICS**

Program	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	YTD Total
fail		1	1		1	1	0						4
<b>Elite Orthodontics (031)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Expanded Functions Dental Assistant Assoc (001)</b>	40%	45%	29%	14%	38%	75%	29%	14%	50%	40%	63%	50%	43%
pass	2	5	2	1	3	3	2	1	5	4	12	3	43
fail	3	6	5	6	5	1	5	6	5	6	7	3	58
<b>Garrett Orthodontics (017)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Hamid Barkhovdar, DDS (124)</b>	80%	50%	33%	40%	67%	0%	100%	75%	0%	40%	50%	22%	50%
pass	4	2	1	2	4	0	2	3	0	2	2	2	24
fail	1	2	2	3	2	1	0	1	0	3	2	7	24
<b>Hello Orthodontics (094)</b>	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass							1						1
fail							0						0
<b>Howard Healthcare Academy, LLC (084)</b>	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	33%
pass			0	1					0		0		1
fail			1	0					0		1		2
<b>Image Orthodontics (114)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass												0	0
fail												1	1
<b>Irvine Children's Dentistry (97)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>J Productions (003)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Jimmy Vu Ngo (139)</b>	N/A	100%	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass		1	1					1					3
fail		0	0					0					0
<b>Joseph K. Buchanan DDS, Inc (036)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Kairos Career College (117)</b>	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	100%	N/A	N/A	50%
pass	1						0		0	1			2
fail	0						1		1	0			2
<b>Kanwar Sachdeva, DDS (070)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Karrisham B Jumani, Inc (112)</b>	N/A	N/A	N/A	50%	N/A	0%	N/A	0%	33%	0%	40%	N/A	25%
pass				1		0		0	1	0	2		4
fail				1		2		1	2	3	3		12
<b>Keller Orthodontics (059)</b>	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass					1								1
fail					0								0
<b>Loma Linda University, School of Dentistry (090)</b>	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%	50%
pass							0					1	1
fail							1					0	1
<b>Markhan Orthodontics (093)</b>	N/A	N/A	N/A	50%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	67%
pass				1	1								2
fail				1	0								1
<b>M. John Redmond, DDS (024)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0

YTD First Time Testers	YTD Repeat Testers
0	2
0%	0%
0	0
0	0
39%	47%
13	21
20	24
0%	0%
0	0
0	0
50%	42%
12	5
12	7
100%	0%
1	0
0	0
0%	100%
0	1
1	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	0%
0	0
50%	0%
1	0
1	1
100%	0%
1	0
0	0
50%	17%
2	2
2	10
100%	0%
1	0
0	0
50%	0%
1	0
1	0
67%	0%
2	0
1	0
0%	0%
0	0
0	0

### OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	YTD Total
<b>Mark Holt Orthodontics (060)</b>	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%
pass	0	1											1
fail	2	0											2
<b>Milde Family Orthodontics (120)</b>	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	1												1
fail	0												0
<b>Melanie Parker, DDS (049)</b>	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass				1									1
fail				0									0
<b>OC Dental Specialists (128)</b>	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	50%	N/A	50%
pass		1							1	0	1		3
fail		0							0	2	1		3
<b>Orthoworks Dental Group, Dr. David Shen (043)</b>	N/A	N/A	50%	N/A	0%	0%	N/A	50%	0%	N/A	N/A	N/A	29%
pass			1		0	0		1	0				2
fail			1		1	1		1	1				5
<b>Parkside Dental (041)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%
pass								0					0
fail								1					1
<b>Pasadena City College (011)</b>	N/A	N/A	100%	100%	N/A	0%	0%	0%	100%	N/A	0%	0%	36%
pass			1	2		0	0	0	1		0	0	4
fail			0	0		1	2	2	0		1	1	7
<b>Raymond J. Kieffer, DDS (069)</b>	N/A	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass				0	1								1
fail				1	0								1
<b>Riverside County Office of Education (087)</b>	100%	N/A	N/A	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	0%	50%
pass	1				0				1			0	2
fail	0				1				0			1	2
<b>Robert Sheffield, DDS Inc. (018)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Sacramento City College (002)</b>	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass					0								0
fail					1								1
<b>Samra Low Orthodontics (156)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%
pass										1		1	2
fail										0		0	0
<b>Southern California Orthodontic Assisting School (149)</b>	N/A	0%	0%	0%	100%	0%	100%	N/A	N/A	50%	50%	43%	33%
pass		0	0	0	1	0	1			1	1	3	7
fail		1	3	1	0	3	0			1	1	4	14
<b>Susan S. So, DDS (121)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Tal D. Jeregensen, DDS (042)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Thao Nguyen, DDS (038)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>The FADE Institute, Inc. (137)</b>	50%	60%	80%	100%	25%	33%	67%	83%	N/A	100%	N/A	100%	63%
pass	1	3	4	3	2	1	4	5		2		1	26
fail	1	2	1	0	6	2	2	1		0		0	15
<b>Thompson Tom, DDS (030)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Toth and Torossian Partnership (110)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	0%
1	0
0	0
25%	100%
1	1
3	0
50%	0%
1	0
1	3
0%	0%
0	0
0	1
33%	25%
2	1
4	3
0%	100%
0	1
1	0
0%	33%
0	1
0	2
0%	0%
0	0
0	0
100%	0%
2	0
0	0
30%	57%
3	4
7	3
0%	0%
0	0
0	0
0	0
71%	50%
12	6
5	6
0%	0%
0	0
0	0

**OA WRITTEN EXAMINATION SCHOOL STATISTICS**

Program	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	YTD Total
pass													0
fail													0
<b>Touni Orthodontics Dental Practice (134)</b>	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	1												1
fail	0												0
<b>Tri-Valley Orthodontics (101)</b>	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	50%	N/A	N/A	N/A	33%
pass						0			1				1
fail						1			1				2
<b>Tsai &amp; Snowden Esthetic Partners Dental Group (106)</b>	100%	N/A	N/A	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	100%	75%
pass	1						1	0				1	3
fail	0						0	1				0	1
<b>Valley School of Dental Assisting (027)</b>	75%	0%	33%	0%	0%	0%	0%	0%	50%	50%	67%	50%	37%
pass	3	0	1	0	0	0	0	0	1	2	2	1	10
fail	1	2	2	2	1	1	2	1	1	2	1	1	17
<b>Weideman Pediatric Dentistry &amp; Orthodontics (144)</b>	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass	0												0
fail	1												1
<b>Western Career College (025)</b>	0%	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
pass	0	0	0	0									0
fail	1	1	1	2									5
<b>Western Dental Services - Bakersfield (053)</b>	33%	N/A	25%	0%	0%	N/A	0%	N/A	0%	0%	0%	50%	18%
pass	1		1	0	0		0		0	0	0	1	3
fail	2		3	1	2		1		2	1	1	1	14
<b>Western Dental Services - Banning (078)</b>	0%	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%
pass	0	0			1								1
fail	1	1			0								2
<b>Western Dental Services- Bellflower (053)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	50%
pass												1	1
fail												1	1
<b>Western Dental Services- Corona (102)</b>	0%	N/A	0%	N/A	N/A	N/A	67%	N/A	N/A	N/A	N/A	N/A	40%
pass	0		0				2						2
fail	1		1				1						3
<b>Western Dental Services - Fontana (079)</b>	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass	0	1											1
fail	1	0											1
<b>Western Dental Services - Fresno (131)</b>	50%	N/A	0%	N/A	0%	N/A	0%	N/A	N/A	N/A	0%	N/A	17%
pass	1		0		0		0				0		1
fail	1		1		1		1				1		5
<b>Western Dental Services - Lodi (130)</b>	N/A	0%	0%	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%
pass		0	0		0			0					0
fail		1	1		1			1					4
<b>Western Dental Services - Los Angeles (052)</b>	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	N/A	100%	N/A	25%
pass							0	0			1		1
fail							1	2			0		3
<b>Western Dental Services - Manteca (062)</b>	67%	N/A	N/A	N/A	0%	N/A	0%	50%	N/A	N/A	0%	0%	30%
pass	2				0		0	1			0	0	3
fail	1				1		2	1			1	1	7
<b>Western Dental Services - Modesto (064)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Western Dental Services - Oceanside (055)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Western Dental Services - Orange (044)</b>	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	0%	0%
pass						0			0			0	0

YTD First Time Testers	YTD Repeat Testers
0	0
0	0
0%	0%
0	0
0	0
50%	0%
1	0
1	1
100%	0%
2	0
0	1
60%	23%
3	3
2	10
0%	0%
0	0
0	0
0%	0%
0	0
0	2
25%	0%
1	0
3	6
0%	100%
0	1
0	0
0%	50%
0	1
0	1
100%	0%
2	0
0	1
0%	0%
0	0
0%	0%
0	0
0	3
0%	0%
0	0
0%	0%
0	2
0%	50%
0	1
2	1
0%	33%
0	1
4	2
0%	0%
0	0
0	0
0%	0%
0	0
0%	0%
0	0

**OA WRITTEN EXAMINATION SCHOOL STATISTICS**

Program	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	YTD Total
fail						1			1			1	3
<b>Western Dental Services - Oxnard (103)</b>	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	0%
pass				0					0				0
fail				1					1				2
<b>Western Dental Services - Redwood City (076)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Western Dental Services - Riverside (057)</b>	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	100%	0%	33%
pass						0				1	0		1
fail						1					0	1	2
<b>Western Dental Services - N. Sacramento (020)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Western Dental Services - Sacramento (051)</b>	0%	N/A	0%	0%	50%	N/A	N/A	0%	N/A	N/A	N/A	0%	13%
pass	0		0	0	1			0				0	1
fail	2		1	1	1			1				1	7
<b>Western Dental Services - Sacramento (104)</b>	N/A	N/A	100%	N/A	N/A	N/A	100%	0%	N/A	N/A	N/A	N/A	67%
pass			1				1	0					2
fail			0				0	1					1
<b>Western Dental Services - Sacramento (153)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
pass												1	1
fail												0	0
<b>Western Dental Services - Salinas (088)</b>	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%
pass							1						1
fail							0						0
<b>Western Dental Services - San Leandro (050)</b>	N/A	0%	0%	0%	N/A	0%	0%	0%	0%	0%	0%	0%	0%
pass		0	0	0		0	0	0	0	0	0	0	0
fail		1	1	1		1	1	1	1	1	2	1	11
<b>Western Dental Services - Santa Ana (056)</b>	0%	0%	50%	0%	N/A	N/A	0%	N/A	0%	N/A	N/A	0%	11%
pass	0	0	1	0			0		0			0	1
fail	1	1	1	2			1		1			1	8
<b>Western Dental Services - Santa Clara (054)</b>	40%	67%	0%	0%	N/A	33%	50%	50%	0%	N/A	0%	0%	35%
pass	2	2	0	0		1	1	1	0		0	0	7
fail	3	1	1	1		2	1	1	1		1	1	13
<b>Western Dental Services - Tracy (063)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>Zhi Meng, DDS (044)</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
<b>PERCENT PASS</b>	45%	45%	37%	32%	36%	43%	45%	39%	45%	45%	39%	45%	41%
<b>TOTAL PASS</b>	23	19	17	18	17	17	21	20	16	16	28	17	229
<b>TOTAL FAIL</b>	28	23	29	39	30	23	26	31	20	24	28	29	330

YTD First Time Testers	YTD Repeat Testers
1	2
0%	0%
0	0
0	2
0%	0%
0	0
0	0
0%	33%
0	1
0	2
0%	0%
0	0
0	0
0%	25%
0	1
1	3
50%	0%
1	0
1	0
0%	100%
0	1
0	0
100%	0%
1	0
0	0
0%	0%
0	0
0	9
0%	0%
0	0
0	5
67%	13%
2	1
1	7
0%	0%
0	0
0	0
0%	0%
0	0
49%	33%
96	77
98	153

**Orthodontic Assistant Written Examination Statistics  
July 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Bakersfield Orthodontic Dental Group (126)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
California Institute of Dental Education (127)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Bernstein Orthodontics (047)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dental Advantage (123)	3	1	33%	2	67%	2	1	50%	1	50%	1	0	0%	1	100%
Dental Pros (007)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Expanded Functions Dental Assistants Assoc. (001)	10	4	40%	6	60%	5	1	20%	4	80%	5	3	60%	2	40%
Hamid Barkhovdar, DDS (124)	5	2	40%	3	60%	4	2	50%	2	50%	1	0	0%	1	100%
Kairos Career College (117)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Karrishma Jumani, DDS (112)	3	0	0%	3	100%	0	0	0%	0	0%	3	0	0%	3	100%
OC Dental Specialists (128)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Samra Low Orthodontics (156)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Southern California Orthodontic Assisting School (149)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
The FADE Institute, Inc. (137)	2	2	100%	0	0%	1	1	100%	0	0%	1	1	100%	0	0%
Valley School of Dental Assisting (027)	4	2	50%	2	50%	3	2	67%	1	33%	1	0	0%	1	100%
Western Dental Services - Bakersfield (147)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - San Leandro (050)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
<b>TOTALS</b>	<b>40</b>	<b>16</b>	<b>40%</b>	<b>24</b>	<b>60%</b>	<b>22</b>	<b>9</b>	<b>41%</b>	<b>13</b>	<b>59%</b>	<b>18</b>	<b>7</b>	<b>39%</b>	<b>11</b>	<b>61%</b>

**Orthodontic Assistant Written Examination Statistics  
August 2019**

Program	Total Number of Exams Taken	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Bernstein Orthodontics (047)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dental Pros (007)	6	4	67%	2	33%	4	3	75%	1	25%	2	1	50%	1	50%
Dental Specialties Institute Inc. (015)	2	0	0%	2	100%	2	0	0%	2	100%	0	0	0%	0	0%
Downey Adult School (004)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Dr. Maichael Payne/CAO (005)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Expanded Functions Dental Assistant Assoc (001)	19	12	63%	7	37%	6	4	67%	2	33%	13	8	62%	5	38%
Hamid Barkhovdar, DDS (124)	4	2	50%	2	50%	4	2	50%	2	50%	0	0	0%	0	0%
Howard Helathcare Academy, LLC (084)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Karrisham B. Jumani, Inc. (112)	5	2	40%	3	60%	1	0	0%	1	100%	4	2	50%	2	50%
OC Dental Specialists (128)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Pasadena City College (011)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Southern California Orthodontic Assisting School (149)	2	1	50%	1	50%	1	0	0%	1	100%	1	1	100%	0	0%
Valley School of Dental Assisting (027)	3	2	67%	1	33%	1	1	100%	0	0%	2	1	50%	1	50%
Western Dental - Sacramento (104)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental & Orthodontics - Lodi (130)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Bakersfield (053)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Fresno (131)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Los Angeles (052)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - Manteca (062)	1	0	0%	1	100%	1	0	0%	1	100%	0	0	0%	0	0%
Western Dental Services - Riverside (057)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - San Leandro (050)	2	0	0%	2	100%	0	0	0%	0	0%	2	0	0%	2	100%
Western Dental Services - Santa Clara (054)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
<b>TOTALS</b>	<b>58</b>	<b>28</b>	<b>48%</b>	<b>30</b>	<b>52%</b>	<b>24</b>	<b>12</b>	<b>50%</b>	<b>12</b>	<b>50%</b>	<b>34</b>	<b>16</b>	<b>47%</b>	<b>18</b>	<b>53%</b>



**Orthodontic Assistant Written Examination Statistics  
September 2019**

Program	Total Number of Exams	Total Number of Candidates Passed	Total % Passed	Total Number of Candidates Failed	Total % Failed	Total Number of First Time Testers	Number of First Time Testers Passed	First Time Testers % Passed	Number of First Time Testers Failed	First Time Testers % Failed	Total Number of Repeat Testers	Number of Repeat Testers Passed	Repeat Testers % Passed	Number of Repeat Testers Failed	Repeat Testers % Failed
Dental Career Institute (006)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Dental Pros (007)	2	1	50%	1	100%	0	0	0%	0	0%	2	1	50%	1	100%
Expanded Functions Dental Assistant Assoc (001)	6	3	50%	3	50%	3	1	33%	2	40%	3	2	67%	1	100%
Hamid Barkhovdar, DDS (124)	9	2	22%	7	58%	5	0	0%	5	56%	4	2	50%	2	100%
Image Orthodontics (114)	1	0	0%	1	50%	1	0	0%	1	100%	0	0	0%	0	0%
Loma Linda University School Of Dentistry (090)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Pasadena City College (011)	1	0	0%	1	50%	1	0	0%	1	100%	0	0	0%	0	0%
Riverside County Office of Education (087)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Samra Low Orthodontics (156)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Southern California Orthodontic Assisting School (149)	7	3	43%	4	50%	4	0	0%	4	57%	3	3	100%	0	0%
The FADE Institute (137)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Tsai & Snowden Esthetic Partners Dental Group (106)	1	1	100%	0	0%	1	1	100%	0	0%	0	0	0%	0	0%
Valley School of Dental Assisting (027)	2	1	50%	1	100%	0	0	0%	0	0%	2	1	50%	1	100%
Western Dental Services - Bakersfield (147)	2	1	50%	1	100%	0	0	0%	0	0%	2	1	50%	1	100%
Western Dental Services - Bellflower (053)	2	1	50%	1	100%	0	0	0%	0	0%	2	1	50%	1	100%
Western Dental Services - Manteca (062)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Orange (104)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Riverside (057)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Sacramento/Watt (051)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Sacramento/Northgate (153)	1	1	100%	0	0%	0	0	0%	0	0%	1	1	100%	0	0%
Western Dental Services - San Leandro (050)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Santa Ana (056)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
Western Dental Services - Santa Clara (054)	1	0	0%	1	100%	0	0	0%	0	0%	1	0	0%	1	100%
<b>TOTALS</b>	<b>46</b>	<b>17</b>	<b>37%</b>	<b>29</b>	<b>63%</b>	<b>17</b>	<b>4</b>	<b>24%</b>	<b>13</b>	<b>76%</b>	<b>29</b>	<b>13</b>	<b>45%</b>	<b>16</b>	<b>55%</b>



## MEMORANDUM

<b>DATE</b>	October 29, 2019
<b>TO</b>	Members of the Dental Assisting Council Dental Board of California
<b>FROM</b>	Sarah Wallace, Assistant Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>DAC Agenda Item 7:</b> Presentation by Office of Professional Examination Services Regarding the Registered Dental Assistant General and Law and Ethics Combined Written Examination Passing Scores

Dental Assisting Council members and stakeholders have previously expressed concerns relating to the passing scores of the Registered Dental Assistant (RDA) General and Law and Ethics Combined Written Examination. A representative from the Department of Consumer Affairs' Office of Professional Examination Services will be providing a presentation relating to the passing scores for this examination and will be available to answer questions.



## MEMORANDUM

<b>DATE</b>	October 09, 2019
<b>TO</b>	Members of the Dental Assisting Council Dental Board of California
<b>FROM</b>	Mirela Taran, Licensing Analyst Dental Board of California
<b>SUBJECT</b>	<b>DAC Agenda Item 8: Update on Dental Assisting Licensing Statistics</b>

The following table provides current license status statistics by license type as of **October 02, 2019**.

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	30,030	1,554
Current & Inactive	4,271	69
Delinquent	12,001	228
<b>Total Population (Current &amp; Delinquent)</b>	<b>46,302</b>	<b>1,851</b>
Total Cancelled Since Implementation	46,530	325

The following table provides current permit status statistics by permit type as of **June 30, 2019**.

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	1,162	29	1,191
Current & Inactive	19	2	21
Delinquent	141	17	158
<b>Total Population (Current &amp; Delinquent)</b>	<b>1,322</b>	<b>48</b>	<b>1,370</b>
Total Cancelled Since Implementation	3	0	3

### Definitions

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

### Delinquent License Aging Status as of October 09, 2019

License Type	Within 30 Days	30 - 60 Days	61 - 90 Days	90 Days - 1 Year	1 - 2 Years	2 - 3 Years	3 - 4 Years	4 - 5 Years
<b>RDA</b>	592	364	273	2,205	2,322	2,214	2,185	1,398
<b>RDAEF</b>	17	6	6	33	39	47	41	22
<b>OA</b>	17	12	12	37	23	15	10	3
<b>DSA</b>	0	0	1	5	2	3	2	2

### Active Licensees by County as of October 09, 2019

County	RDA	Population	Population per RDA	DDS	RDA to DDS Ratio
Alameda	1,275	1,669,301	1,309	1,486	1:1
Alpine	0	1,162	N/A	1	0:1
Amador	57	38,294	671	21	3:1
Butte	270	226,466	838	139	2:1
Calaveras	60	45,117	751	16	4:1
Colusa	27	22,117	819	5	5:1
Contra Costa	1,292	1,155,879	894	1,109	1:1
Del Norte	29	27,401	944	13	2:1
El Dorado	227	191,848	845	166	1:1
Fresno	872	1,018,241	1,167	616	1:1
Glenn	45	29,132	647	9	5:1
Humboldt	170	135,333	796	68	3:1
Imperial	89	190,266	2,137	40	2:1
Inyo	12	18,593	1,549	13	1:1
Kern	626	916,464	1,464	344	2:1
Kings	134	153,710	1,147	64	2:1
Lake	80	65,071	813	47	2:1
Lassen	49	30,150	615	23	2:1
Los Angeles	4,698	10,253,716	2,182	8,432	1:2
Madera	141	159,536	1,131	48	3:1
Marin	186	262,879	1,413	313	1:2

### Active Licensees by County - continued

County	RDA	Population	Population per RDA	DDS	Ratio of RDA to DDS
Mariposa	14	18,068	1,290	7	2:1
Mendocino	102	89,009	872	53	2:1
Merced	242	282,928	1,169	91	3:1
Modoc	5	9,602	1,920	4	1:1
Mono	6	13,616	2,269	2	3:1
Monterey	399	445,414	1,116	267	1:2
Napa	150	140,779	938	113	1:1
Nevada	94	98,904	1,052	85	1:1
Orange	1,809	3,222,498	1,781	3,919	1:2
Placer	514	396,691	771	469	1:1
Plumas	21	19,779	941	14	2:1
Riverside	2,035	2,440,124	1,199	1,081	2:1
Sacramento	1,714	1,546,174	902	1,122	2:1
San Benito	100	62,296	622	22	5:1
San Bernardino	1,563	2,192,203	1,402	1,365	1:1
San Diego	2,638	3,351,786	1,270	2,753	1:1
San Francisco	450	883,869	1,964	1,253	1:3
San Joaquin	760	770,385	1,013	379	2:1
San Luis Obispo	220	280,393	1,274	237	1:1
San Mateo	632	774,485	1,225	876	1:1
Santa Barbara	358	454,593	1,269	324	1:1
Santa Clara	1,676	1,954,286	1,166	2,300	1:1
Santa Cruz	229	274,871	1,200	182	1:1
Shasta	206	178,773	867	111	2:1
Sierra	5	3,213	642	1	5:1
Siskiyou	28	44,584	1,592	24	1:1
Solano	628	441,307	702	276	2:1
Sonoma	688	500,675	727	400	2:1
Stanislaus	586	558,972	953	281	2:1
Sutter	111	97,490	878	54	2:1
Tehama	81	64,387	794	29	3:1
Trinity	6	13,688	2,281	3	2:1
Tulare	447	479,112	1,071	225	2:1
Tuolumne	79	54,590	691	49	2:1
Ventura	537	856,598	1,595	668	1:1
Yolo	190	222,581	1,171	113	2:1
Yuba	89	77,916	875	10	9:1
<b>TOTAL</b>	<b>29,751</b>	<b>39,927,315</b>	<b>64,287</b>	<b>32,135</b>	

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

\*\*Ratios are rounded to the nearest whole number

The counties with the highest Population per RDA are:

1. Trinity County (1:2,281)
2. Mono County (1:2,269)
3. Los Angeles County (1:2,182)
4. Imperial County (1:2,137)
5. San Francisco County (1:1,964)

The counties with the lowest Population per RDA are:

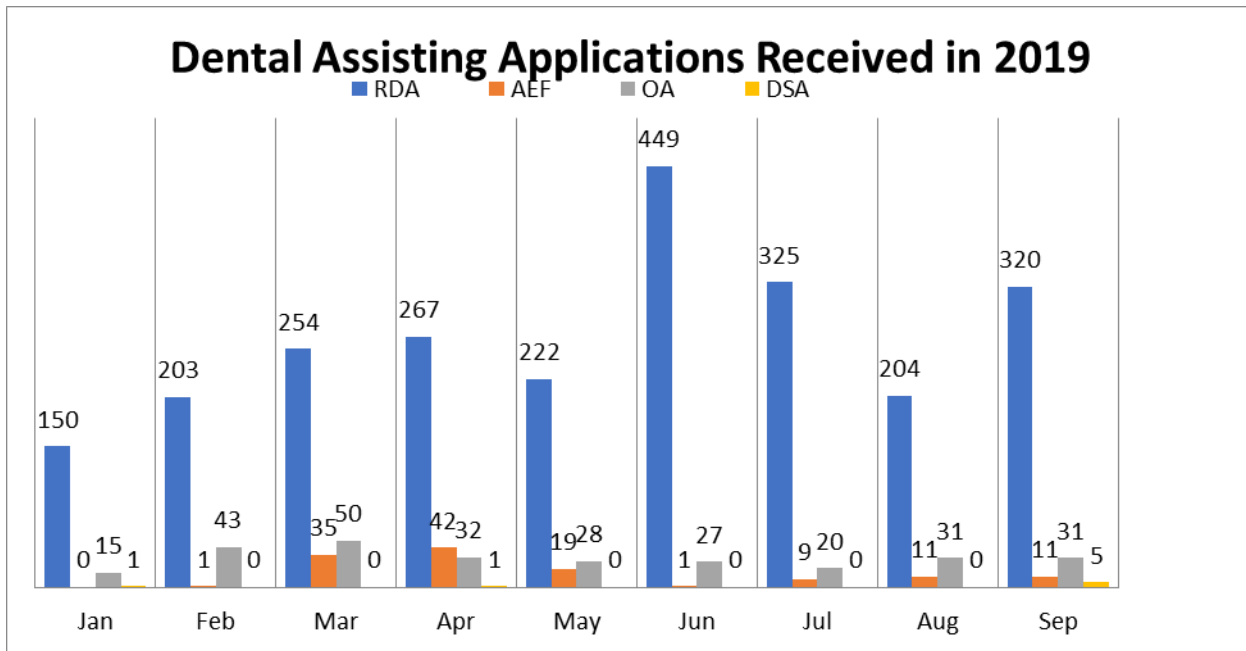
1. Alpine County (No RDAs)
2. Lassen County (1:615)
3. San Benito County (1:622)
4. Sierra County (1:642)
5. Glenn County (1:647)

Following are monthly dental statistics by license type as of October 08, 2019.

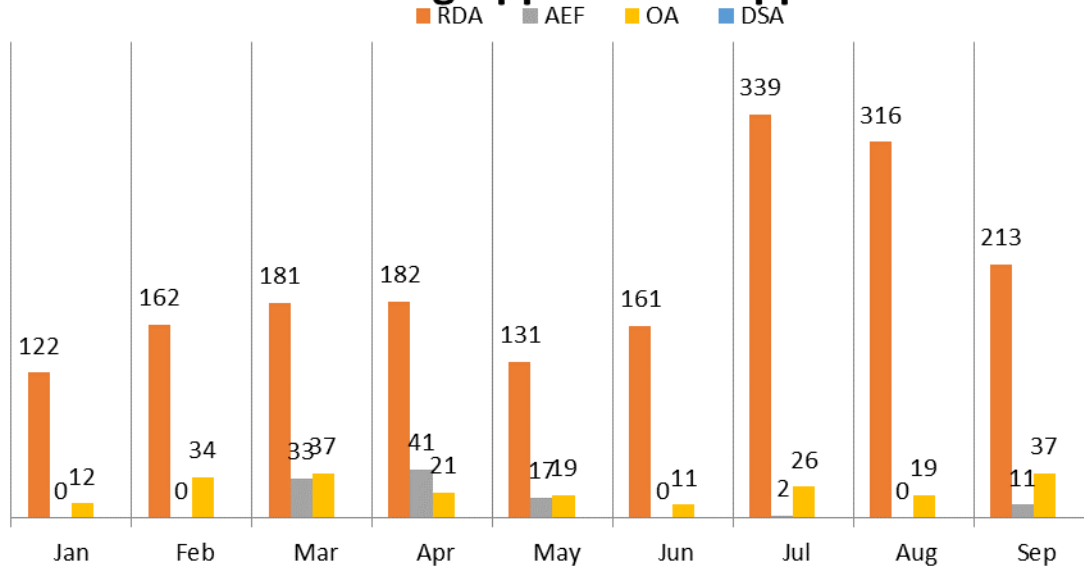
<b>Dental Assistant Applications Received by Month (2019)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	150	203	254	267	222	449	325	204	320				2,394
RDAEF	0	1	35	42	19	1	9	11	11				129
OA	15	43	50	32	28	27	20	31	31				277
DSA	1	0	0	1	0	0	0	0	5				7
<b>Total</b>	<b>166</b>	<b>247</b>	<b>339</b>	<b>342</b>	<b>269</b>	<b>477</b>	<b>354</b>	<b>246</b>	<b>367</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,807</b>
<b>Dental Assistant Applications Approved by Month (2019)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	122	162	181	182	131	161	339	316	213				1,807
RDAEF	0	0	33	41	17	0	2	0	11				104
OA	12	34	37	21	19	11	26	19	37				216
DSA	0	0	1	1	0	0	0	0	0				2
<b>Total</b>	<b>134</b>	<b>196</b>	<b>252</b>	<b>245</b>	<b>167</b>	<b>172</b>	<b>367</b>	<b>335</b>	<b>261</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2,129</b>
<b>Dental Assistant Licenses Issued by Month (2019)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	193	117	149	202	106	192	217	184	245				1,605
RDAEF	0	0	32	14	2	70	7	20	3				148
OA	32	15	15	22	20	22	18	28	18				190
DSA	1	1	0	2	1	0	0	0	0				5
<b>Total</b>	<b>226</b>	<b>133</b>	<b>196</b>	<b>240</b>	<b>129</b>	<b>284</b>	<b>242</b>	<b>232</b>	<b>266</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1,948</b>
<b>Cancelled Dental Assistant Applications by Month (2019)</b>													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	2	1	0	0	0	2	2	3				10
RDAEF	0	0	0	0	0	0	0	0	2				2
OA	0	0	0	0	0	0	0	0	0				0
DSA	0	0	0	0	0	0	0	0	0				0
<b>Total</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>

Withdrawn Dental Assistant Applications by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0	0	0	0	0	2	1				3
RDAEF	0	0	0	0	0	0	0	0	0				0
OA	0	0	1	0	0	0	0	0	0				1
DSA	0	0	0	0	0	0	0	0	0				0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>

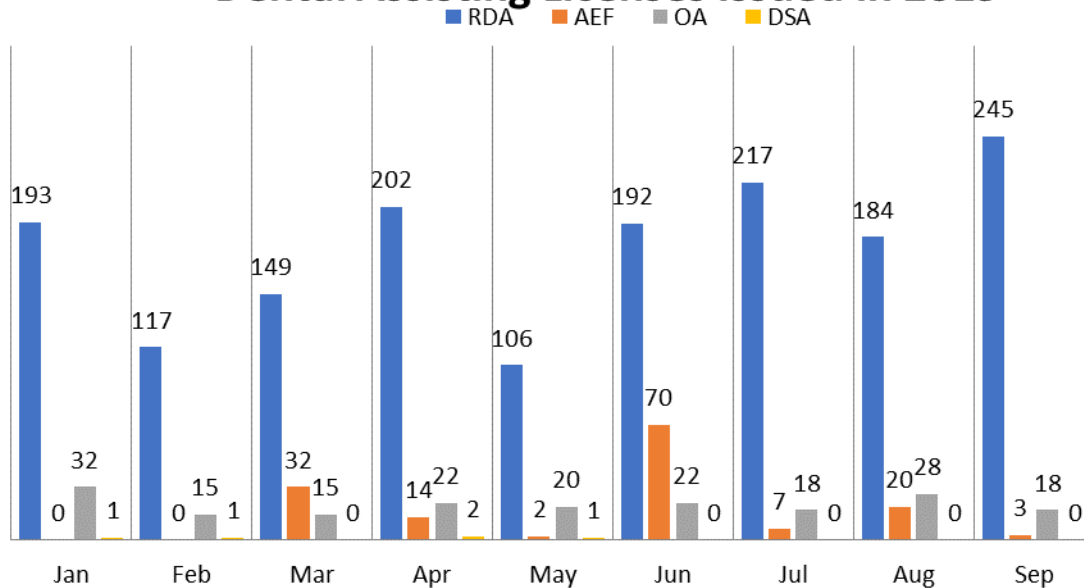
Denied Dental Assistant Applications by Month (2019)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	2	1	1	0	0	0	0	0	0				4
RDAEF	0	0	0	0	0	0	0	0	0				0
OA	0	0	0	0	0	0	0	0	0				0
DSA	0	0	0	0	0	0	0	0	0				0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>



## Dental Assisting Applications Approved in 2019

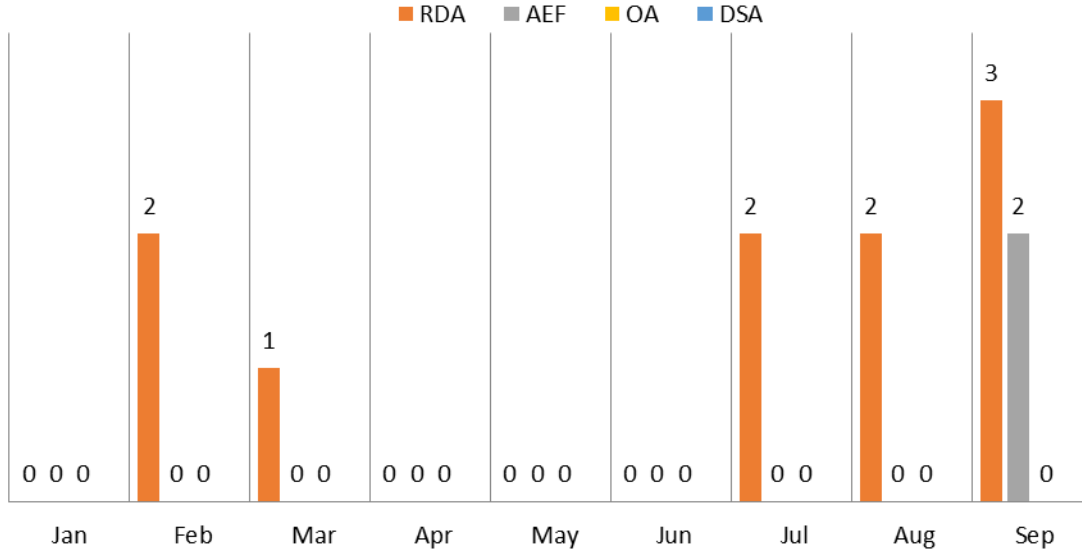


## Dental Assisting Licenses Issued in 2019

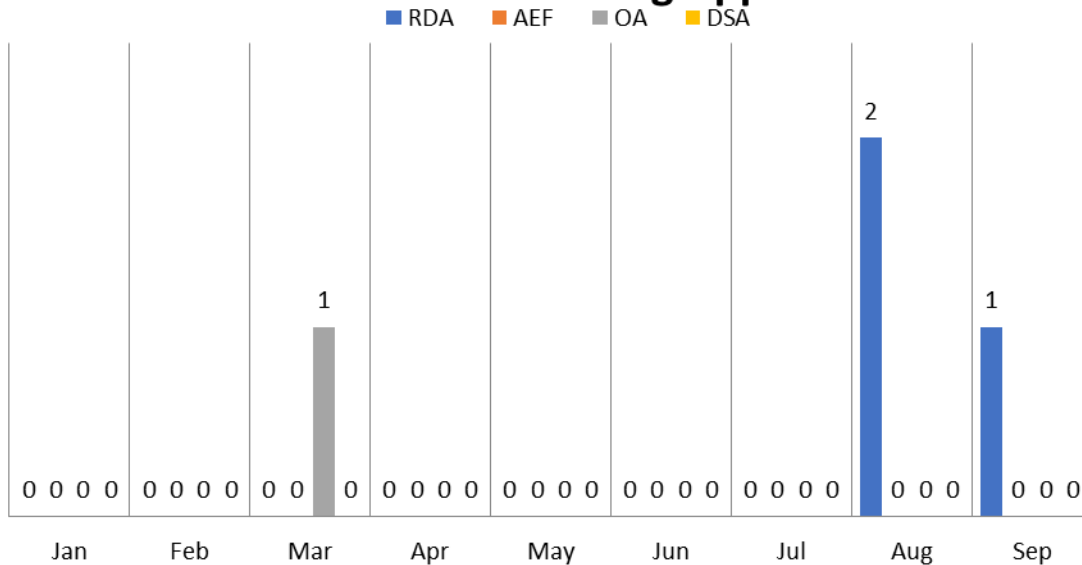




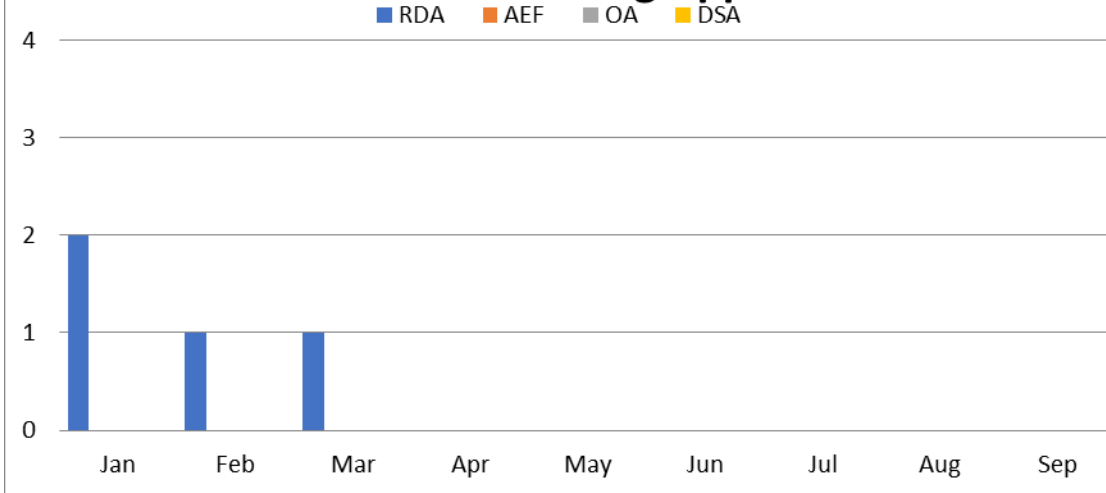
## Cancelled Dental Assisting Applications in 2019



## Withdrawn Dental Assisting Applications in 2019



## Denied Dental Assisting Applications in 2019





## MEMORANDUM

<b>DATE</b>	October 2, 2019
<b>TO</b>	Members of the Dental Assisting Council Dental Board of California
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>DAC Agenda Item 9:</b> Election of Dental Assisting Council Chair and Vice Chair

The Dental Assisting Council members will elect a Chairperson and a Vice-Chairperson for 2020.

### Roles and Responsibilities

#### Chair

- In consultation with the Executive Officer and the Board President, develops the Dental Assisting Council agenda.
- Calls the Council meeting to order, takes roll and establishes a quorum.
- Facilitates Council meetings.
- Recommends to the Board President, Council subcommittees to work on issues as appropriate.
- Reports activities of the Council to the full Board.

#### Vice-Chair

- In the absence of the presiding Chair, fulfills the Chairs responsibilities.



## MEMORANDUM

<b>DATE</b>	October 29, 2019
<b>TO</b>	Members of the Dental Assisting Council Dental Board of California
<b>FROM</b>	Gabriel Nevin, Legislation and Regulations Analyst Dental Board of California
<b>SUBJECT</b>	<b>DAC Agenda Item 10:</b> Discussion and Possible Action Regarding the Dental Assisting Comprehensive Rulemaking Proposal

The Dental Assisting Council (Council) has held several stakeholder workshops to develop its comprehensive rulemaking proposal for dental assisting. As a result of these workshops, staff have drafted proposed regulatory language. This rulemaking includes educational program and course requirements, examination requirements, and licensure requirements for the Dental Assisting Program. Board staff presented the proposed language to a special meeting of the Dental Assisting Council on July 26, 2019. The Council received extensive comments and feedback on the proposed language from stakeholders.

Council and stakeholder comments required staff research, drafting, and editing. Staff performed a side by side comparison of the proposed language with the current regulatory scheme to ensure that all necessary sections are covered. Staff also compared the proposed language to the Standards of the Commission on Dental Accreditation (CODA) and noted locations where the proposed language differs substantially from CODA. Staff has updated the draft proposed language and it is attached to this agenda item. Staff has identified questions in the proposed language which will require deliberation and decision by the Council. Specifically, staff requests that the Council clarify the following:

- Whether RDHs may serve as faculty under 1070(d)(2)(A) at page 8, line 11-17;
- Whether faculty and instructional staff must complete 30 hours of educational methodology instruction under 1070(d)(2)(D) at page 8, line 26-30; 1070(d)(3)(D) at page 9, line 6-10; under 1070(e)(1)(C) at page 9, line 34-40; under 1070(e)(2)(B) at page 10, line 6-10; under 1070(f)(1)(D) at page 10, line 44 – page 11, line 4;

DAC Agenda Item 10: Discussion and Possible Action Regarding the Dental Assisting Comprehensive Rulemaking Proposal  
 Dental Assisting Council Meeting  
 November 14, 2019

- Whether to incorporate by reference radiation safety course content from Section 1070.9 into the required didactic instruction content in Biomedical Sciences under 1070.1(i)(1) at page 28, line 22;
- Whether the addition of 1070.2(i)(12) at page 33 line 38-40 and 1070.2(i)(2-10) generally are sufficient to meet the laboratory instruction requirement or if there needs to be a provision for laboratory instruction in the clinical externship section under 1070.2(j) at page 34, line 1-4;
- Whether to accept Councilmember Ovard’s formulation for the number and location of pit and fissure sealants required to be applied in order for students to pass the practical examination described under 1070.3(g)(5)(i-iv) at page 45, line 14-20.
- Whether to accept on the job training in basic chairside skills, anatomy, tooth morphology in lieu of completion of formal courses in those subjects as prerequisite for starting a radiation safety course under 1070.9(d)(2) at page 109, line 29-32;
- Whether clinical instruction and oversight shall be performed under the direct or indirect supervision of a licensed dentist in an extramural dental facility used for radiographic performances under 1070.9(l) at page 114, line 160;
- Whether the requirement that “[l]aboratory instruction shall include placement, finish and adjustment of 100 restorations in prepared teeth” under 1071(m)(2) at page 120, line 34-39 is achievable by programs, and whether the increase in the required number of restorations was in response to a specific problem;
- Whether the requirement that “[s]imulated clinical instruction shall include placement, finish and adjustment of 900 restorations in prepared teeth” under 1071(m)(3) at page 120, line 41-44 is achievable by programs, and whether the increase in the required number of restorations was in response to a specific problem;

These questions are also highlighted within the document.

Council Action Requested:

Staff requests the Council discuss the proposed language and provide staff with feedback. If the Council is satisfied with the draft language, direct staff to prepare the proposed language in final format and include all forms to be incorporated by reference, delegate authority to the Executive Officer to make any technical or non-substantive changes to the proposed language, and recommend the proposal be forwarded to the Board to consider initiation of the rulemaking at its February meeting.

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**WORKING DOCUMENT:  
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**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.

**Commented [NG1]:** Action requested by DAC (7/27/19):  
Staff to review allowable duties table for consistency;

Staff response:

There is inconsistency because RDH is not listed in the table nor is RDHEF

Oral prophylaxis, root planning, periodontal soft tissue curettage and gingival do not appear to have statutory definitions, and there are numerous sections listed in the authorities which have been repealed.

**WORKING DOCUMENT:  
DRAFT PROPOSED REGULATORY LANGUAGE**

(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.~~

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

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

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

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

Note: Authority cited: Sections 1614 ~~and~~, 1750-1750.1, 1750.3, 1752.4, 1762, Business and Professions Code. Reference: Sections 1741(d), ~~1752.1, 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, 1752.1, 1757, 1759 and 1762~~, Business and Professions Code.

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**§ 1069. Permit Reform Act**

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

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

9  
10 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 15375  
11 and 15376, Government Code; and Section 1614, Business and Professions Code.



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**Article 2. Educational Programs**

**§ 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 in writing. 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.

**WORKING DOCUMENT:  
DRAFT PROPOSED REGULATORY LANGUAGE**

1  
2 (2) As it relates to the application process for approval of registered dental assistant  
3 (RDA) programs and registered dental assistant in extended functions (RDAEF)  
4 programs:

5  
6 (A) The Board may approve, provisionally approve, or deny approval of an  
7 application.

8  
9 (B) If the Board provisionally approves a program, the Board shall state the  
10 reasons for such provisional approval in writing within 90 days of such finding.

11  
12 (i) Provisional approval shall be limited to those programs that  
13 substantially comply with all existing requirements for full approval.

14  
15 (ii) A program applying for Board approval shall receive a finding of  
16 provisional approval from the Board prior to enrollment and instruction  
17 of students.

18  
19 (iii) A program granted provisional approval shall immediately inform all  
20 applicants and enrolling student of its provisional status and again prior  
21 to the beginning of instruction. In addition, students shall be informed of  
22 the potential for graduation while still under provisional status.

23  
24 (iii) Within one (1) year, the Board shall conduct a final program site visit  
25 to ensure adherence to current regulations and shall be granted “full  
26 approval” status upon successful reporting of the final site visit team.

27  
28 (3) As it relates to the application process for approval of stand-alone certification  
29 courses in radiation safety, infection control, coronal polishing, pit and fissure sealants,  
30 orthodontic assistant permit, and the dental sedation assistant permit:

31  
32 (A) The Board may approve or deny approval of an application.

33  
34 (B) A stand-alone certification course provider shall receive approval from the  
35 Board prior to enrollment and instruction of students.

36  
37 (C) All stand alone certification course providers shall sequence curriculum in  
38 such a manner so as to ensure that students become certified in basic life  
39 support (BLS) for healthcare professionals to include use of AED as required by  
40 Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California  
41 Code of Regulations prior to the beginning of the pre-clinical or clinical  
42 experiences. Recertification intervals may not exceed two (2) years.  
43 ~~All stand-alone certification course providers shall require students to possess a~~  
44 ~~current certification in Basic Life Support for health care providers as required by~~

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California Code of Regulations, Title 16, Section 1016 to be eligible for admission to the course.

(4) In the event a course or program application is found to be deficient, such deficiency shall be sufficiently addressed and cleared within 30 days from the date of the deficiency notification or otherwise such application may be withdrawn from consideration and a new application filing with fee may be required at the discretion of the Board.

(A) In the event a subsequent deficiency is issued, the applicant provider shall have 30 days to clear the deficiency or otherwise such application shall be withdrawn from consideration.

(B) In the event application requirements are not met upon issuance of a subsequent deficiency, a denial of approval shall be issued, reported to the Board and the applicant shall be subject to all application and fee requirements as a new applicant.

(5) Each approved course or program shall be subject to audit of records or site evaluation and review by the Board at any time.

(6) In order to maintain approval, a course or program shall provide the resources necessary to accomplish education as specified in this Article.

(7) Course and program providers shall be responsible for informing the Board, in writing, of any changes to the course or program content, physical facilities, increased total enrollment capacity, or change in Program Director personnel within 10 days of such changes.

(8) At no time shall a program or course provider advertise or represent itself to communities of interest as "pending approval" nor shall registration or enrollment of students begin until "provisional" status has been achieved and noticed in writing by the Board.

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

(10) All course and program faculty shall be evaluated periodically utilizing student, administration and peer evaluation to help identify areas of strengths and weaknesses for each instructor. The evaluations should be communicated to each faculty member.

(c) Additional Board Actions. Board-approved registered dental assisting programs evaluated and found to be non-compliant shall be placed on "probationary status" following notification

**Commented [NG2]:** Action requested by DAC (7/27/19): Staff to research changes in enrollment in classes or total enrollment.

**Staff Response:**  
Made clarifying additions. It seems the purpose of the requirement is to ensure that programs maintain the required student teacher ratio of 6:1. Therefore this should only apply to total enrollment, and not specific classes, etc.

**Commented [NG3]:** Action requested by DAC (7/27/19): Staff to provide consistency in the term or deemed equivalent to.

**Staff Response:**  
Language has been made consistent. "or deemed equivalent, allows the Board to approve a CODA approved school which does not otherwise meet the BPPE definition of postsecondary.

**WORKING DOCUMENT:  
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1 of the evaluation findings. Consistent with CCR Section 1068, the program shall have **120 days**  
2 to respond to the findings, demonstrate compliance and take corrective action.

3  
4 (1) In the event the program should remain on “probationary status” for more than **120**  
5 **days** without taking corrective action, or if the program is unable to meet the required  
6 corrective action within the specified timeframe, the Board shall notify the program or  
7 institution of its intent to withdrawal approved status. Student enrollment shall be  
8 discontinued. The Board shall monitor the program until all students enrolled prior to  
9 the effective date of the withdrawal of approval are no longer enrolled.

10  
11 (2) Programs or courses who seek to voluntarily cancel their approved status due to a  
12 planned discontinuance, business closure or program closure shall notify the Board no  
13 less than 90 days prior to such action. The Board shall monitor the program or course  
14 provider until all students enrolled prior to the effective date of the withdrawal of  
15 approval are no longer enrolled. Students completing the program shall be considered  
16 graduates of an approved program during this time.

17  
18 **(d) Qualifications for Program and Course Faculty and Instructional Staff.**

19  
20 (1) As it relates to certificate courses, both stand-alone and those incorporated into the  
21 curriculum of a dental assisting program, all faculty and instructional staff providing  
22 didactic, laboratory, pre-clinical and clinical **instruction** shall meet and maintain, at  
23 minimum, the following qualifications:

24  
25 (A) Possess a valid, active California license to practice dentistry or registered  
26 dental assisting, ~~or registered dental assisting in extended functions dental~~  
27 ~~sedation assisting or orthodontic assisting [or DSA or OA?]~~ for at least two (2)  
28 years ~~immediately preceding~~ prior to any provision of course instruction;

29  
30 (B) Provide pre-clinical and clinical instruction only in procedures within the  
31 scope of practice of their respective license or permit and shall demonstrate  
32 expertise in each subject area for which they are teaching;

33  
34 (C) ~~Prior to instruction, or within two (2) years of initial hire, complete 30-hours~~  
35 ~~of educational methodology or its equivalent as determined by the board unless~~  
36 ~~he or she holds any one (1) of the following: a degree in education, a Ryan~~  
37 ~~Designated Subjects Vocational Education Teaching Credential, a Standard~~  
38 ~~Designated Subjects Teaching Credential, or, a Community College Teaching~~  
39 ~~Credential. Complete and show evidence of completion of educational~~  
40 ~~methodology courses equaling two (2) hours immediately preceding any~~  
41 ~~provision of course instruction;~~

42  
43 (D) Shall be certified in basic life support (BLS) for healthcare professionals to  
44 include use of AED as required by Title 160, Division 10, Chapter 1, Article 4.

**Commented [NG4]:** CODA 3-7 requires Dentist or a person with a Dental Assisting National Board “Certified Dental Assistant” credential

**Commented [NG5]:** Action requested by DAC (7/27/19):  
Staff to research the procedure for demonstrating instructors’ expertise in the subject matter they are teaching.

**Staff Response:**  
CODA 3-5 requires faculty to have, “[a] background in and current knowledge of dental assisting, the specific subjects they are teaching...

Suggest:

“(B) provide pre-clinical and clinical instruction only in procedures within the scope of practice of their license or permit and shall demonstrate background in and current knowledge of the specific subjects they are teaching and educational theory and methodology consistent with teaching assignment, e.g., curriculum development, educational psychology, test construction, measurement and evaluation.”

**Commented [NG6]:** After reviewing Meeting minutes, it is not clear that a consensus was reached on the 30 hour requirement here and in various other parts of this section. Staff requests that the DAC to revisit this for clarity.

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DRAFT PROPOSED REGULATORY LANGUAGE**

Section 1016 (b)(1)(C) of the California Code of Regulations. Recertification intervals may not exceed two (2) years.

(E) Be calibrated in instruction and grading at least annually.

(2) As it relates to dental assisting and registered dental assisting programs, all faculty and instructional staff providing didactic, laboratory, pre-clinical and clinical instruction, except those serving as a clinical supervising dentist, shall meet and maintain, at minimum, the following qualifications:

(A) Possess a valid, active California license to practice dentistry or registered dental assisting, ~~or registered dental assisting in extended functions, dental sedation assisting or orthodontic assisting~~ for at least two (2) years immediately preceding any provision of course instruction; or possess a valid, active California license to practice as a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions which was issued on or before December 31, 2005.

(B) Shall possess at least two (2) years' experience in the application of clinical chairside dental assisting;

(C) Provide laboratory, pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall demonstrate expertise in each subject area for which they are teaching;

(D) Prior to instruction, or within ~~two (2) years~~ six (6) months of initial hire, complete 30-hours of educational methodology unless he or she holds any one (1) of the following: a degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential.~~, and~~

(E) Be calibrated in instruction and grading at least annually.

(3) As it relates to registered dental assisting in extended functions programs, all faculty and instructional staff providing didactic, laboratory, pre-clinical and clinical instruction, except those serving as a clinical supervising dentist, shall meet and maintain, at minimum, the following qualifications:

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

(B) Shall possess at least two (2) years' experience in the application of clinical chairside dental assisting involving four-handed dentistry;

**Commented [NG7]:** CODA 3-9 requires opportunities for program faculty to continue their professional development, such as release time and financial support to attend conferences and education and providing in-service workshops and education.

**Commented [NG8]:** CODA 3-7 requires laboratory, pre-clinical, and clinical faculty to have a state Dental Assistant license (AND hold a DANB Certified Dental Assistant credential). Added RDH and RDHEF with RDA scope of practice under 1907(b) to this list allowing them to perform instruction, within the scope of their practice

**Commented [NG9]:** NOTE to DAC: This section needs further discussion by the Council. Does the Council want to allow RDHs to serve as faculty.

**Commented [NG10]:** Action requested by DAC (7/27/19): Staff to research effect of not allowing RDH licensees to teach RDA classes. Could be a burden on programs by limiting faculty pool. However it means not allowing RDHs to teach subjects they are unlicensed in.

**Staff Response:**  
CODA does not appear to have a licensure requirement for didactic instructors, however CODA 3-7 requires laboratory, pre-clinical, and clinical faculty to have a state Dental Assistant license AND hold a DANB Certified Dental Assistant credential.

**Commented [NG11]:** Action requested by DAC (7/27/19): Staff to research whether 6 month limitation will be too limiting to the potential pool of instructors.

**Staff Response:**  
Staff requests input from stakeholders.

**Commented [NG12]:** After reviewing Meeting minutes, it is not clear that a consensus was reached on the 30 hour requirement here and in various other parts of this section. Staff requests that the DAC to revisit this for clarity.

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1  
2 (C) Provide laboratory, pre-clinical and clinical instruction only in procedures  
3 within the scope of practice of their respective license or permit and shall  
4 demonstrate expertise in each subject area for which they are teaching;

5  
6 (D) Prior to instruction, or within six-months of initial hire, complete six  
7 (~~630~~) hours of educational methodology unless he or she holds any one (1) of the  
8 following: a degree in education, a Ryan Designated Subjects Vocational  
9 Education Teaching Credential, a Standard Designated Subjects Teaching  
10 Credential, or, a Community College Teaching Credential.,~~and~~

**Commented [NG13]:** After reviewing Meeting minutes, it is not clear that a consensus was reached on the 30 hour requirement here and in various other parts of this section. Staff requests that the DAC to revisit this for clarity.

11  
12 (E) Be calibrated in instruction and grading by the program director at least  
13 annually.

14  
15 (4) In accordance with B&P Section 1907(b), a registered dental hygienist shall be  
16 deemed qualified to teach in a course or program only if licensure as a registered dental  
17 hygienist was obtained prior to January 1, 2006, otherwise licensure as a registered  
18 dental assistant shall be required prior to instruction in the program.

19  
20 **(e) Qualifications and Responsibilities of Stand-Alone Course Directors.**

21  
22 (1) On or after the effective date of these regulations (insert date), the course director  
23 of a stand-alone certificate course shall possess, at minimum, the following  
24 qualifications:

25  
26 (A) Possess a valid, active California license to practice dentistry or registered  
27 dental assisting or registered dental assisting in extended functions for at least  
28 two (2) years immediately preceding any provision of course instruction;

29  
30 (B) Provide pre-clinical and clinical instruction only in procedures within the  
31 scope of practice of their respective license or permit and shall demonstrate  
32 expertise in each subject area for which they are teaching;

33  
34 (C) Prior to instruction, or within six (6) months of initial hire, complete 30-hours  
35 of educational methodology unless he or she holds any one (1) of the following:  
36 a degree in education, a Ryan Designated Subjects Vocational Education  
37 Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a  
38 Community College Teaching Credential.~~Complete and show evidence of~~  
39 ~~completion of educational methodology courses equaling two (2) hours~~  
40 ~~immediately preceding provision of any course instruction.~~

**Commented [NG14]:** After reviewing Meeting minutes, it is not clear that a consensus was reached on the 30 hour requirement here and in various other parts of this section. Staff requests that the DAC to revisit this for clarity.

41  
42 (2) A course director shall actively participate in and be responsible for the following  
43 responsibilities:

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1 (A) The implementation and maintenance of all applicable statutory and  
2 regulatory requirements;

3  
4 (B) Ensure all faculty and instructional staff complete or show evidence of  
5 completion of educational methodology courses equaling ~~two (302) hours~~ prior  
6 to instruction, or within two (2) years of initial hire unless he or she holds any  
7 one (1) of the following: a degree in education, a Ryan Designated Subjects  
8 Vocational Education Teaching Credential, a Standard Designated Subjects  
9 Teaching Credential, or, a Community College Teaching Credential. ~~immediately~~  
10 ~~preceding provision of any course instruction;~~

**Commented [NG15]:** After reviewing Meeting minutes, it is not clear that a consensus was reached on the 30 hour requirement here and in various other parts of this section. Staff requests that the DAC to revisit this for clarity.

11  
12 (C) Maintaining for a period of not less than five (5) years copies of curricula,  
13 program outlines, course goals and objectives, grading criteria, copies of  
14 faculty/staff credentials, licenses, and certificates, and individual student  
15 records, including those necessary to establish satisfactory completion of the  
16 course;

17  
18 (D) Informing the Board of any major change to the course including changes to  
19 course content, physical facilities including the use of extramural facilities,  
20 faculty or instructional staff, ownership, or intent to conclude business  
21 operations within 10 days of the change; and

22  
23 (E) Ensure all faculty and staff are calibrated in curriculum, instructional methods  
24 and grading criteria at least annually.

25  
26 **(f) Qualifications and Responsibilities of Program Directors.**

27  
28 (1) On or after the effective date of these regulations (insert date), the program director  
29 of a dental assisting, registered dental assisting or registered dental assisting in  
30 extended functions program shall possess, at minimum, the following qualifications:

31  
32 (A) Possess a valid, active California license to practice dentistry or registered  
33 dental assisting or registered dental assisting in extended functions for at least  
34 two (2) years immediately preceding any provision of program instruction;

**Commented [NG16]:** CODA 3-2 requires dentist or Dental Assisting National Board "Certified Dental Assistant"

35  
36 (B) Provide pre-clinical and clinical instruction only in procedures within the  
37 scope of practice of their respective license or permit and shall demonstrate  
38 expertise in each subject area for which they are teaching;

39  
40 (C) Shall possess at least three (3) years' experience in the application of clinical  
41 chairside dental assisting involving four-handed dentistry; and

42  
43 (D) Shall complete and show evidence of completion of educational  
44 methodology coursework equal to ~~one 30 hours~~ prior to instruction, or within

**Commented [NG17]:** After reviewing Meeting minutes, it is not clear that a consensus was reached on the 30 hour requirement here and in various other parts of this section. Staff requests that the DAC to revisit this for clarity.

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two (2) years of initial hire unless of the following he or she holds any one of the following: a degree in education, a Ryan Designated Subjects Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential, or, a Community College Teaching Credential.:

i. 30-hours for registered dental assisting programs

ii. 30-hours for registered dental assisting programs in extended functions

(2) The program director shall actively participate in and be responsible for the following:

(A) The implementation and maintenance of all applicable statutory and regulatory requirements;

(B) Ensure that all faculty and instructional staff complete or show evidence of completion of educational methodology courses as defined herein immediately preceding provision of course instruction and shall maintain evidence of compliance;

(C) Maintaining for a period of not less than five (5) years copies of curricula, program outlines, objectives, grading criteria, copies of faculty/staff credentials, licenses, and certifications, and individual student records, including those necessary to establish satisfactory completion of the program;

(D) Informing the Board of any major change to the program including changes to theoretical content, physical facilities including the use of extramural facilities, faculty or instructional staff, ownership, or intent to conclude business operations within 10 days of the change;

(E) Ensure all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least annually;

(F) Ensure opportunities have been provided by the institution or program for faculty and instructional staff of a program to continue their professional development in order to stay current with advancing technologies and educational theory. The program director shall ensure that time and budget allocations are provided by the institution or program for professional association activities, continuing education, or practical experiences related to dental assisting education; and



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~~(G) Maintain documentation pertaining to completed continuing education and professional development coursework of the instructors. The program director shall maintain records for a period of no less than five (5) years.~~

(g) **Facilities and Equipment.** The facilities of all programs and courses shall provide each student with sufficient opportunity, with instructor supervision, to develop minimum competency in all duties for which the program or course is approved to instruct. All laboratory and pre-clinical instruction shall be held at the physical facility by qualified instructors.

(1) Facilities and equipment shall be maintained and updated to ensure instruction using contemporary equipment occurs.

(2) All radiographic equipment and facilities shall follow the California Department of Public Health, California Code of Regulations, Title 17, required for equipment and facilities.

(3) In addition, a facility shall have all of the following:

(A) A lecture classroom, a lab area, a clinical area, a central sterilization area and a radiology area for use by the students.

(B) Operatories shall be sufficient in number to allow a ratio of at least one operator for every six (6) students who are simultaneously engaged in clinical instruction.

(C) Each operatory shall contain functional equipment, including a power-operated chair for patient or simulation-based instruction in a supine position, dental units and mobile stools for the operator and the assistant which are designed for the application of current principles of dental assistant utilization, air-water syringe, adjustable overhead patient light, oral evacuation equipment, work surface, handpiece connection, and hand hygiene area.

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

(E) Access by all students to equipment necessary to develop dental assisting skills in each designated duty.

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

(h) **Minimum Standards for Health and Safety.** All programs and courses shall establish written laboratory, preclinical, and clinical protocols including mechanisms to ensure the health and safety of faculty and students and the management of emergencies.

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1  
2 (1) Written protocols for handling emergencies shall be provided to all students, faculty  
3 and appropriate staff.

4  
5 (2) Emergency equipment shall include oxygen delivery system and first aid kits readily  
6 accessible and fully functional within the area(s) of instruction. Additional emergency  
7 equipment may be onsite as deemed appropriate and in compliance within institutional  
8 guidelines, where applicable.

9  
10 (3) Students, faculty and appropriate support staff shall be encouraged to be immunized  
11 against and/or tested for infectious diseases in accordance with current CDC guidelines  
12 for Dental Healthcare Professionals, prior to contact with patients and/or infectious  
13 objects or materials, to minimize the risk to patients and personnel.

14  
15 (i) Curriculum Organization, Competency and Learning Resources. The organization of the  
16 curriculum for all courses and programs shall be flexible, creating opportunities for adjustments  
17 to and research of advancements and emerging technologies in the profession of dental assisting  
18 as provided in this Article. The dental assisting program must have a formal written curriculum  
19 management plan which includes:

20  
21 (1) an ongoing curriculum review and evaluation process with input from faculty,  
22 students, administration and other appropriate sources;

23 (2) Evaluation of the effectiveness of all courses as they support the program's goals and  
24 competencies;

25 (3). A defined mechanism for coordinating instruction among dental assisting program  
26 faculty.

27  
28 (14) Curriculum shall provide students with an understanding of all procedures as  
29 provided in each Section of this Article and an ability to perform each procedure with  
30 competence.

31  
32 (52) A program or course shall sequence curriculum in such a manner so as to ensure that  
33 students become certified in basic life support (BLS) for healthcare professionals to  
34 include use of AED as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016  
35 (b)(1)(C) of the California Code of Regulations prior to pre-clinical or clinical ~~experiences.~~  
36 experiences. Recertification intervals may not exceed two (2) years.

37  
38 (63) Curriculum shall include remediation procedures and a policy outlining guidelines for  
39 students who fail to successfully complete the course or program.

40  
41 (74) Students shall be provided a course syllabus that contains:

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1  
2 (A) A course title, course number or identifier, course description, course hours,  
3 assignments, all faculty names, and contact information;

4  
5 (B) Course content outline including topics to be presented;

6  
7 (C) Specific instructional objectives including competency statement for each topic  
8 presented;

9  
10 (D) Learning experiences with associated assessment mechanisms;

11  
12 (E) Course or program schedule including time allocated for didactic, lab or  
13 preclinical, and clinical learning experiences;

14  
15 (F) Specific evaluation procedures-criteria for final course-grade calculating which  
16 includes competency evaluations and rubrics, and

17  
18 (G) A remediation policy and procedures.

19  
20 (85) Students shall be provided a course outline that contains:

21  
22 (A) Specific performance objectives and the evaluation criteria used for all  
23 assessments of laboratory, pre-clinical and clinical experiences;

24  
25 (B) The minimum number of satisfactory performances in each evaluated area  
26 necessary for program or course success; and

27  
28 (C) The minimum standards for performance in each evaluated area, the grading  
29 criteria and the protocols or procedures that may cause the student to fail the task  
30 or procedure.

31  
32 (6) Students shall have reasonable access to dental and medical reference textbooks,  
33 electronic and internet resources, current scientific journals, audiovisual materials and  
34 other relevant resources.

35  
36 (j) **Didactic Instruction.** All theoretical instruction (didactic) shall meet the content and hours  
37 requirements of each Section within this Article.

38  
39 (1) The total required didactic hours of a program or course may be delivered through in-  
40 person, hybrid or online instruction. Online learning shall be overseen by qualified faculty  
41 with experience and education in online learning formats and electronic delivery of  
42 curriculum content.

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1 (A) All students shall have access to the course's hazardous waste management  
2 plan for the disposal of needles, cartridges, and medical waste.

3  
4 (B) All students shall have access to the course's clinic and radiation hazardous  
5 communication plan.

6  
7 (C) All students shall receive a copy of the course's bloodborne and infectious  
8 diseases exposure control plan, which shall include emergency exposure  
9 information.

10  
11 (D) All instructional staff and faculty of programs and courses shall review  
12 emergency management protocols at least annually during staff calibration  
13 meetings to ensure consistency and compliance and such meetings shall be  
14 documented and maintained by the course or program director for a period for no  
15 less than five (5) years.

16  
17 (k) Clinical Instruction. Unless otherwise stated herein, clinical instruction shall be of sufficient  
18 duration to allow the procedures to be performed to ~~minimum clinical proficiency~~ competency.

19  
20 (1) Prior to demonstrating clinical competencies, patient-based assignments, and  
21 externships, students shall demonstrate minimum competence in laboratory or preclinical  
22 performance of each procedure they will be expected to perform in their clinical  
23 experiences.

24  
25 (2) Each program or course provider utilizing a dental clinic or dental practice as an  
26 extramural dental facility for the purposes of clinical training shall have a contract of  
27 affiliation completed and retained for a period of at least five (5) years and made available  
28 upon site evaluation by the Board. Such written contract shall include a description of the  
29 settings in which the clinical training may be received and shall provide for direct  
30 supervision of such training by ~~qualified staff~~ qualified course faculty and the supervising  
31 licensed dentist of the facility.

32  
33 (3) The program or course director, or a designated faculty member, shall be responsible  
34 for selecting extramural clinical facilities and evaluating student competence before,  
35 during and after the clinical assignment.

36  
37 (4) Prior to student assignment in an extramural clinical facility, the program or course  
38 director, or a designated faculty or instructional staff member, shall make available to all  
39 extramural staff information that shall include, at a minimum, the objectives of the  
40 program or course, the student's preparation for the clinical assignment, and a review of  
41 procedures and criteria to be used by the dentist or the licensed personnel in the  
42 extramural dental facility in evaluating the student during the assignment.

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1 (5) Prior to clinical experiences on any subject, including student partners, the patient  
2 shall complete a health history and consent acknowledging the procedure is being  
3 performed by a student of the course or program. Such documentation shall be  
4 maintained by the clinical facility and copies of the consent acknowledging the procedure  
5 is being performed by a student of the course or program shall be transferred to the  
6 educational program upon completion of the student's clinical instruction to be  
7 maintained in ~~all the~~ student's records.

8  
9 (6) In accordance with Business and Professions Code Section 1626.1, the operations by  
10 bona fide students enrolled in a Board-approved course or educational program in  
11 registered dental assisting or registered dental assisting in extended functions, whereby  
12 the performance of clinical procedures are a required element and that are under the  
13 general programmatic and academic supervision of that educational program or course,  
14 are exempt from the laws prohibiting the unlicensed practice of dentistry until such time  
15 as all clinical requirements of the program or course have been completed or upon  
16 graduation. This provision shall be clearly stated in all contracts of affiliation issued to  
17 extramural facilities and to all supervising dentists prior to the utilization of enrolled  
18 students in a clinical setting.

19  
20 (l) **Recordkeeping.** All course and program directors shall be responsible to obtain and maintain  
21 the following records for a period of not less than five (5) years:

22  
23 (1) A copy of each approved curriculum including a course/program syllabi and  
24 course/program outline(s);

25  
26 (2) A copy of ~~completed~~ written examinations, records of student evaluation  
27 ~~rubrics~~ using rubrics, and completed competency evaluations;

28  
29 (3) Evidence of department meetings and faculty calibration meetings, to be held at least  
30 once per semester, quarter or other regular interval instruction period used by the  
31 program; and evidence of faculty credentials, licenses, and certificates;

32  
33 (4) Minutes of all advisory board meetings, to include the recording of attendance at the  
34 meeting and meeting sign-in sheets;

35  
36 (5) Individual student records, including those necessary to establish satisfactory  
37 completion of the course or program; and

38  
39 (6) A copy of all certificates issued at the time of completion of the course or program.

40  
41 (m) **Certificate of Completion as Prescribed by the Board.** All course providers and programs shall  
42 issue an original certificate of completion which shall have been approved by the Board at the  
43 time of course and program application for approval. Only after a student has demonstrated

**Commented [NG18]:** Action requested by DAC (7/27/19):  
Staff to research whether this requires collection transport and storage of HIPPA info by students.

**Staff Response:**  
Students need not collect this information. It can be emailed or mailed by the clinical externship facility to the program.

Drafted language making it the program's and extern facilities' responsibility. They are already responsible for handling patient information, hopefully this should not dramatically increase their burden.

**Commented [NG19]:** Action requested by DAC (7/27/19):  
Staff to research how often these meeting should be held.

**Staff Response:**  
CODA generally states these must occur "regularly"

Tried to draft language requiring once a quarter/semester/instructional period.

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1 successful completion of all ~~course~~ educational requirements and final examinations in  
2 accordance with each Section of this Article shall a program or course issue a certificate of  
3 completion, which shall contain the following:-

4  
5 (1) The student's name, the provider name, the provider's location, the provider's approval  
6 number issued by the board, the course name, the number of course hours completed, the  
7 date of course completion,

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8  
9 (2) An authorizing signature of the provider or the providing entity and a statement that  
10 reads: "All of the information contained on this certificate is truthful and accurate."

11  
12 (3) A statement on each certification that reads: "Completion of this course does not  
13 constitute authorization for the attendee to perform any services that he or she is not  
14 legally authorized to perform based on his or her license or permit type."

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15  
16 (4) The Board shall issue provider numbers to all approved dental assisting courses and  
17 programs which shall be clearly indicated on all certificates.

18  
19 (A) For coursework in radiation safety, infection control ~~coronal polish, pit and~~  
20 fissure sealant, and ~~dental assisting jurisprudence~~the Dental Practice Act  
21 completed by students of a registered dental assisting program who, with or  
22 without graduation, successfully completes the educational requirements for each  
23 subject as part of the program curriculum, the program shall issue such certificates  
24 of completion. The Board shall recognize certificates of completion issued by the  
25 program as equivalent to having completed a stand-alone course.

26  
27 (25) Each certificate shall include the total number of program or course hours completed.

28  
29 (63) Providers shall retain hard copy or electronic copy of records of course or program  
30 completion for five (5) years from the date of completion and provide records upon written  
31 request by the Board within 30 days.

32  
33 (n) **Appeal Process for a Denied Application for Approval.** The Board may deny or withdraw its  
34 approval of a course or program. If the Board denies or withdraws approval, the reasons for  
35 withdrawal or denial will be provided in writing within ninety (90) days.

36  
37 (1) Any course or program provider whose approval is denied or withdrawn shall be  
38 granted an informal conference before the Executive Officer or his or her designee, prior  
39 to the effective date of such action. The course provider shall be given at least ten days'  
40 notice of the time and place of such informal conference and the specific grounds for the  
41 proposed action.

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1 (2) The course provider may appeal the denial or withdrawal of approval by either:  
2

3 (A) Appearing at the informal conference. The Executive Officer shall notify the  
4 course or program provider of the final decision of the Board within ten days of  
5 the informal conference. Based on the outcome of the informal conference, the  
6 provider may then request a hearing to contest the Board's final decision. A  
7 provider shall request a hearing by written notice to the Board within 30 calendar  
8 days of the postmark date of the letter of the Board's final decision after informal  
9 conference. Hearings shall be held pursuant to the provisions of Chapter 5  
10 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the  
11 Government Code; or,  
12

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

18  
19 ~~(a) (1) The criteria in subdivisions (b) to (j), inclusive, shall be met by a dental assisting~~  
20 ~~program or course and all orthodontic assisting and dental sedation assisting permit~~  
21 ~~programs or courses to secure and maintain approval by the Board as provided in this~~  
22 ~~Article.~~  
23

24 ~~(2) The Board may approve, provisionally approve, or deny approval of any program or~~  
25 ~~course for which an application to the Board for approval is required. All Registered~~  
26 ~~Dental Assistant (RDA) and Registered Dental Assistant in Extended Functions (RDAEF)~~  
27 ~~programs and dental assisting educational courses shall be re-evaluated approximately~~  
28 ~~every seven years, but may be subject to re-evaluation and inspection by the Board at~~  
29 ~~any time to review and investigate compliance with this Article and the Dental Practice~~  
30 ~~Act (Act). Re-evaluation may include a site visit or written documentation that ensures~~  
31 ~~compliance with all regulations. Results of re-evaluation shall be reported to the Board~~  
32 ~~or its designee for final consideration and continuance of program or course approval,~~  
33 ~~provisional approval or denial of approval.~~  
34

35 ~~(3) Program and course records shall be subject to inspection by the Board at any time.~~  
36

37 ~~(4) The Board may withdraw approval at any time that it determines that a program or~~  
38 ~~course does not meet the requirements of this Article or any other requirement in the~~  
39 ~~Act.~~  
40

41 ~~(5) All programs and courses shall be established at the postsecondary educational level~~  
42 ~~or deemed equivalent thereto by the Board.~~  
43

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

9  
10 (b) ~~The program or course director shall possess a valid, active, and current license issued by~~  
11 ~~the Board or the dental hygiene committee. The program or course director shall actively~~  
12 ~~participate in and be responsible for the administration of the program or course. Specifically,~~  
13 ~~the program or course director shall be responsible for the following requirements:~~

14  
15 ~~(1) Maintaining for a period of not less than five years copies of curricula, program~~  
16 ~~outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and~~  
17 ~~certifications, and individual student records, including those necessary to establish~~  
18 ~~satisfactory completion of the program or course.~~

19  
20 ~~(2) Informing the Board of any major change to the program or course content, physical~~  
21 ~~facilities, or faculty, within 10 days of the change.~~

22  
23 ~~(3) Ensuring that all staff and faculty involved in clinical instruction meet the~~  
24 ~~requirements set forth in this Article.~~

25  
26 (c) ~~Course faculty and instructional staff shall be authorized to provide instruction by the~~  
27 ~~program or course director at the educational facility in which instruction is provided.~~

28  
29 (d) ~~No faculty or instructional staff member shall instruct in any procedure that he or she does~~  
30 ~~not hold a license or permit in California to perform. Each faculty or instructional staff member~~  
31 ~~shall possess a valid, active, and current license issued by the Board or the Dental Hygiene~~  
32 ~~Committee of California, shall have been licensed or permitted for a minimum of two years, and~~  
33 ~~possess experience in the subject matter he or she is teaching. An instructor who has held a~~  
34 ~~license as a registered dental assistant or registered dental assistant in extended functions for~~  
35 ~~at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after~~  
36 ~~January 1, 2010, shall not be required to have held such a permit for two years in order to~~  
37 ~~instruct in the subject area.~~

38  
39 (e) ~~A certificate, diploma, or other evidence of completion shall be issued to each student who~~  
40 ~~successfully completes the program or course and shall include the following: the student's~~  
41 ~~name, the name of the program or course, the date of completion, and the signature of the~~  
42 ~~program or course director or his or her designee.~~



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

4  
5 ~~(1) The location and number of general use equipment and armamentaria shall ensure~~  
6 ~~that each student has the access necessary to develop minimum competency in all of~~  
7 ~~the duties for which the program or course is approved to instruct. The program or~~  
8 ~~course provider may either provide the specified equipment and supplies or require that~~  
9 ~~the student provide them. Nothing in this Section shall preclude a dental office that~~  
10 ~~contains the equipment required by this Section from serving as a location for~~  
11 ~~laboratory instruction.~~

12  
13 ~~(2) Clinical instruction shall be of sufficient duration to allow the procedures to be~~  
14 ~~performed to clinical proficiency. Operatories shall be sufficient in number to allow a~~  
15 ~~ratio of at least one operatory for every five students who are simultaneously engaged~~  
16 ~~in clinical instruction.~~

17  
18 ~~(A) Each operatory shall contain functional equipment, including a power-~~  
19 ~~operated chair for patient or simulation-based instruction in a supine position,~~  
20 ~~operator and assistant stools, air-water syringe, adjustable light, oral evacuation~~  
21 ~~equipment, work surface, handpiece connection, and adjacent hand-washing~~  
22 ~~sink.~~

23  
24 ~~(B) Each operatory shall be of sufficient size to simultaneously accommodate one~~  
25 ~~student, one instructor, and one patient or student partner.~~

26  
27 ~~(C) Prior to clinical assignments, students shall demonstrate minimum~~  
28 ~~competence in laboratory or preclinical performance of the procedures they will~~  
29 ~~be expected to perform in their clinical experiences.~~

30  
31 ~~(g) The program or course shall establish written clinical and laboratory protocols that comply~~  
32 ~~with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section~~  
33 ~~1005) and other federal, state, and local requirements governing infection control. The program~~  
34 ~~or course shall provide these protocols to all students, faculty, and instructional staff to ensure~~  
35 ~~compliance. Adequate space shall be provided for handling, processing, and sterilizing all~~  
36 ~~armamentarium.~~

37  
38 ~~(h) A written policy on managing emergency situations shall be made available to all students,~~  
39 ~~faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient~~  
40 ~~care activities shall be certified in basic life support procedures, including cardiopulmonary~~  
41 ~~resuscitation. Recertification intervals may not exceed two years. The program or course~~  
42 ~~director shall ensure and document compliance by faculty and instructional staff. A program or~~  
43 ~~course shall sequence curriculum in such a manner so as to ensure that students complete~~

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~~instruction in basic life support prior to performing procedures on patients used for clinical instruction and evaluation.~~

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

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

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

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

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

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

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

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

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

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

As used in this Article, the following definitions and student to teacher ratios shall apply:

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

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

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

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(d) "Laboratory instruction" means instruction in which students receive supervised experience performing procedures using study models, ~~mannequin~~ manikins, or other simulation methods. There shall be at least one instructor for every ~~1412~~ students who are simultaneously engaged in laboratory instruction.

(e) "Pre-clinical instruction" means instruction in which students receive supervised experience within the educational facilities performing procedures on ~~simulation~~ patient replica devices or patients which are limited to students partners, faculty, or instructional staff members. There shall be at least one instructor for every six (6) students who are simultaneously engaged in pre-clinical instruction.

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

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(g) "Instructional staff" refers to those employees of the program or course where instruction in dental assisting course or program content is provided by a qualified

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individual, consistent with the course or program regulations, and who may not be considered "faculty" by the program or institution.

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

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

**§ 1070.2. Approval of Board-Approved Registered Dental Assistant Educational Programs Requirements.**

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

(b) A registered dental assistant program provider applying for approval shall submit to the Board a completed "Application for Approval of Registered Dental Assistant Program (New INSERT DATE)", which is hereby incorporated by reference, accompanied by the designated, non-refundable fee as defined in CCR Section 1022.

(c) New programs approved by the American Dental Association, Commission on Dental Accreditation prior to submission of an application for approval by the Board may submit proof of status by the Commission, an electronic copy of the institutional self-study in addition to the application requirements set forth in this Section.

(d) ~~General Requirements~~Provisions. In order for a registered dental assistant program to secure and maintain approval by the Board, it shall establish and continually adhere to the requirements of 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 to reapprove the program for the increased enrollment prior to accepting additional students.

(2) The program shall establish goals and objectives that measure the instructional effectiveness through ongoing planning and outcome assessments that are documented and annually reviewed. Findings and conclusions are used for program improvement and revisions to the overall planning and outcomes assessment.

(3) Programs shall establish and maintain an advisory committee comprised of practicing dentists and clinical dental assistants, all currently licensed by the Board. In addition,

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1 consideration shall be given to appointing a student, a recent graduate or a public  
2 representative to serve on the advisory committee.

3  
4 (A) The advisory committee shall meet at least once each academic year with the  
5 program director, faculty, and appropriate institutional personnel to monitor the  
6 ongoing quality and performance of the program.

7  
8 (B) The advisory committee shall review the programs goals, objectives and overall  
9 effectiveness.

10  
11 (4) The program director and faculty shall ensure a form of governance that allows  
12 participation in the program and institution's decision-making process. The program  
13 director is consulted when matters directly related to the program are considered by  
14 committees that do not include program faculty.

15  
16 (5) The program shall have sufficient financial resources available to support the program  
17 and to comply with this Section.

18  
19 (6) If the program or institution requires approval by any other governmental agency, that  
20 approval shall be obtained prior to application to the Board for approval and shall be  
21 maintained at all times. The failure to maintain that approval may result in the automatic  
22 withdrawal of Board approval of the program.

23  
24 **(ed) Program Directors of Registered Dental Assisting Programs.**

25  
26 (1) ~~The Program Director shall have a full time commitment to no more than one~~  
27 ~~institution as a director. The Program Director shall not have full time instructor or~~  
28 ~~administrator responsibilities.~~ The program director's teaching contact hours and  
29 program responsibilities shall be less than a full-time instructor who does not have  
30 administrative responsibilities and shall ~~allow sufficient be assigned~~ time to fulfill  
31 assigned administrative responsibilities. In addition to the requirements of CCR Section  
32 1070, pertaining to the qualification and responsibilities of the program director, the  
33 program director shall have the authority and responsibilities for:

34  
35 (A) Budget preparation

36  
37 (B) Fiscal administration

38  
39 (C) Curriculum development and coordination

40  
41 (D) Selection and recommendation of individuals for faculty appointment and  
42 promotion

43  
44 (E) Supervision and evaluation of faculty

**Commented [NG20]:** CODA 1-7 requires equal representation between Dentists and DAs

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1  
2           (F) Determining faculty teaching assignments and schedules

3  
4           (G) Determining admissions criteria and procedures

5  
6           (H) Scheduling use of program facilities

7  
8           (I) Development and responsibilities to maintain compliance and documentation

9  
10 (ef) Facilities, Equipment and Resources. At all times, the program shall demonstrate the manner  
11 in which the program will provide all necessary equipment specific to the current duties and  
12 functions of dental assisting and registered dental assistant duties, with the exception of duties  
13 pertaining to patient monitoring, and how the equipment shall be utilized during laboratory,  
14 preclinical, and clinical instruction as appropriate to each type of session.  
15

16           (1) The following are minimum requirements for equipment and armamentaria during  
17 laboratory, preclinical, and clinical sessions as appropriate to each type of session:  
18 amalgamator, model trimmers in the ratio of one for every seven students, dental rotary  
19 equipment in the ratio of one for every three students, vibrators in the ratio of one for  
20 every three students, light curing devices in the ratio of one for every operator, functional  
21 typodonts and bench mounts in the ratio of one for every two students, functional  
22 orthodontically banded typodonts in the ratio of one for every four students, facebows in  
23 the ratio of one for every ten students, automated blood pressure device, EKG machine,  
24 pulse oximeters in the ratio of one for every ten students, capnograph or simulated device,  
25 one set of hand instruments in the ratio of one set for every two students for each  
26 procedure, respiration device, camera for intraoral use, camera for extraoral use, CAD  
27 machine or simulated device, caries detection device in the ratio of one for every ten  
28 students, and all other equipment and armamentaria required to teach dental assistant  
29 and registered dental assistant duties. With the exception of a CAD machine and patient  
30 monitoring equipment specific to EKG machine, pulse oximeter, and capnograph, the  
31 program shall own the necessary equipment and have it readily available upon inspection.  
32 Patient monitoring equipment owned by the institution and utilized by more than one  
33 program within the institution premises is acceptable and may be used by the RDA  
34 program as needed for instruction. Instruction by a licensed healthcare provider is  
35 acceptable. In the event instruction in patient monitoring procedures and use of the CAD  
36 machine is provided by an outside provider, the RDA program shall not be required to have  
37 available or own patient monitoring equipment or CAD machine. With the exception of a  
38 CAD machine, the program shall own the necessary equipment and have it readily available  
39 upon inspection. In the event instruction in basic life support, and use of the CAD machine  
40 is provided by an outside provider, the RDA program shall not be required to have available  
41 or own the necessary equipment.

42  
43           (2) The program shall demonstrate how the equipment and armamentaria ratios  
44 established successfully meet the total number of enrolled students of each class .

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1  
2 (3) Instruments shall be provided to accommodate students' needs in learning to identify,  
3 exchange, prepare procedural trays and assist in procedures as they relate to general and  
4 specialty dentistry.

5  
6 (4) Provision shall be made for reasonable access to current and diverse dental assisting  
7 and multidisciplinary literature including reference texts, current journals, audiovisual  
8 materials, and other resources necessary to support teaching, student learning needs,  
9 services and research. Library holdings, which may include access through the Internet,  
10 shall include materials relating to all subject areas of the program curriculum.

11  
12 (5) Consistent with CCR Section 1070, all necessary emergency and first aid equipment  
13 shall be maintained and in good operating order.

14  
15 **(gf) Length of Program.**

16  
17 (1) The program shall be of sufficient duration for the student to develop minimum  
18 competence in performing dental assistant and registered dental assistant duties, but in  
19 no event less than 800 hours, at least 275 hours of didactic instruction, at least 260 hours  
20 of combined laboratory or pre-clinical instruction conducted in the program's facilities  
21 under the direct supervision of program faculty or instructional staff and the 265  
22 remaining hours utilized in in a clinical externship in an extramural or onsite dental facility  
23 providing direct patient care and performing chairside assisting functions.

Commented [NG21]: CODA requires 900

Commented [NG22]: CODA requires 300

24  
25 (2) As part of the program's curriculum, no more than 420 hours of didactic and laboratory  
26 instruction shall be devoted to clerical, administrative, dental practice management  
27 specific to curriculum content defined herein.

28  
29 **(hg) Program Curriculum – General Guidelines.** Didactic, laboratory, preclinical, and clinical  
30 performance evaluations are integral parts of the program's curriculum.

Commented [NG23]: CODA 2-20 requires programs to provide opportunities to engage in service and or community based learning experiences specifically service hours, and volunteer opportunities.

31  
32 (1) In addition to the requirements of Sections 1070 and 1070.1, curriculum content and  
33 instruction in all registered dental assisting programs shall include ~~provide~~ theoretical  
34 content, laboratory and clinical experiences in a well-defined sequence that ensures each  
35 students level of learning is consistent with the programs stated learning outcomes in  
36 each content area described herein.

37  
38 (2) Where regulations exist specific to areas of study resulting in an independent  
39 certificate, such as, but not limited to, Radiation Health and Safety, Infection Control, Pit  
40 and Fissure Sealant and Coronal Polishing, instruction in each subject shall be consistent  
41 with related regulations.

42  
43 (3) Curriculum documentation shall be reviewed annually and revised, as needed, to

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1 reflect new concepts and techniques. Program content shall be integrated with continued  
2 elevation throughout. Curriculum must demonstrate~~and of~~ sufficient depth, scope,  
3 sequence of instruction, quality and emphasis to ensure achievement of all of the  
4 curriculum's ~~all~~-defined competencies.

5  
6 (4) Programs that admit students in phases, including modular, wheel or open-entry  
7 programs, shall provide at minimum, basic pre-requisite instruction in tooth dental  
8 anatomy, tooth numbering, emergencies, first-aid and safety precautions, infection  
9 control, OSHA and sterilization protocols prior to instruction in any other area of the  
10 program's curriculum. Such Pre-requisite instruction shall consist of no less than 100  
11 hours of direct, live, interactive didactic instruction, and shall occur prior to performances  
12 or activities involving patients including student partners.

13  
14 (5) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b)(11)  
15 and (b)(12) of this Section, programs shall include the following content:

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

19  
20 (B) Instruction in coronal polishing that meets all of the requirements of Cal. Code  
21 Regs., Title 16, Section 1070.4.

22  
23 (C) Instruction in the application of Pit and Fissure Sealants that meets all of the  
24 requirements of Cal. Code Regs., Title 16, Section 1070.3.

25  
26 (D) A course in basic life support (BLS) for healthcare professionals to include use  
27 of AED as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016  
28 (b)(1)(C) of the California Code of Regulations prior to the beginning of the pre-  
29 clinical or clinical experiences. Recertification intervals may not exceed two (2)  
30 years.

31  
32 (E) Instruction in the Dental Practice Act that includes the content specified in Cal.  
33 Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing  
34 education courses.

35  
36 (5) All programs shall provide students with ~~additional~~-instruction in the California  
37 Division of Occupational Safety and Health (Cal/OSHA) Regulations (Cal. Code Regs., Title  
38 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal.  
39 Code Regs., Title 16, Section 1005). Students shall be enrolled in or have a program  
40 approved plan to enroll in successfully complete courses culminating in a comprehensive  
41 written final examination prior to the student's performance of procedures on patients.

42  
43 (6) Ongoing instruction and utilization of safety procedures, infection control protocols,  
44 and equipment care shall be adhered to at all times. Students shall meet a minimum level

**Commented [NG24]:** Action requested by DAC (7/27/19):  
Staff to research the origin of the 100 hour requirement.

**Staff Response:**  
This language appears in the CADAT's proposed language  
for 1070.2 contained in the DA Comprehensive Package  
working document after workshop.

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of satisfactory competency as defined by the program.

(H) Didactic Instruction. The content categories include, but are not limited to Biomedical and Dental Sciences, Dental Materials, Ethics and Professional Responsibilities, Dental Instruments and Equipment, Chairside Assisting, Dental Practice Management, Health and Safety, Emergencies, Dental Office Communication, and New and Emerging Technologies.

(1) In the area of Biomedical Sciences, the program shall integrate throughout the didactic, preclinical, laboratory, and clinical performance components of the curriculum, the following content:

(A) Bloodborne pathogens and related diseases

~~(D) Applicable State and Federal Laws and Regulations~~

~~(E) Hazard Communication Standards~~

~~(F) Microbiology~~

(C) Infection Control

(D) Radiology

(2) In the area of Dental Sciences, the program shall provide instruction in and didactic evaluation of the following areas:

~~(A) Medical and dental-Dental and medical terminology~~

(B) General anatomy and physiology

(C) Head and neck anatomy

(D) Microbiology

(E) Nutrition

~~(E) Oral anatomy, histology and embryology~~

~~(F) Oral pathology~~

(G) Pharmacology related to dentistry and the patient to include:

(i) Drug requirements, agencies and regulations

**Commented [NG25]:** Dr. Witcher suggested using language from an earlier draft which specifically enumerated the required courses. Dr. Witcher will email the content he is referencing.

The section Dr. Witcher thought should be included is 1070.2 (d) (9) in the original regs and lists course content (A)-(F) – rad safety, CP, PFS, BLS, IC, and CDPA.

It has been added under (h) General program requirements

**Commented [NG26]:** Subsections (1)-(12) overlap with many of the Essential Dental Assisting Skills in CODA 2-8 – 2-18 however, CODA specifics that this instruction shall be both Didactic and Laboratory/Preclinical for all of the categories.

**Commented [NG27]:** Numerous stakeholders have stated that these are omitted, but it is unclear where they fit in this organization.

**Commented [NG28]: For Discussion by DAC:**  
The rad safety course content is described separately in 1070.9 page 108. If this section is referenced by adding the list of required content described above that might be sufficient – this needs discussion by staff and/or DAC.

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(ii) Common drugs and prescriptions use in dentistry

(iv) Anesthetics and topical agents used in dentistry

(vi) Administration of nitrous oxide-oxygen

(vii) Drugs and agents used for treating dental related infection

(viii) Drug addiction including Opioids other substances.

(viii) Nutrition

(H) Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines.

(3) In the area of dental materials, the program shall provide instruction in and laboratory and performance evaluation in the properties, use and manipulation of:

(A) Gypsum

(B) Restorative materials

(C) Bases, liners and bonding agents

(D) Matrix retainers, bands and wedges

(E) Impression materials

(F) Acrylics and or thermoplastics

(G) Waxes

(H) Abrasive agents

(I) Dental laboratory procedures

(i) Study casts

(ii) Fabrication of custom trays

(iii) Temporary crowns and bridges

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(J) Preventive materials: polishing agents, fluorides, sealants, varnish

(4) In the areas of Ethics and Professional Responsibilities, the program shall provide instruction in and didactic performance evaluation of the following:

(A) California Dental Practice Act, including information specific to:

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

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

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

(4) Applicable State and Federal Laws and Regulations

(B) Malpractice, liability, negligence, abandonment, and fraud

(F) Health Insurance Portability and Accountability Act (HIPAA)

(G) Express, implied and informed consent

(H) Legal and ethical issues in dentistry

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

(J) Risk management

(K) Code of ethics consistent with the dental assisting profession

(L) Laws governing harassment, labor and employment

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

(5) In the areas of Dental Operatory, Instruments and Equipment, the program shall provide instruction in and didactic, preclinical, clinical and laboratory performance evaluation of the following:

(A) Identification, types, functions and operations of dental operatory and laboratory equipment;

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1           (B) Identification, types, functions and tray set up of dental instruments used in  
2           dental procedures;

3  
4           (C) Operatory set-up and equipment maintenance

5  
6           (D) Anesthetic syringe set-up and handling

7  
8           (E) Clean removable appliances

9  
10          (6) In the area of Chairside Assisting, the program shall provide instruction in and didactic,  
11          preclinical, clinical performance evaluation of the following:

12  
13           (A) Assist in four-handed dentistry procedures

14  
15           (B) Patient education to include pre- and post-operative instructions

16  
17           (C) Oral hygiene Instructions

18  
19           (D) Isolation techniques

20  
21           (E) Basic supportive procedures

22  
23           (F) All dental assisting and Registered Dental Assistant duties defined by statute

24  
25           (G) Record patient information and treatment documentation

26  
27           (H) Aseptic techniques

28  
29           (I) Chairside assistant ergonomics

30  
31          (7) In the area of Dental Business Office Management and Procedures, the program shall  
32          provide instruction in and didactic and laboratory performance evaluation of the  
33          following:

34  
35           (A) Appointment control

36  
37           (B) Financial records and fees

38  
39           (C) Dental office inventory control and purchasing

40  
41           (D) Computer and dental software

42  
43           (E) Recall/Recare systems

44

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1 (F) Management of patient records including paperless and technology-based  
2 records management systems

3  
4 (G) Oral and written communications

5  
6 (H) Employment skills resume writing

7  
8 (I) Privacy and confidentiality pertaining to patient records, HIPAA/HITECH  
9 requirements

10  
11 (J) Practice management systems

12  
13 (K) Insurance systems claims processing and procedure coding

14  
15 (L) Ethical and legal responsibilities including financial misconduct, patient billing,  
16 misrepresentation of services performed, and treatment plan presentation

17  
18 (8) In the areas of Dental Office Communication and Patient Management, instruction  
19 and didactic performance evaluation of the following:

20  
21 (A) Psychology considerations influencing communication and behaviors

22  
23 (B) Adapt skills to varied levels of understanding and cultural orientation

24  
25 (C) Verbal and non-verbal communication

26  
27 (D) Interpersonal skills

28  
29 (E) Communicating with dental office employees

30  
31 (9) In the areas of Emergencies, Health and Safety, the program shall provide instruction  
32 in and didactic and laboratory performance evaluation of the following:

33  
34 (A) Respond to medical emergencies:

35  
36 (1) Take and record vital signs

37  
38 (2) CPR

39  
40 (3) Administer oxygen

41  
42 (B) Basic first aid kit and first aid procedures

43  
44 (C) Common medical emergencies in a dental office

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1  
2       (D) Common dental emergencies

3  
4       (E) Safe transport and transfer of patients

5  
6       (F) Emergency procedures in response to workplace accidents:

7  
8       (G) Roles and responsibilities of the dental office employer and employee

9  
10           (1) The role of the injury and illness prevention program of the dental office

11  
12           (2) The reporting process for workplace injuries including exposure  
13           incidents

14  
15       (H) Maintain safe and healthy work environments

16  
17       (10) As it relates to new and emerging technologies in dentistry, the program shall  
18       integrate throughout the didactic and laboratory performance components of the  
19       curriculum, the following content:

20  
21           (A) Advancements in dental instruments and equipment

22  
23           (B) Advanced and emerging dental materials and products

24  
25           (C) Procedures and techniques that incorporate emerging technology used in the  
26           workplace

27  
28           (D) Procedures and techniques related to dental specialties including, but not  
29           limited to, prosthodontics, orthodontics, and endodontics.

30  
31       (11) A course or coursework in basic life support that, when successfully completed, shall  
32       result in certification, and shall be provided by an instructor approved by the American  
33       Red Cross or the American Heart Association, or any other provider recognized by the  
34       Board as equivalent. The program may require that the student complete certification as  
35       a prerequisite to program enrollment, or that the student provide evidence of having  
36       completed certification prior to patient-based competencies and clinical assignment.

37  
38       (12) Laboratory and clinical instruction shall be of sufficient duration and content for each  
39       student to achieve minimum competence in the performance of each procedure that  
40       dental assistants and registered dental assistants are authorized to perform.

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1 (i) **Clinical Externship Instruction.** -Assisting a dentist shall be an integral part of the educational  
2 program designed to perfect students' competence in performing chairside assisting functions,  
3 rather than to provide basic instruction. In addition to the requirements of Section 1070 and  
4 1070.1 with regard to extramural instruction and facility use:

5  
6 (1) If utilized, no more than 25-50 percent of the total hours of ~~extramural~~ clinical  
7 externship instruction shall take place in a specialty dental practice or within the program's  
8 facilities. Specialty dentistry clinical experiences are optional and are not required of a  
9 registered dental assisting program.

10  
11 (2) Each student shall be assigned to two or more offices or clinics for clinical experience  
12 and assisting in general dentistry situations is emphasized.

13  
14 (3) The major portion of the students' time in clinical assignments shall be spent assisting  
15 with, or participating in, patient care.

16  
17 (4) The dental assisting faculty shall plan, approve, supervise, and evaluate the student's  
18 clinical experience, and the following conditions shall be met:

19  
20 (A) A formal agreement exists between the educational institution and the facility  
21 providing the experience.

22  
23 (B) The program administrator retains authority and responsibility for the student.

24  
25 (C) Policies and procedures for operation of the facility are consistent with the  
26 philosophy and objectives of the dental assisting program.

27  
28 (D) The facility accommodates the scheduling needs of the program.

29  
30 (E) Notification for termination of the agreement ensures that instruction will not  
31 be interrupted for currently assigned students.

32  
33 (F) Expectations and orientation are provided to all parties prior to student  
34 assignment.

35  
36 (G) Students shall maintain a record of their activities in each clinical assignment.

37  
38 (H) Faculty of the program or the program director shall conduct at least 5 site visits  
39 to the facility during the course of the student's clinical assignment. The student  
40 shall be present and ~~working clinically performing clinical work~~ at the time of the  
41 site visit and a report by the visiting faculty member shall be completed and  
42 entered into the student record. At no time shall a telephone communication with  
43 the extramural facility be deemed equivalent to or determined to be an acceptable  
44 alternative to a physical site visit by the program faculty or staff.

**Commented [NG29]:** For Discussion by DAC.

Stakeholders have pointed out that this section covers clinical instruction, but not laboratory instruction.

However, 1070.2(i) (formerly (h)) subsections (2-10) above are all specific laboratory instruction. Also added (12) above. Is this sufficient?

**Commented [NG30]:** Action requested by DAC (7/27/19):

Staff directed to research whether one externship is detrimental to job prospects.

**Staff Response:**

CM Ovard directed staff to implement two sites.

Staff agrees. If an externship is a job interview, then two interviews increases the chances of receiving an offer.

Two externships is also required by CODA 2-22.

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1  
2 (ik) Optional Program Content: A registered dental assisting program that desires to provide  
3 instruction in the following regulated areas shall apply separately for approval to incorporate  
4 curriculum on a specific application form issued by the board, herein incorporated by reference,  
5 (insert here):

6  
7 (1) An orthodontic assistant permit course that shall meet the curriculum requirements of  
8 CCR Section 1070.7, except that a program shall not be required to obtain approval to teach  
9 the orthodontic duties allowed for an unlicensed dental assistant which are already  
10 required areas of instruction, specifically the duties of placing ligature ties and archwires,  
11 removing orthodontic bands, and removing excess cement from surfaces of teeth with a  
12 hand instrument. The incorporated curriculum shall be no less than 51 hours, of combined  
13 didactic, laboratory and pre-clinical instruction consistent with the requirements of Section  
14 1070.7 plus additional hours of instruction in ultrasonic scaling for cement removal  
15 consistent with the requirements of Section 1070.5. All experiences shall be performed and  
16 evaluated up to the pre-clinical level and within the institutional facilities under the  
17 supervision of the program faculty. Upon successful graduation of the program, students  
18 shall not be required to complete 12 months of work experience as a dental assistant and  
19 shall be considered immediately eligible to apply for board examination and obtain a permit  
20 as an orthodontic assistant which may occur before or after examination and licensure as a  
21 registered dental assistant.

22  
23 (2) A dental sedation assistant permit course that shall meet the curriculum requirements  
24 of CCR Section 1070.8, The incorporated curriculum shall be no less than 110 hours, of  
25 combined didactic, laboratory pre-clinical and clinical instruction consistent with the  
26 requirements of Section 1070.8. All experiences shall be performed and evaluated up to the  
27 pre-clinical level and within the institutional facilities under the supervision of the program  
28 faculty. Clinical training must be completed under supervision of qualified staff as specified in  
29 1070.8 (3). 38 of the required 110 hours must be devoted to clinical instruction in the extramural  
30 facility under the supervision of sedation or anesthesia permit holder. Upon successful  
31 graduation of the program, students shall not be required to complete 12 months of work  
32 experience as a dental assistant and shall be considered immediately eligible to apply for  
33 board examination and obtain a permit as a dental sedation assistant which may occur  
34 before or after examination and licensure as a registered dental assistant.

35  
36 (23) A registered dental assisting program that includes instructional content for either the  
37 orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a  
38 certificate or certificates of completion to the program graduate specific to the subject area  
39 and in addition to the RDA program certificate of completion. Certificates shall be used for  
40 demonstration of compliance with education requirements for the permit subject as part  
41 of a total program for registered dental assisting and shall include the institutional name,  
42 board-approved provider number for the program, total hours of instruction completed in  
43 the subject area consistent with the requirements of this Section, a disclosure statement to

**Commented [NG31]:** Dr. Witcher asked for research on whether ultrasonic scaling should be included on a listing of required course competencies.

However Ultrasonic scaling is listed in the OA section (line 14).



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1 both the graduate and any employer indicating that the recipient of the certificate is not  
2 allowed to perform the duties of a permit holder until such time as a board-issued permit  
3 has been obtained, and certification signature indicating successful completion of approved  
4 curriculum. The certificate holder shall utilize the certificate as proof of candidate eligibility  
5 at the time of application submission and shall be deemed an eligible candidate for  
6 examination and permit issuance as having met all educational requirements.

7  
8 **(kl) Certificates of Completion.**

9  
10 (1) Upon successful completion of the program, students shall receive certificates  
11 consistent with the requirements defined in CCR Section 1070(m).

12  
13 (D2) In the event the student does not complete the program, but has meet all the  
14 educational requirements consistent with an eight (8) hour infection control course, a two  
15 (2) hour DPA course or a 32-hour radiation health and safety course, the program will  
16 provide certificates to the student verifying that the minimum educational requirements  
17 for employment as an unlicensed dental assistant have been met and shall include the  
18 programs Registered Provider Number issued by the Board for each subject area as defined  
19 in this Article.

20  
21 **(m) Notice of Compliance.** To maintain approval, programs approved prior to the effective date  
22 of these regulations shall submit to the Board a completed "Notice of Compliance with New  
23 Requirements for Registered Dental Assistant Educational Programs (insert date)", hereby  
24 incorporated by reference, within ninety (90) days of the effective date of these regulations.

25  
26 (a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive Board  
27 approval prior to operation.

28  
29 (b) The Board may, in lieu of conducting its own investigation, accept the findings of any  
30 commission or accreditation agency approved by the Board and adopt those findings as its own.  
31 All programs accredited by the American Dental Association Commission on Dental  
32 Accreditation (Commission) shall submit to the Board after each site visit a copy of the final  
33 report of the Commission's findings within 30 days of the final report issuance. New programs  
34 approved by the Commission shall apply to the Board and shall submit proof of Provisional  
35 Approval status by the Commission, a copy of the institutional self study, and applications for  
36 Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an  
37 RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings  
38 is at the discretion of the Board and does not prohibit the Board from exercising its right to site  
39 evaluate a program.

40  
41 (c) If the program is granted the status of "Approved with Reporting Requirements" from the  
42 Commission, the program shall submit to the Board copies of any and all correspondence  
43 received from or submitted to the Commission until such time as the status of "Approval  
44 without Reporting Requirements" is granted. Additionally, if the program withdraws from

**Commented [NG32]:** Action requested by DAC (7/27/19):  
Staff to research why this language was removed in light of  
the move to use CODA.

**Staff Response:**  
This language appears in the file titled: One Big Huge Word  
Doc for Proposed Regs 4\_16\_2019 (003).  
The document's internal title is "Proposed – Comprehensive  
Regulatory Package – SME Contributed 4/15/2019"

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1 accredited status by the Commission, the program shall notify the Board, in writing, of such  
2 status within 30 days.

3  
4 (d) In order for a registered dental assistant program to secure and maintain approval by the  
5 Board, it shall meet the requirements of Sections 1070 and 1070.1 and the requirements  
6 contained in this Section.

7  
8 (1) A program shall notify the Board in writing if it wishes to increase the maximum  
9 student enrollment for which it is approved and shall provide documentation to the  
10 Board to demonstrate compliance with Section 1070 and Section 1070.1 to reapprove  
11 the program for the increased enrollment prior to accepting additional students.

12  
13 (2) Programs shall establish and maintain an advisory committee whose membership  
14 provides for equal representation of dentists and dental assistants, all currently licensed  
15 by the Board. In addition, consideration shall be given to a student, a recent graduate or  
16 a public representative to serve on the advisory committee. The advisory committee  
17 shall meet at least once each academic year with the program director, faculty, and  
18 appropriate institutional personnel to monitor the ongoing quality and performance of  
19 the program and to receive advice and assistance from the committee.

20  
21 (3) Adequate provision for the supervision and operation of the program shall be made.  
22 In addition to the requirements of Sections 1070 and 1070.1, the following  
23 requirements shall be met:

24  
25 (A) By January 1, 2012, each faculty member shall have completed a course or  
26 certification program in educational methodology of at least 30 hours, unless he  
27 or she holds any one of the following: a postgraduate degree in education, a  
28 Ryan Designated Subjects Vocational Education Teaching Credential, a Standard  
29 Designated Subjects Teaching Credential, or a Community College Teaching  
30 Credential. Each faculty member employed after January 1, 2012, shall complete  
31 a course or certification program in educational methodology within six months  
32 of employment. The program director or designated administrator shall be  
33 responsible to obtain and maintain records of each faculty member showing  
34 evidence of having met this requirement.

35  
36 (B) The program director shall have teaching responsibilities that are less than  
37 those of a full time faculty member. He or she shall actively participate in and be  
38 responsible for the administration of the program including the following:

39  
40 (i) Participating in budget preparation and fiscal administration,  
41 curriculum development and coordination, determination of teaching  
42 assignments, supervision and evaluation of faculty, establishment of  
43 criteria and procedures, design and operation of program facilities, and

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~~selection of extramural facilities and coordination of instruction in those facilities.~~

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

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

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

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

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

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

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

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

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1  
2 (7) Facilities and class scheduling shall provide each student with sufficient opportunity,  
3 with instructor supervision, to develop minimum competency in all duties that  
4 registered dental assistants are authorized to perform. The following requirements are  
5 in addition to those contained in Sections 1070 and 1070.1:  
6

7 (A) The following are minimum requirements for equipment and armamentaria  
8 during laboratory, preclinical, and clinical sessions as appropriate to each type of  
9 session: amalgamator, model trimmers in the ratio of one for every seven  
10 students, dental rotary equipment in the ratio of one for every three students,  
11 vibrators in the ratio of one for every three students, light curing devices in the  
12 ratio of one for every operator, functional typodonts and bench mounts in the  
13 ratio of one for every two students, functional orthodontically banded typodonts  
14 in the ratio of one for every four students, facebows in the ratio of one for every  
15 ten students, automated blood pressure device, EKG machine, pulse oximeters in  
16 the ratio of one for every ten students, capnograph or simulated device, one set  
17 of hand instruments in the ratio of one set for every two students for each  
18 procedure, respiration device, camera for intraoral use, camera for extraoral use,  
19 CAD machine or simulated device, caries detection device in the ratio of one for  
20 every ten students, and all other equipment and armamentaria required to teach  
21 dental assistant and registered dental assistant duties. With the exception of a  
22 CAD machine and patient monitoring equipment specific to EKG machine, pulse  
23 oximeter, and capnograph, the program shall own the necessary equipment and  
24 have it readily available upon inspection. Patient monitoring equipment owned  
25 by the institution and utilized by more than one program within the institution  
26 premises is acceptable and may be used by the RDA program as needed for  
27 instruction. Instruction by a licensed healthcare provider is acceptable. In the  
28 event instruction in patient monitoring procedures and use of the CAD machine  
29 is provided by an outside provider, the RDA program shall not be required to  
30 have available or own patient monitoring equipment or CAD machine.  
31

32 (B) Instruments shall be provided to accommodate students needs in learning to  
33 identify, exchange, and prepare procedural trays and assist in procedures as they  
34 relate to general and specialty dentistry.  
35

36 (C) Provision shall be made for reasonable access to current and diverse dental  
37 and medical reference texts, current journals, audiovisual materials, and other  
38 necessary resources. Library holdings, which may include, in total or in part,  
39 access through the Internet, shall include materials relating to all subject areas of  
40 the program curriculum.  
41

42 (D) Emergency materials shall include, at a minimum, an oxygen tank that is  
43 readily available and functional. Medical materials for treating patients with life-  
44 threatening conditions shall be available for instruction and accessible to the

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operatories. Facilities that do not treat patients shall maintain a working model of a kit of such emergency materials for instructional purposes.

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

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

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

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

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

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

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

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

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

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

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

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

(B) An orthodontic assistant permit course that shall meet the requirements of Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be required to obtain separate approval to teach the duties of placing ligature ties and archwires, removing orthodontic bands, and removing excess cement from surfaces of teeth with a hand instrument, and shall be no less than 51 hours, including at least 9 hours of didactic instruction, at least 22 hours of laboratory instruction, and at least 20 hours of clinical instruction.

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

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

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

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

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

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

(D) Principles of infection control, waste management, and hazardous communication requirements in compliance with the Board's Minimum

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1 ~~Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and~~  
2 ~~other federal, state, and local requirements governing infection control.~~  
3 ~~Instruction in infection control shall meet the education requirements set forth~~  
4 ~~in Section 1070.6(e).~~

5  
6 ~~(E) Principles related to pharmacology and biomedical sciences including~~  
7 ~~nutrition and microbiology.~~

8  
9 ~~(F) Principles of medical-dental emergencies and first-aid management.~~

10  
11 ~~(G) Principles of the treatment planning process including medical health history~~  
12 ~~data collection, patient and staff confidentiality, and charting.~~

13  
14 ~~(H) Principles of record classifications including management, storage, and~~  
15 ~~retention protocol for all dental records including legal and ethical issues~~  
16 ~~involving patient records.~~

17  
18 ~~(I) Principles and protocols of special needs patient management, the psychology~~  
19 ~~and management of dental patients, and overall interpersonal relationships.~~

20  
21 ~~(J) Principles, protocols, and armamentaria associated with all dental assisting~~  
22 ~~chairside procedures.~~

23  
24 ~~(K) Principles, protocols, manipulation, use, and armamentaria for contemporary~~  
25 ~~dental materials used in general and specialty dentistry.~~

26  
27 ~~(L) Principles and protocols for oral hygiene preventative methods including,~~  
28 ~~plaque identification, toothbrushing and flossing techniques, and nutrition.~~

29  
30 ~~(M) Principles, protocols, armamentaria, and procedures associated with~~  
31 ~~operative and specialty dentistry.~~

32  
33 ~~(N) Principles, protocols, armamentaria, and procedures for each duty that~~  
34 ~~dental assistants and registered dental assistants are allowed to perform.~~

35  
36 ~~(O) All content for instruction in radiation safety as set forth in Cal. Code Regs.,~~  
37 ~~Title 16, Section 1014.1.~~

38  
39 ~~(P) All content for instruction in coronal polishing as set forth in Cal. Code Regs.,~~  
40 ~~Title 16, Section 1070.4.~~

41  
42 ~~(Q) All content for instruction in the application of Pit and Fissure Sealants as set~~  
43 ~~forth in Cal. Code Regs., Title 16, Section 1070.3.~~

44

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

5  
6 ~~(13) Each student shall pass a written examination that reflects the curriculum~~  
7 ~~content, which may be administered at intervals throughout the course as~~  
8 ~~determined by the course director.~~

9  
10 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1752.1,  
11 1752.4 and 1752.6, Business and Professions Code.

12  
13 **§ 1070.3. Approval of Pit and Fissure Sealant Courses.**

14  
15 (a) A course in the application of pit and fissure sealants is one in which has, as its primary  
16 purpose, providing theory and clinical application in preventative sealant techniques. A single  
17 standard of care shall be maintained, and the board shall approve and continue to approve only  
18 courses which continuously maintain a high-quality standard of instruction.

19  
20 (b) A pit and fissure sealant course provider applying for initial approval shall submit an  
21 application for approval, hereby incorporated by reference (insert date), accompanied by the  
22 designated, non-refundable fee as defined in CCR Section 1022. Consistent with CCR Section  
23 1070, the board may approve or deny approval after evaluation of all components of the course  
24 have been performed.

25  
26 (c) Continuation of approval will be contingent upon continued compliance with CCR Sections  
27 1070, 1070.1 and all requirements as required herein.

28  
29 **(d) General Provisions:** Adequate provisions for the supervision and operation of the course shall  
30 be made in compliance with this Article and the following:

31  
32 (1) Unless otherwise incorporated in a board-approved registered dental assisting  
33 program, providers shall require evidence that all course pre-requisites have been met  
34 prior to acceptance of the participant in the course. Pre-requisites include current  
35 certification in basic life support, completion of an 8-hour board-approved course in  
36 infection control, a 2-hour board-approved course in ~~dental assisting jurisprudence~~  
37 ~~the~~ Dental Practice Act,

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~~ pit and fissure  
43 sealants.



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1  
2 (3) The requirements for the quantity, qualifications and responsibilities of the course  
3 director and all faculty or instructional staff as defined in CCR Sections 1070 and 1070.1,  
4 shall be adhered to at all times.

5  
6 (4) Providers shall ~~not~~ be required to employ a dentist for the purposes of onsite oversight  
7 and mitigation during clinical instruction.

8  
9 (5) Providers shall require a ~~written permission letter~~ or prescription by a licensed dentist  
10 who shall diagnose and prescribe sealant placement when patient-based experiences are  
11 performed.

12  
13 **(e) Facilities and Equipment:**

14  
15 (1) Adequate supplies, materials and provisions for instruction in the application of pit  
16 and fissure Sealants shall be provided in compliance with the requirements of CCR  
17 Section 1070.

18  
19 (2) There shall be a sufficient number of safe, adequate, and educationally conducive  
20 lecture classrooms, online instruction equipment and operatories in compliance with  
21 the requirements of CCR Section 1070. Adequate, cleaning, disinfecting, and sterilizing  
22 facilities shall be provided.

23  
24 (3) All disinfection and sterilization procedures specified in CCR Section 1005 shall be  
25 incorporated in the course content and followed during all laboratory, simulated-clinical  
26 and clinical experiences.

27  
28 **(f) Course Duration:** As part of an organized course of instruction, sufficient time shall be  
29 available for all students to achieve minimum competence in the various protocols used in the  
30 application of pit and fissure sealants. The course shall, however, be no less than 16 clock hours  
31 in length consisting of a combination of didactic, laboratory, ~~and~~ simulated-clinical ~~or~~ and clinical  
32 instruction designed for the student to develop minimum competency in all aspects of the subject  
33 area, including at least 4 hours of didactic training, at least 4 hours of laboratory training, and at  
34 least 8 hours of clinical training.

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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  
40 instruction.

41  
42 (2) General course objectives and specific instructional unit objectives shall be stated in  
43 writing and shall include theoretical aspects of each subject as well as practical

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1 application. The theoretical aspects of the course shall provide the content necessary for  
2 students to make judgments regarding the application of pit and fissure sealants.

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 curriculum.

8  
9 (4) Each student shall pass a written examination which reflects the curriculum content.

10  
11 (5) Each student shall pass a practical examination in which the student successfully  
12 completes the application of pit and fissure sealants on:

13  
14 (i) no less than ~~four (4)~~ 16 teeth

15  
16 (ii) no less than two (2) patients

17  
18 (iii) at least one (1) application in each quadrant and

19  
20 (iv) at least eight (8) applications on teeth in each of the two (2) required live patients.

21  
22 (h) Didactic Instruction: Areas of instruction shall include the following as they relate Dental  
23 Science - Oral Anatomy, Histology, Physiology, Oral Pathology, Normal and Abnormal  
24 Anatomical and Physiological Tooth Descriptions

25  
26 (1) Morphology

27  
28 (2) Dental Materials

29  
30 (3) Sealant Basics:

31  
32 (i) Legal requirements

33  
34 (ii) Description and goals of sealants

35  
36 (iii) Indications and contraindications

37  
38 (iv) Role in preventive programs

39  
40 (v) Use of caries identification devices and materials

41  
42 (4) Sealant Materials and Caries Identification Devices:  
43

**Commented [NG33]:** This formulation is based on what the council voted on at the meeting.

CM Ovard suggests the following formulation

(i) no less than twelve 12 teeth

(ii) no less than two patients

(iii) at least one application in each quadrant using a typodont or simulation device and

(iv) at least four applications on posterior teeth in each of the two required live patients.

CM Ovard commented that she has never performed an anterior application in 20 years (i.e. there are not sufficient patients to complete this requirement as formulated).

**Commented [NG34]:** This item needs further discussion by the DAC

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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 handling

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 (i) Areas of application

15  
16 (ii) Patient selection factors

17  
18 (iii) Caries identification ~~Other indication factors~~ protocols

19  
20  
21 (6) Preparation Factors:

22 (i) Moisture control protocol

23  
24 (ii) Tooth/teeth preparation procedures prior to etching or etchant/bond

25  
26 (iii) Recording of caries identification devices or materials

27  
28  
29 (7) Acid Etching or Etchant/Bond Combination:

30 (i) Material preparation

31  
32 (ii) Application areas

33  
34 (iii) Application time factors

35  
36 (iv) Armamentaria

37  
38 (v) Procedure

39  
40 (vi) Etchant or etchant/bond evaluation criteria

41  
42  
43 (8) Sealant Application:

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1           (i) Application areas

2  
3           (ii) Application time factors

4  
5           (iii) Armamentaria

6  
7           (iv) Procedure for chemical cure and light cure techniques

8  
9           (v) Sealant evaluation criteria

10  
11           (vi) Sealant adjustment technique

12  
13       (9) Infection control protocols

14  
15       (10) Clinical re-call re-evaluation protocols

16  
17   (i) Laboratory, Simulated-Clinical and Clinical Instruction:

18  
19       (1) Providers shall adhere to student/teacher ratios as defined in CCR Section 1070.1 at  
20       all times during laboratory, simulated clinical and clinical instruction.

21  
22       (2) Students shall be provided with established written competencies identifying specific  
23       objective evaluation criteria and performance objectives for all evaluated experiences.  
24       An experience has been successfully completed only if each sealant placed meets or  
25       exceeds all stated performance criteria.

26  
27       (3) Upon completion of all didactic instruction, students shall complete the following  
28       competency evaluated experiences:

29  
30           (A) Laboratory experiences which may be conducted on a typodont and/or  
31           mounted extracted teeth. Sufficient time shall be available for students to  
32           demonstrate minimum competency on both posterior and anterior teeth.

33  
34           (B) Sufficient time shall be available for students to demonstrate competency on  
35           a minimum of 12 teeth, to include anterior and posterior teeth and of which  
36           eight (8) shall be conducted on either a simulation mannequin or posterior teeth  
37           of at least two clinical patients or a combination thereof; the remaining  
38           applications must be performed on all four mouth quadrants but may be  
39           performed on simulation devices.

40  
41       (4) ~~When patient-based competencies are performed, e~~Each patient shall undergo a  
42       caries identification procedure performed by the student as part of the evaluated  
43       experience.

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1           (A) Each tooth selected for clinical experience shall be sufficiently erupted to  
2           maintain a dry field for application of sealant materials.

3  
4   (j) Course Completion: Upon completion of the course, each student shall be able to:

5  
6           (1) 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  
10          (2) Explain the procedure to patients.

11  
12          (3) Recognize decalcification, caries and fracture lines.

13  
14          (4) Identify the indications and contraindications for sealants.

15  
16          (5) Identify the characteristics of a caries identification device, light curing devices,  
17          isolation devices, and self-curing and light-cured sealant materials.

18  
19          (6) Define the appropriate patient selection factors and indication factors for sealant  
20          application.

21  
22          (7) Utilize proper armamentaria in an organized sequence.

23  
24          (8) Maintain appropriate moisture control protocol before and during application of  
25          etchant and sealant material.

26  
27          (9) Demonstrate the proper technique for teeth preparation prior to etching.

28  
29          (10) Select and dispense the proper amount of etchant and sealant material when using  
30          materials requiring etchant; and the proper use of etchless sealant materials including  
31          bondable materials.

32  
33          (11) Demonstrate the proper techniques for application of the etchant and sealant  
34          material.

35  
36          (12) Implement problem solving techniques associated with pit and fissure sealants.

37  
38          (13) Evaluate the etchant and sealant placement techniques according to appropriate  
39          criteria.

40  
41          (14) Check the occlusion and proximal contact for appropriate placement techniques.

42  
43          (15) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.  
44

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1           (16) Maintain aseptic techniques including disposal of contaminated material.

2  
3           **(k) Certificate of Completion.** Upon successful completion of the course, students shall receive a  
4           certificate consistent with the requirements defined in CCR Section 1070(m).

5  
6           **(l) Notice of Compliance.** To maintain approval, courses approved prior to the effective date of  
7           these regulations shall submit to the Board a completed “Notice of Compliance with New  
8           Requirements for Pit and Fissure Sealant Certificate Courses” (insert date), hereby incorporated  
9           by reference, within ninety (90) days of the effective date of these regulations.

10  
11           The following minimum criteria shall be met for a course in the application of pit and fissure  
12           sealants to secure and maintain approval by the Board.

13  
14           ~~(a) Educational Setting.~~ The course shall be established at the post-secondary educational level.

15  
16           ~~(b) Prerequisites.~~ Each student shall possess the necessary requirements for application for RDA  
17           licensure or currently possess an RDA license. Each student shall have already completed a  
18           Board approved course in coronal polishing.

19  
20           ~~(c) Administration/Facility.~~ Adequate provision for the supervision and operation of the course  
21           shall be made.

22  
23           ~~(1) The course director and each faculty member shall possess a valid, active, and~~  
24           ~~current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA~~  
25           ~~license issued by the Board if the person has completed Board approved courses in~~  
26           ~~coronal polishing and the application of pit and fissure sealants. All faculty shall have~~  
27           ~~been licensed for a minimum of two years. All faculty shall have the education,~~  
28           ~~background, and occupational experience and/or teaching expertise necessary to teach,~~  
29           ~~place, and evaluate the application of pit and fissure sealants. All faculty responsible for~~  
30           ~~clinical evaluation shall have completed a two hour methodology course in clinical~~  
31           ~~evaluation.~~

32  
33           ~~(2) The course director shall have the education, background, and occupational~~  
34           ~~experience necessary to understand and fulfill the course goals. He/she shall actively~~  
35           ~~participate in and be responsible for the day-to-day administration of the course~~  
36           ~~including the following:~~

37  
38                   ~~(A) Providing daily guidance of didactic, laboratory and clinical assignments.~~

39  
40                   ~~(B) Maintaining for a period of not less than 5 years:~~

41  
42                           ~~1. Copies of curricula, course outlines, objectives, and grading criteria.~~

43  
44                           ~~2. Copies of faculty credentials, licenses, and certifications.~~

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

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

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

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

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

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

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

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

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

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

(4) Infection Control. The program shall establish written clinical and laboratory protocols to ensure adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which shall comply with the board's regulations and other Federal, State, and local requirements. The program shall provide such protocols to all students,

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1 faculty, and appropriate staff to assure compliance with such protocols. Adequate space  
2 shall be provided for preparing and sterilizing all armamentarium.

3  
4 ~~(5) Emergency Materials/Basic Life Support.~~

5  
6 ~~(A) A written policy on managing emergency situations shall be made available~~  
7 ~~to all students, faculty, and staff.~~

8  
9 ~~(B) All students, faculty, and staff involved in the direct provision of patient care~~  
10 ~~shall be certified in basic life support procedures, including cardiopulmonary~~  
11 ~~resuscitation. Re-certification intervals may not exceed two years. The program~~  
12 ~~shall document, monitor, and ensure compliance by such students, faculty, and~~  
13 ~~staff.~~

14  
15 ~~(g) Program Content.~~

16  
17 ~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical~~  
18 ~~experience to achieve minimum competence in the various protocols used in the~~  
19 ~~application of pit and fissure sealants.~~

20  
21 ~~(2) A detailed course outline shall be provided to the board which clearly states~~  
22 ~~curriculum subject matter and specific instruction hours in the individual areas of~~  
23 ~~didactic, laboratory, and clinical instruction.~~

24  
25 ~~(3) General program objectives and specific instructional unit objectives shall be stated~~  
26 ~~in writing, and shall include theoretical aspects of each subject as well as practical~~  
27 ~~application. The theoretical aspects of the program shall provide the content necessary~~  
28 ~~for students to make judgments regarding the application of pit and fissure sealants.~~  
29 ~~The course shall assure that students who successfully complete the course can apply~~  
30 ~~pit and fissure sealants with minimum competence.~~

31  
32 ~~(4) Objective evaluation criteria shall be used for measuring student progress toward~~  
33 ~~attainment of specific course objectives. Students shall be provided with specific unit~~  
34 ~~objectives and evaluation criteria that will be used for all aspects of the curriculum~~  
35 ~~including written and practical examinations. The program shall establish a standard of~~  
36 ~~performance that states the minimum number of satisfactory performances that are~~  
37 ~~required for each procedure.~~

38  
39 ~~(5) Areas of instruction shall include at least the following as they relate to pit and~~  
40 ~~fissure sealants:~~

41  
42 ~~(A) Dental Science—Oral Anatomy, Histology, Physiology, Oral Pathology,~~  
43 ~~Normal/Abnormal Anatomical and Physiological Tooth Descriptions~~



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1 (B) Morphology and Microbiology  
2

3 (C) Dental Materials and Pharmacology  
4

5 (D) Sealant Basics

- 6 1. Legal requirements
- 7 2. Description and goals of sealants
- 8 3. Indications and contraindications
- 9 4. Role in preventive programs

10  
11 (E) Sealant Materials

- 12 1. Etchant and/or etchant/bond combination material composition,  
13 process, storage and handling
- 14 2. Sealant material composition, polymerization type, process, storage  
15 and handling
- 16 3. Armamentaria for etching and sealant application
- 17 4. Problem solving for etchant and sealant material  
18 placement/manipulation

19  
20  
21 (F) Sealant Criteria

- 22 1. Areas of application
- 23 2. Patient selection factors
- 24 3. Other indication factors

25  
26 (G) Preparation Factors

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

29  
30  
31 (H) Acid Etching or Etchant/Bond Combination

- 32 1. Material preparation
- 33 2. Application areas
- 34 3. Application time factors
- 35 4. Armamentaria
- 36 5. Procedure
- 37 6. Etchant or etchant/bond evaluation criteria

38  
39  
40 (I) Sealant Application

- 41 1. Application areas
- 42 2. Application time factors

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- ~~3. Armamentaria~~
- ~~4. Procedure for chemical cure and light cure techniques~~
- ~~5. Sealant evaluation criteria~~
- ~~6. Sealant adjustment techniques~~

~~(J) Infection control protocol~~

~~(K) Clinical re-call re-evaluation protocols~~

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

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

~~(h) Externship Instruction.~~

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

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

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

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

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

6  
7 ~~(i) Evaluation and Examination.~~

8  
9 ~~(1) Upon completion of the course, each student shall be able to:~~

10  
11 ~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral~~  
12 ~~pathology, normal/abnormal anatomical and physiological tooth descriptions,~~  
13 ~~morphology and microbiology as they relate to pit and fissure application.~~

14  
15 ~~(B) Explain the procedure to patients.~~

16  
17 ~~(C) Recognize decalcification, caries and fracture lines.~~

18  
19 ~~(D) Identify the indications and contraindications for sealants.~~

20  
21 ~~(E) Identify the characteristics of self curing and light cured sealant material.~~

22  
23 ~~(F) Define the appropriate patient selection factors and indication factors for~~  
24 ~~sealant application.~~

25  
26 ~~(G) Utilize proper armamentaria in an organized sequence.~~

27  
28 ~~(H) Maintain appropriate moisture control protocol before and during~~  
29 ~~application of etchant and sealant material.~~

30  
31 ~~(I) Demonstrate the proper technique for teeth preparation prior to etching.~~

32  
33 ~~(J) Select and dispense the proper amount of etchant and sealant material.~~

34  
35 ~~(K) Demonstrate the proper techniques for application of the etchant and~~  
36 ~~sealant material.~~

37  
38 ~~(L) Implement problem solving techniques associated with pit and fissure~~  
39 ~~sealants.~~

40  
41 ~~(M) Evaluate the etchant and sealant placement techniques according to~~  
42 ~~appropriate criteria.~~

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

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

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

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

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

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1754~~  
1752.1 and 1777, Business and Professions Code.

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**§ 1070.4. Approval of Coronal Polishing Courses.**

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

(b) A coronal polishing course provider applying for initial approval shall submit an application for approval, hereby incorporated by reference (insert date), accompanied by the designated, non-refundable fee as defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny approval after evaluation of all components of the course have been performed.

(c) Continuation of approval will be contingent upon continued compliance with CCR Sections 1070, 1070.1 and all requirements as required herein.

(d) General Provisions: Adequate provisions for the supervision and operation of the course shall be made in compliance with this Article and the following:

(1) Unless otherwise incorporated in a board-approved registered dental assisting program, providers shall require evidence that all course pre-requisites have been met prior to acceptance of the participant to include current certification in basic life support, completion of an 8-hour board-approved course in infection control, and a 2-hour board-approved course in ~~dental assisting jurisprudence~~ the Dental Practice Act.

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1 (2) When instruction is incorporated in a registered dental assisting program, students  
2 shall have completed instruction in a board approved 8 hour infection control course,  
3 basic chairside skills, anatomy, tooth morphology and dental materials and shall have  
4 obtained certification in basic life support, as defined herein, prior to the start of  
5 instruction in coronal polish.

6  
7 (3) The requirements for the quantity, qualifications and responsibilities of the course  
8 director and all faculty or instructional staff, as defined in CCR Section 1070 and 1070.1,  
9 shall be adhered to at all times.

10  
11 (4) Dental assisting programs and stand-alone courses teaching coronal polish shall not  
12 be required to employ a dentist for the purposes of oversight during pre-clinical or clinical  
13 instruction. Each clinical patient approved for coronal polishing shall be deemed to -have  
14 minimal calculus free-sufficient to receive the treatment by faculty of the course or  
15 program prior to clinical performances by the student.

16  
17 (5) Additionally, all patient's or their guardian shall complete a health history form with  
18 consent acknowledging the procedure is being performed by a student of the course or  
19 program. Such documentation shall be maintained in the student records.

20  
21 **(e) Facilities and Equipment:**

22  
23 (1) Adequate supplies, materials and provisions for instruction in Coronal Polishing shall  
24 be provided in compliance with the requirements of CCR Section 1070.

25  
26 **(f) Course Duration:** A course in coronal polishing shall be of sufficient duration, but in no event  
27 less than 12 hours including at least 4 hours of didactic instruction, at least 4 hours of laboratory  
28 instruction, and at least 4 hours of supervised clinical instruction for the student to obtain  
29 applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve  
30 minimum competence.

31  
32 **(g) Course Curriculum and Examination:**

33  
34 (1) A detailed course outline shall be established and maintained consistent with the  
35 requirements of CCR Section 1070 and shall be provided to students prior to the start of  
36 instruction.

37  
38 (2) General course objectives and specific instructional unit objectives shall be stated in  
39 writing and shall include theoretical aspects of each subject as well as practical  
40 application. The theoretical as-pects of the course shall provide the content necessary for  
41 students to make judgments regarding coronal polishing achieve minimum competency.

42  
43 (3) Objective evaluation criteria shall be used for measuring student progress toward  
44 attainment of specific course objectives. Students shall be provided with specific

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1 performance objectives and the evaluation criteria that will be used for all aspects of the  
2 curriculum.

3  
4 (4) Each student shall pass a written examination which reflects the curriculum content.

5  
6 (5) Each student shall pass a clinical examination **demonstrating minimum competency.**

7  
8 **(h) Didactic Instruction:** Areas of instruction shall include the following as they relate to coronal  
9 polishing:

10  
11 (1) Coronal Polishing Basics:

12  
13 (A) Legal requirements

14  
15 (B) Description and goals of coronal polishing

16  
17 (C) Indications and contraindications of coronal polishing

18  
19 (D) Criteria for an acceptable coronal polish

20  
21 (2) Principles of plaque and stain formation:

22  
23 (A) Clinical description of plaque, intrinsic and extrinsic stains, and calculus

24  
25 (B) Etiology of plaque and stain

26  
27 (C) Clinical description of teeth that have been properly polished and are free of  
28 stain

29  
30 (D) Tooth morphology and anatomy of the oral cavity as they relate to polishing  
31 techniques and to retention of plaque and stain

32  
33 (3) Polishing materials:

34  
35 (A) Polishing agent(s) composition, storage and handling

36  
37 (B) Abrasive material(s) composition, storage, and handling, and factors which  
38 affect rate of abrasion

39  
40 (C) Disclosing agent composition, storage and handling

41  
42 (D) Armamentaria for disclosing and polishing techniques

43  
44 (E) Contraindications for disclosing and polishing techniques

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1  
2 (4) Principals of tooth polishing:  
3

4 (A) Clinical application of disclosing before and after a coronal polish  
5

6 (B) Instrument grasps and fulcrum techniques  
7

8 (C) Purpose and techniques of the mouth mirror for indirect vision and retraction  
9

10 (D) Characteristics, manipulation and care of dental handpieces, mechanical  
11 devices and rotary devices used when performing a coronal polish procedure  
12

13 (E) Introduction of advanced technologies in coronal polishing including the use of  
14 air polishing devices and selective polishing procedures  
15

16 (F) Use of traditional and contemporary polishing techniques, including selective  
17 polishing  
18

19 (G) Techniques for coronal polishing of adults and children  
20

21 (H) Procedures for cleaning fixed and removable prosthesis and orthodontic  
22 appliances  
23

24 (I) Disclosing and polishing evaluation criteria  
25

26 (5) Infection control protocols  
27

28 (6) OSHA Bloodborne Pathogens Standards  
29

30 (A) Successful completion of a comprehensive-supervised written examination to  
31 include all areas of didactic instruction shall occur prior to pre-clinical instruction  
32 and experiences.  
33

34 **(i) Laboratory, Simulated-Clinical and Clinical Instruction:**  
35

36 (1) Providers shall adhere to student/teacher ratios as defined in CCR Section 1070.1 at  
37 all times during laboratory, simulated clinical and clinical instruction.  
38

39 (2) Students shall be provided with established written competencies identifying specific  
40 objective evaluation criteria and performance objectives for all evaluated experiences.  
41 An experience has been successfully completed only if each procedure meets or exceeds  
42 all stated performance criteria.  
43

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1 (3) Upon completion of all didactic instruction, students shall complete the following  
2 competency evaluated experiences:

3  
4 (A) Laboratory experiences which shall be conducted on a ~~fully articulated and~~  
5 ~~mounted~~ typodont ~~which is mounted and has a fully articulated jaw~~. Sufficient  
6 time shall be available for students to demonstrate minimum competency  
7 performing two (2) laboratory experiences; or

8  
9 (B) Simulated clinical experiences which shall be conducted on a simulator or  
10 ~~mannequin~~ ~~manikin~~ device. Sufficient time shall be available for students to  
11 demonstrate minimum competency performing two (2) simulated clinical  
12 experiences.

13  
14 (C) Clinical experiences which shall be conducted on three (3) patients with two  
15 (2) of the three (3) patients used for the clinical examination. The clinical  
16 experiences shall include one performance utilizing selective polishing technique  
17 and one performance utilizing full mouth polishing technique. Patient selection  
18 and evaluation shall follow all stated criteria.

19  
20 (i) ~~Each clinical patient shall have, at minimum, a mixed dentition or at~~  
21 ~~least 2/3 of their natural teeth in place.~~ Careful consideration shall be  
22 given to utilizing selective polishing techniques on clinical patients  
23 possessing implants, orthodontic bands and brackets, or removable  
24 appliances.

25  
26 (j) Upon completion of the course, each student shall be able to:

27  
28 ~~(1)~~ (1) Identify the major characteristics of oral anatomy, histology, physiology, oral  
29 pathology, normal/abnormal anatomical and physiological tooth descriptions,  
30 morphology and microbiology as they relate to coronal polishing.

31 ~~(2)~~ (2) Explain the procedure to patients.

32 ~~(3)~~ (3) Recognize decalcification and mottled enamel.

33 ~~(4)~~ (4) Identify plaque, calculus and stain formation within the oral cavity.

34 ~~(5)~~ (5) Identify the indications and contraindications for disclosing and ~~selective~~  
35 coronal polishing.

36 ~~(6)~~ (6) Recognize advanced technologies in coronal polishing including the use of air  
37 polishing devices and selective polishing procedures

38 ~~(7)~~ (7) Utilize proper armamentaria in an organized sequence for disclosing and  
39 polishing.

**Commented [NG35]:** Action requested by DAC (7/27/19):  
This is a new requirement which would require programs to  
acquire simulation devices. Staff to research why this  
change was made.

**Staff response:**  
This language appears in the file titled: One Big Huge Word  
Doc for Proposed Regs 4\_16\_2019 (003).  
The document's internal title is "Proposed – Comprehensive  
Regulatory Package – SME Contributed 4/15/2019"

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~~(8)~~ (8) Perform plaque disclosure.

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~~(9)~~ (9) Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

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~~(10)~~ (10) Utilize both full mouth and selective polishing techniques

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~~(11)~~ (11) Demonstrate proper polishing techniques using traditional and contemporary mechanical devices

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~~(12)~~ (12) Demonstrate the use of floss, tape, and abrasive strips when appropriate.

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~~(13)~~ (13) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances.

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~~(14)~~ (14) Maintain aseptic techniques including disposal of contaminated material.

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**(k) Certificate of Completion.** Upon successful completion of the course, students shall receive a certificate consistent with the requirements defined in CCR Section 1070(m).

**(l) Notice of Compliance.** To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Coronal Polish Certificate Courses" (insert date), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

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

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

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

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

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

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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.

10  
11 (B) Maintaining for a period of not less than 5 years:

12  
13 i. Copies of curricula, course outlines, objectives, and grading criteria.

14  
15 ii. Copies of faculty credentials, licenses, and certifications.

16  
17 iii. Individual student records, including those necessary to establish  
18 satisfactory completion of the course.

19  
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  
28 (e) Evidence of Completion. A certificate or other evidence of completion shall be issued to  
29 each student who successfully 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  
35 (1) Lecture classrooms. Classroom size and equipment shall accommodate the number  
36 of students enrolled.

37  
38 (2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one  
39 operator for every six students at any one time.

40  
41 (A) Each operatory shall replicate a modern dental office containing functional  
42 equipment including: a power-operated chair for treating patients in a supine  
43 position; operator and assistant stools; air-water syringe; adjustable light; oral  
44 evacuation equipment; work surface; hand-washing sink; slow-speed handpiece,

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1 and all other armamentarium required to instruct in the performance of coronal  
2 polishing.

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 (A) A written policy on managing emergency situations shall be made available  
20 to all students, faculty, and staff.  
21

22 (B) All students, faculty, and staff involved in the direct provision of patient care  
23 shall be certified in basic life support procedures, including cardiopulmonary  
24 resuscitation. Re-certification intervals may not exceed two years. The program  
25 shall document, monitor, and ensure compliance by such students, faculty, and  
26 staff.  
27

28  
29 (g) Program Content.

30 (1) Sufficient time shall be available for all students to obtain laboratory and clinical  
31 experience to achieve minimum competence in the various protocols used in the  
32 performance of coronal polishing.  
33

34 (2) A detailed course outline shall be provided to the board which clearly states  
35 curriculum subject matter and specific instruction hours in the individual areas of  
36 didactic, laboratory, and clinical instruction.  
37

38 (3) General program objectives and specific instructional unit objectives shall be stated  
39 in writing, and shall include theoretical aspects of each subject as well as practical  
40 application. The theoretical aspects of the program shall provide the content necessary  
41 for students to make judgments regarding the performance of coronal polishing. The  
42 course shall assure that students who successfully complete the course can perform  
43 coronal polishing with minimum competence.  
44

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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 i. ~~Legal requirements~~  
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

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~~v. Contraindications for disclosing and polishing techniques.~~

~~(D) Principals of tooth polishing~~

~~i. Clinical application of disclosing before and after a coronal polish.~~

~~ii. Instrument grasps and fulcrum techniques~~

~~iii. Purpose and techniques of the mouth mirror for indirect vision and retraction.~~

~~iv. Characteristics, manipulation and care of dental handpieces when performing a coronal polish.~~

~~v. Pre-medication requirements for the compromised patient.~~

~~vi. Use of adjunct materials for stain removal and polishing techniques~~

~~vii. Techniques for coronal polishing of adults and children.~~

~~viii. Procedures for cleaning fixed and removable prosthesis and orthodontic appliances.~~

~~ix. Disclosing and polishing evaluation criteria.~~

~~(E) Infection control protocols~~

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

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

~~(h) Externship Instruction.~~

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

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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 ~~personnel.~~

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-mediations 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

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

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

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

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

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

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

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

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

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

**§ 1070.5. Approval of Ultrasonic Scaling Courses.**

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

(b) A course provider applying for initial approval shall submit an application for approval, hereby incorporated by reference (insert date), accompanied by the designated, non-refundable fee as defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny approval after evaluation of all components of the course have been performed.

(c) Continuation of approval will be contingent upon continued compliance with CCR Sections 1070, 1070.1 and all requirements as required herein.

(d) General Provisions: Adequate provisions for the supervision and operation of the course shall be made in compliance with this Article and the following:

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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  
10 infection control and basic chairside skills prior to instruction in orthodontic procedures  
11 involving ultrasonic scaling for cement removal.  
12

13 (3) The requirements for the quantity, qualifications and responsibilities of the course  
14 director and all faculty or instructional staff, as defined in CCR Sections 1070 and 1070.1,  
15 shall be adhered to at all times.  
16

17 **(e) Facilities and Equipment:**

18  
19 (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 1070.  
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  
40 instruction.  
41

42 (2) General course objectives and specific instructional unit objectives shall be stated in  
43 writing and shall include theoretical aspects of each subject as well as practical



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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 curriculum.

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  
16 (A) Legal requirements.

17  
18 (B) Description and goals of ultrasonic scaling.

19  
20 (C) Indications and contraindications of using an ultrasonic scaler as it relates to  
21 methods of cement removal.

22  
23 (D) Criteria for acceptable cement removal from orthodontically banded teeth.

24  
25 (2) Tooth anatomy as it relates to the use and technique of an ultrasonic scaler in cement  
26 removal of orthodontically banded teeth.

27  
28 (3) Armamentarium and equipment use and care.

29  
30 (4) Principles of cement removal from orthodontically banded teeth.

31  
32 (A) Characteristics of ultrasonic scaler units and tips for cement removal.

33  
34 (B) Instrument grasps and fulcrum techniques.

35  
36 (C) Purpose and techniques of the mouth mirror for indirect vision and retraction.

37  
38 (D) Characteristics, manipulation and care of ultrasonic scaler unit when removing  
39 excess cement from orthodontically banded teeth.

40  
41 (E) Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel  
42 damage, thermal damage, and soft tissue damage.

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1 (F) Patient and operator safety including systemic medical complications and  
2 managing patients with pacemakers.

3  
4 (G) Use of adjunct material for removal of excess cement from orthodontically banded  
5 teeth.

6  
7 (H) Techniques for removal of excess cement from orthodontically banded teeth on a  
8 banded typodont.

9  
10 (I) Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded  
11 typodont.

12  
13  
14 **(i) Laboratory, Simulated-Clinical and Clinical Instruction:**

15  
16 (1) Providers shall adhere to student/teacher ratios as defined in 1070.1 at all times  
17 during laboratory instruction.

18  
19 (2) Students shall be provided with established written competencies identifying specific  
20 objective evaluation criteria and performance objectives for all evaluated experiences.  
21 An experience has been successfully completed only if each procedure meets or exceeds  
22 all stated performance criteria.

23  
24  
25 **(j) Course Completion:** Upon completion of the course, each student shall be able to:

26  
27 (1) Identify the major characteristics of oral anatomy, histology, physiology, oral  
28 pathology, normal/abnormal anatomical and physiological tooth descriptions,  
29 morphology and microbiology as they relate to the use of an ultrasonic scaler in the  
30 removal of cement from orthodontic bands.

31  
32 (2) Describe the necessary aspects of pre-operative instructions to patients.

33  
34 (3) Recognize loose appliances.

35  
36 (4) Recognize decalcification and mottled enamel.

37  
38 (5) Identify the indications and contraindications of using an ultrasonic scaler as it  
39 relates to other methods of cement removal.

40  
41 (6) Identify pre-medications for the compromised patient.

42  
43 (7) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic  
44 scaler in cement removal on an orthodontically banded typodont.

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1  
2 (8) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp,  
3 fulcrum position, and cheek/tongue retraction.

4  
5 (9) Demonstrate the proper techniques for removal of cement from teeth under  
6 orthodontic treatment without causing damage to hard or soft tissues, removing  
7 cement from underneath appliances, or loosening appliances.

8  
9 (10) Maintain aseptic techniques including disposal of contaminated materials.

10  
11 (11) Each student shall pass a written examination which reflects the entire curriculum  
12 content.

13  
14 (12) Each student shall pass a laboratory examination on two orthodontically banded  
15 typodonts which represent all four quadrants which have been banded using  
16 cementation product(s) easily visible to the operator.

17  
18 (k) **Certificate of Completion.** Upon successful completion of the course, students shall receive a  
19 certificate consistent with the requirements defined in CCR Section 1070(m).

20  
21 (l) **Notice of Compliance.** To maintain approval, courses approved prior to the effective date of  
22 these regulations shall submit to the Board a completed “Notice of Compliance with New  
23 Requirements for Ultrasonic Scaling for Cement Removal Certificate Courses” (insert date), hereby  
24 incorporated by reference, within ninety (90) days of the effective date of these regulations.

25  
26 ~~The following minimum criteria shall be met for a course in the removal of excess cement from~~  
27 ~~coronal surfaces of teeth under orthodontic treatment by means of an ultrasonic scaler,~~  
28 ~~hereinafter referred to as “ultrasonic scaling”, to secure and maintain approval by the Board.~~

29  
30 ~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

31  
32 ~~(b) Prerequisites. Each student shall possess the necessary requirements for application for RDA~~  
33 ~~licensure or currently possess an RDA license.~~

34  
35 ~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the course~~  
36 ~~shall be made.~~

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 ~~ultrasonic scaling. 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 and evaluate ultrasonic scaling.~~

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

5  
6 ~~(A) Providing guidance of didactic and laboratory assignments.~~

7  
8 ~~(B) Maintaining for a period of not less than 5 years:~~

9  
10 ~~(i) Copies of curricula, course outlines, objectives, and grading criteria.~~

11  
12 ~~(ii) Copies of faculty credentials, licenses, and certifications.~~

13  
14 ~~(iii) Individual student records, including those necessary to establish~~  
15 ~~satisfactory completion of the course.~~

16  
17 ~~(C) Informing the board of any changes to the course content, physical facilities,~~  
18 ~~and/or faculty, within 10 days of such changes.~~

19  
20 ~~(d) Length of Course. The program shall be of sufficient duration for the student to develop~~  
21 ~~minimum competence in ultrasonic scaling, but shall in no event be less than 4 clock hours,~~  
22 ~~including at least 2 hours of laboratory training.~~

23  
24 ~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to~~  
25 ~~each student who successfully completes the course.~~

26  
27 ~~(f) Facilities and Resources. Facilities and class scheduling shall provide each student with~~  
28 ~~sufficient opportunity, with instructor supervision, to develop minimum competency in~~  
29 ~~ultrasonic scaling. Such facilities shall include safe, adequate and educationally conducive:~~

30  
31 ~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number~~  
32 ~~of students enrolled.~~

33  
34 ~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one~~  
35 ~~operatory for every six students at any one time.~~

36  
37 ~~(A) Each operatory shall replicate a modern dental office containing functional~~  
38 ~~equipment including: a power-operated chair for treating patients in a supine~~  
39 ~~position; operator and assistant stools; air-water syringe; adjustable light; oral~~  
40 ~~evacuation equipment; work surface, hand-washing sink; and all other~~  
41 ~~armamentarium required to instruct in the performance of ultrasonic scaling.~~

42  
43 ~~(B) Each operatory shall be of sufficient size to accommodate a student and an~~  
44 ~~instructor at one time.~~

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1  
2 ~~(3) Laboratories. The location and number of general use equipment shall assure that~~  
3 ~~each student has the access necessary to develop minimum competency in ultrasonic~~  
4 ~~scaling. There shall be at least one ultrasonic unit and orthodontically banded typodont~~  
5 ~~for every four students. This procedure shall be performed by an operator wearing~~  
6 ~~gloves, mask, and safety glasses.~~

7  
8 ~~(4) Infection Control. The program shall establish written laboratory protocols to ensure~~  
9 ~~adequate asepsis, infection and hazard control, and disposal of hazardous wastes, which~~  
10 ~~shall comply with the board's regulations and other Federal, State, and local~~  
11 ~~requirements. The program shall provide such protocols to all students, faculty, and~~  
12 ~~appropriate staff to assure compliance with such protocols. Adequate space and~~  
13 ~~equipment shall be provided for preparing and sterilizing all armamentarium.~~

14  
15 ~~(g) Program Content.~~

16  
17 ~~(1) Sufficient time shall be available for all students to obtain laboratory experience to~~  
18 ~~achieve minimum~~  
19 ~~competence in the various protocols used in the performance of ultrasonic scaling.~~

20  
21 ~~(2) A detailed course outline shall be provided to the board which clearly states~~  
22 ~~curriculum subject matter and specific instruction hours in the individual areas of~~  
23 ~~didactic and laboratory instruction and practical examination evaluation criteria.~~

24  
25 ~~(3) General program objectives and specific instructional unit objectives shall be stated~~  
26 ~~in writing, and shall include theoretical aspects of each subject as well as practical~~  
27 ~~application. The theoretical aspects of the program shall provide the content necessary~~  
28 ~~for students to make judgments regarding the performance of ultrasonic scaling. The~~  
29 ~~course shall assure that students who successfully complete the course can perform~~  
30 ~~ultrasonic scaling with minimum competence.~~

31  
32 ~~(4) Objective evaluation criteria shall be used for measuring student progress toward~~  
33 ~~attainment of specific course objectives. Students shall be provided with specific unit~~  
34 ~~objectives and the evaluation criteria that will be used for all aspects of the curriculum~~  
35 ~~including written and practical examinations. The program shall establish a standard of~~  
36 ~~performance that states the minimum number of satisfactory performances that are~~  
37 ~~required for each procedure.~~

38  
39 ~~(5) Areas of instruction shall include at least the following as they relate to ultrasonic~~  
40 ~~scaling:~~

41  
42 ~~(A) Ultrasonic Scaling Basics~~

43  
44 ~~i. Legal requirements;~~

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1  
2 ii. Description and goals of ultrasonic scaling;  
3

4 iii. Indications and contraindication of using an ultrasonic scaler as it  
5 relates to other methods of cement removal;  
6

7 iv. Criteria for acceptable cement removal from orthodontically banded  
8 teeth.  
9

10 (B) Tooth morphology and anatomy of the oral cavity as they relate to the use of  
11 an ultrasonic scaler in cement removal of orthodontically banded teeth.  
12

13 (C) Armamentarium and equipment use and care.  
14

15 (D) Principles of cement removal from orthodontically banded teeth  
16

17 i. Characteristics of ultrasonic scaler units and tips for cement removal;  
18

19 ii. Instrument grasps and fulcrum techniques;  
20

21 iii. Purpose and techniques of the mouth mirror for indirect vision and  
22 retraction;  
23

24 iv. Characteristics, manipulation and care of ultrasonic scaler unit when  
25 removing excess cement from orthodontically banded teeth;  
26

27 v. Effects of ultrasonic scalers on hard and soft tissue including root  
28 damage, enamel damage, thermal damage, and soft tissue damage;  
29

30 vi. Patient and operator safety including systemic medical complications  
31 and managing patients with pacemakers;  
32

33 vii. Use of adjunct material for removal of excess cement from  
34 orthodontically banded teeth;  
35

36 viii. Techniques for removal of excess cement from orthodontically  
37 banded teeth on a banded tyodont;  
38

39 ix. Evaluation criteria for removal of excess cement by an ultrasonic scaler  
40 on a banded tyodont.  
41

42 (E) Infection control protocols  
43

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1 ~~(6) There shall be no more than six (6) students per instructor during laboratory~~  
2 ~~instruction. Laboratory experience will consist of practice on orthodontically banded~~  
3 ~~typodonts. Sufficient time shall be available for all students to obtain laboratory~~  
4 ~~experience to achieve minimum competence in the performance of ultrasonic scaling~~  
5 ~~prior to examination on two orthodontically banded typodonts for evaluation of clinical~~  
6 ~~competence.~~

7  
8 ~~(h) Extramural Instruction.~~

9  
10 ~~(1) If an extramural facility is utilized, students shall, as part of an organized program of~~  
11 ~~instruction, be provided with planned, supervised instruction in the removal of excess~~  
12 ~~cement from orthodontically banded teeth.~~

13  
14 ~~(2) The program director/coordinator or a dental faculty member shall be responsible~~  
15 ~~for selecting extramural sites and evaluating student competence in performing~~  
16 ~~procedures both before and after the extramural assignment.~~

17  
18 ~~(3) Objective evaluation criteria shall be used by the program faculty and extramural~~  
19 ~~personnel.~~

20  
21 ~~(4) Dentists who intend to provide extramural facilities shall be oriented by the program~~  
22 ~~director/coordinator or a dental faculty member prior to the student assignment.~~  
23 ~~Orientation shall include the objectives of the course, the preparation the student has~~  
24 ~~had for the clinical assignment, and a review of procedures and criteria to be used by~~  
25 ~~the dentist in evaluating the student during the assignment.~~

26  
27 ~~(5) There shall be a written contract of affiliation with each extramural facility utilized by~~  
28 ~~the program. Such contract shall describe the settings in which the instruction will be~~  
29 ~~received, affirm that the extramural facility has the necessary equipment and~~  
30 ~~armamentarium appropriate for the procedures to be performed, and affirm that such~~  
31 ~~equipment and armamentarium are in safe operating condition.~~

32  
33 ~~(i) Evaluation and Examination.~~

34  
35 ~~(1) Upon completion of the course, each student shall be able to:~~

36  
37 ~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral~~  
38 ~~pathology, normal/abnormal anatomical and physiological tooth descriptions,~~  
39 ~~morphology and microbiology as they relate to the use of an ultrasonic scaler in~~  
40 ~~the removal of cement from orthodontic bands.~~

41  
42 ~~(B) Describe the necessary aspects of pre-operative instructions to patients.~~

43  
44 ~~(C) Recognize loose appliances.~~

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(D) Recognize decalcification and mottled enamel.

(E) Identify the indications and contraindications of using an ultrasonic scaler as it relates to other methods of cement removal.

(F) Identify pre medications for the compromised patient.

(G) Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont.

(H) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(I) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.

(J) Maintain aseptic techniques including disposal of contaminated materials.

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

(3) Each student shall pass a laboratory examination on two orthodontically banded typodonts which represent all four quadrants which have been banded using cementation product(s) easily visible to the operator.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section ~~1754~~, 1752.1, Business and Professions Code.

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**§ 1070.6. Approval of Infection Control Courses.**

(a) A course in infection control for unlicensed dental assistants is one that has as its primary purpose providing theory and application in a clinical setting in infection control practices and principles consistent with CCR Section 1005, The Minimum Standards for Infection Control. A single standard of care shall be maintained, and the board shall approve only programmatic curricula and stand-alone courses which continuously maintain a high-quality standard of instruction.

(b) A course provider applying for initial approval shall submit an application for approval, hereby incorporated by reference (insert date), accompanied by the designated, non-refundable fee as



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1 defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny  
2 approval after evaluation of all components of the course have been performed.

3  
4 (c) Continuation of approval will be contingent upon continued compliance with CCR Sections  
5 1070, 1070.1 and all requirements as required herein.

6  
7 (d) General Provisions: Adequate provisions for the supervision and operation of the course shall  
8 be made in compliance with this Article and the following:

9  
10 (1) The requirements for the quantity, qualifications and responsibilities of the course  
11 director and all faculty or instructional staff, as defined in CCR Sections 1070 and 1070.1,  
12 shall be adhered to at all times.

13  
14 (e) Facilities and Equipment:

15  
16 (1) Adequate supplies, materials and provisions for instruction in infection control shall  
17 be provided in compliance with the requirements of CCR Section 1070.

18  
19 (2) There shall be a sufficient number of safe, adequate, and educationally conducive  
20 lecture classrooms and operatories in compliance with the requirements of Section  
21 1070. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided.

22  
23 (3) All disinfection and sterilization procedures specified in CCR Section 1005 shall be  
24 incorporated in the course content and followed during all laboratory experiences.

25  
26 (f) Course Duration: The course shall be of sufficient duration for the student to develop minimum  
27 competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the  
28 Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005)As part of an  
29 organized course of instruction, sufficient time shall be available for all students to achieve  
30 minimum competence in the various protocols used during infection control procedures. The  
31 course shall, however, be no less than 8 hours in length consisting of ~~six (6)~~four (4) hours of  
32 didactic and ~~four (4) two (2)~~ hours of laboratory instruction designed for the student to develop  
33 minimum competency in all aspects of the subject area.

34  
35 (g) Course Curriculum and Examination:

36  
37 (1) A detailed course outline shall be established and maintained consistent with the  
38 requirements of CCR Section 1070 and shall be provided to students prior to the start of  
39 instruction.

40  
41 (2) General course objectives and specific instructional unit objectives shall be stated in  
42 writing and shall include theoretical aspects of each subject as well as practical  
43 application. The theoretical aspects of the course shall provide the content necessary for  
44 students to make judgments regarding infection control procedures.

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1  
2 (3) Objective evaluation criteria shall be used for measuring student progress toward  
3 attainment of minimum competency in a laboratory or preclinical setting. Students shall  
4 be provided with specific performance objectives and the evaluation criteria that will be  
5 used for all aspects of the curriculum.

6  
7 (4) Each student shall pass a written examination which reflects the curriculum content.

8  
9 **(h) Didactic Instruction:** Areas of instruction shall include, at a minimum, the following as they  
10 relate to infection control:

11  
12 (1) Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's  
13 Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005):

14  
15 (2) Basic dental science and microbiology as they relate to infection control in dentistry.

16  
17 (3) Legal and ethical aspects of infection control procedures.

18  
19 (4) Principles of modes of disease transmission and prevention.

20  
21 (5) Principles, techniques, and protocols of hand hygiene, personal protective equipment,  
22 surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals  
23 associated with infection control.

24  
25 (6) Principles and protocols of sterilizer monitoring and the proper loading, unloading,  
26 storage, and transportation of instruments to work area.

27  
28 (7) Principles and protocols associated with sharps management.

29  
30 (8) Principles and protocols of infection control for laboratory areas.

31  
32 (9) Principles and protocols of waterline maintenance.

33  
34 (10) Principles and protocols of regulated and nonregulated waste management.

35  
36 (11) Principles and protocols related to injury and illness prevention, hazard  
37 communication, general office safety, exposure control, post-exposure requirements,  
38 and monitoring systems for radiation safety and sterilization systems.

39  
40 **(i) Laboratory/Simulated-Clinical Instruction:**

41  
42 (1) Providers shall adhere to student/teacher ratios as defined in CCR Section 1070.1 at  
43 all times during instruction.

44

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1 (2) Students shall be provided with established written competencies identifying specific  
2 objective evaluation criteria and performance objectives for all evaluated experiences.  
3 An experience has been successfully completed only if each procedure meets or exceeds  
4 all stated performance criteria.

5  
6 (3) Upon completion of all didactic instruction, students shall ~~be evaluated to complete~~  
7 ~~the following competency demonstrate minimum competency in the following~~  
8 ~~evaluated~~ experiences in the laboratory or simulated-clinical environment:

9  
10 (A) Hand hygiene procedures.

11 (B) Proper use and disposal of personal protective equipment.

12 (C) Proper processing of contaminated instrumentation from precleaning to  
13 sterilization.

14 (D) Operator asepsis procedures to include precleaning, disinfection and proper  
15 use of barriers.

16 (E) Proper procedural steps in preparing cleaned instruments for sterilization,  
17 including packaging and wrapping; demonstrate knowledge of the use of  
18 biological spore testing materials

19  
20 (F) Proper protocols for the safe handling and disposal of biohazardous waste  
21 and sharps.

22 (G) Work practice controls relating to the disinfection of intraoral impressions,  
23 bite registrations and prosthetic appliances when prepared for manipulation in a  
24 lab.

25 (H) Proper protocol for ~~purging required maintenance~~ of dental unit water lines  
26 and devices.

27  
28 (4) Each student shall pass a written examination which reflects the curriculum content.

29  
30 (j) **Course Completion:** Upon completion of the course, each student shall be able to:

31  
32 (1) Demonstrate knowledge of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections  
33 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs.,  
34 Title 16, Section 1005):

35  
36 (2) Demonstrate knowledge of basic dental sciences and microbiology as they relate to  
37 infection control in dentistry.

38  
39 (3) Demonstrate knowledge of legal and ethical aspects of infection control procedures.

40  
41 (4) Demonstrate knowledge of the principles of modes of disease transmission and  
42 prevention.

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1 (5) Identify the principles, techniques, and protocols of hand hygiene, personal  
2 protective equipment, surface barriers and disinfection, sterilization, sanitation, and  
3 hazardous chemicals associated with infection control.

4  
5 (6) Identify the principles and protocols of sterilizer monitoring and the proper loading,  
6 unloading, storage, and transportation of instruments to work area.

7  
8 (7) Identify the principles and protocols associated with sharps management.

9  
10 (8) Discuss the principles and protocols related to injury and illness prevention, hazard  
11 communication, general office safety, exposure control, post-exposure requirements,  
12 and monitoring systems sterilization systems.

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(m).

16  
17 (l) **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 Infection Control Certificate Courses" (insert date), hereby incorporated by  
20 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 of these regulations, the following  
23 criteria shall be met by a course in infection control, as required in Sections 1750, 1750.2,  
24 1750.4, and 1752.1 of the Business and Professions Code, to secure and maintain approval by  
25 the Board:

26  
27 (a) Adequate provisions for the supervision and operation of the course in infection control  
28 shall be made in compliance with Section 1070. Notwithstanding Section 1070, faculty shall not  
29 be required to be licensed by the Board, but faculty shall have experience in the instruction of  
30 California Division of Occupational Safety and Health (Cal/OSHA) regulations (Cal. Code Regs.,  
31 Title 8, Sections 330-344.85) and the Board's Minimum Standards for Infection Control (Cal.  
32 Code Regs., Title 16, Section 1005). In addition, all faculty responsible for clinical evaluation  
33 shall have completed a two-hour methodology course in clinical evaluation.

34  
35 (b) A course in infection control shall be of sufficient duration for the student to develop  
36 minimum competency in all aspects of Cal/OSHA regulations (Cal. Code Regs., Title 8, Sections  
37 330-344.85) and the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16,  
38 Section 1005), but in no event less than eight hours, including at least four hours of didactic  
39 instruction, at least two hours of laboratory or preclinical instruction, and at least two hours of  
40 clinical instruction. Preclinical instruction shall utilize instruments, surfaces, and situations  
41 where contamination is simulated, without actual contamination, from bloodborne and other  
42 pathogens being present.

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1 ~~(c) The minimum requirements for equipment and armamentaria shall include personal~~  
2 ~~protective equipment, sterilizer approved by the United States Food and Drug Administration~~  
3 ~~(FDA), ultrasonic unit or instrument processing device, sharps container, selection of~~  
4 ~~instruments, equipment, and armamentaria that are necessary to instruct or demonstrate~~  
5 ~~proper hazardous waste disposal, consistent with Cal/OSHA regulations (Cal. Code Regs., Title 8,~~  
6 ~~Sections 330-344.85), local, state, and federal mandates, and all other armamentaria required~~  
7 ~~to instruct or properly demonstrate the subjects described in the course content.~~

8  
9 ~~(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)~~  
10 ~~and (f).~~

11  
12 ~~(e) Didactic instruction shall include, at a minimum, the following as they relate to Cal/OSHA~~  
13 ~~regulations (Cal. Code Regs., Title 8, Sections 330-344.85) and the Board's Minimum Standards~~  
14 ~~for Infection Control (Cal. Code Regs., Title 16, Section 1005):~~

15  
16 ~~(1) Basic dental science and microbiology as they relate to infection control in dentistry.~~

17  
18 ~~(2) Legal and ethical aspects of infection control procedures.~~

19  
20 ~~(3) Terms and protocols specified in Cal. Code of Regs., Title 16, Section 1005 regarding~~  
21 ~~the minimum standards for infection control.~~

22  
23 ~~(4) Principles of modes of disease transmission and prevention.~~

24  
25 ~~(5) Principles, techniques, and protocols of hand hygiene, personal protective~~  
26 ~~equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous~~  
27 ~~chemicals associated with infection control.~~

28  
29 ~~(6) Principles and protocols of sterilizer monitoring and the proper loading, unloading,~~  
30 ~~storage, and transportation of instruments to work area.~~

31  
32 ~~(7) Principles and protocols associated with sharps management.~~

33  
34 ~~(8) Principles and protocols of infection control for laboratory areas.~~

35  
36 ~~(9) Principles and protocols of waterline maintenance.~~

37  
38 ~~(10) Principles and protocols of regulated and nonregulated waste management.~~

39  
40 ~~(11) Principles and protocols related to injury and illness prevention, hazard~~  
41 ~~communication, general office safety, exposure control, postexposure requirements,~~  
42 ~~and monitoring systems for radiation safety and sterilization systems.~~

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1 ~~(f) Preclinical instruction shall include three experiences in the following areas, with one used~~  
2 ~~for a practical examination:~~

3  
4 ~~(1) Apply hand cleansing products and perform hand cleansing techniques and~~  
5 ~~protocols.~~

6  
7 ~~(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves,~~  
8 ~~protective eyewear, masks, and clinical attire.~~

9  
10 ~~(3) Apply the appropriate techniques and protocols for the preparation, sterilization,~~  
11 ~~and storage of instruments including, at a minimum, application of personal protective~~  
12 ~~equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or~~  
13 ~~external process indicators, labeling, sterilization, drying, storage, and delivery to work~~  
14 ~~area.~~

15  
16 ~~(4) Preclean and disinfect contaminated operatory surfaces and devices, and properly~~  
17 ~~use, place, and remove surface barriers.~~

18  
19 ~~(5) Maintain sterilizer including, at a minimum, proper instrument loading and~~  
20 ~~unloading, operation cycle, spore testing, and handling and disposal of sterilization~~  
21 ~~chemicals.~~

22  
23 ~~(6) Apply work practice controls as they relate to the following classification of sharps:~~  
24 ~~anesthetic needles or syringes, orthodontic wires, and broken glass.~~

25  
26 ~~(7) Apply infection control protocol for the following laboratory devices: impressions,~~  
27 ~~bite registrations, and prosthetic appliances.~~

28  
29 ~~(8) Perform waterline maintenance, including use of water tests and purging of~~  
30 ~~waterlines.~~

31  
32 ~~(g) Clinical instruction shall include two experiences in the following areas, with one used for a~~  
33 ~~clinical examination:~~

34  
35 ~~(1) Apply hand cleansing products and perform hand cleansing techniques and~~  
36 ~~protocols.~~

37  
38 ~~(2) Apply, remove, and dispose of patient treatment gloves, utility gloves, overgloves,~~  
39 ~~protective eyewear, masks, and clinical attire.~~

40  
41 ~~(3) Apply the appropriate techniques and protocols for the preparation, sterilization,~~  
42 ~~and storage of instruments including, at a minimum, application of personal protective~~  
43 ~~equipment, precleaning, ultrasonic cleaning, rinsing, sterilization wrapping, internal or~~

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1 ~~external process indicators, labeling, sterilization, drying, storage, and delivery to work~~  
2 ~~area.~~

3  
4 ~~(4) Pre-clean and disinfect contaminated operatory surfaces and devices, and properly~~  
5 ~~use, place, and remove surface barriers.~~

6  
7 ~~(5) Maintain sterilizer including, at a minimum, proper instrument loading and~~  
8 ~~unloading, operation cycle, spore testing, and handling and disposal of sterilization~~  
9 ~~chemicals.~~

10  
11 ~~(6) Apply work practice controls as they relate to the following classification of sharps:~~  
12 ~~anesthetic needles or syringes, orthodontic wires, and broken glass.~~

13  
14 ~~(7) Apply infection control protocol for the following laboratory devices: impressions,~~  
15 ~~bite registrations, and prosthetic appliances.~~

16  
17 ~~(8) Perform waterline maintenance, including use of water tests and purging of~~  
18 ~~waterlines.~~

19  
20 ~~(h) Each student shall pass a written examination that reflects the curriculum content, which~~  
21 ~~may be administered at intervals throughout the course as determined by the course director.~~

22  
23 ~~(i) To maintain approval, programs approved prior to the effective date of these regulations~~  
24 ~~shall submit to the Board a completed "Notice of Compliance with New Requirements for~~  
25 ~~Infection Control Courses (New 10/10)", hereby incorporated by reference, within ninety (90)~~  
26 ~~days of the effective date of these regulations.~~

27  
28 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750,  
29 1750.2, 1750.4 and 1752.1, Business and Professions Code.

30  
31 **§ 1070.7. Approval of Orthodontic Assistant Permit Courses.**

32  
33 (a) An orthodontic assistant permit course is one that has as its primary purpose providing  
34 theory, laboratory and clinical application in orthodontic assisting techniques. A single  
35 standard of care shall be maintained and the board shall approve and continue to approve only  
36 courses which continuously maintain a high-quality standard of instruction.

37  
38 (b) A course provider applying for initial approval shall submit an application for approval, hereby  
39 incorporated by reference (insert date), accompanied by the designated, non-refundable fee as  
40 defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny  
41 approval after evaluation of all components of the course have been 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.

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1  
2 **(d) General Provisions:** Adequate provisions for the supervision and operation of the course shall  
3 be made in compliance with this Article and the following:

4  
5 (1) Each student shall possess the necessary requirements for application for licensure as  
6 a registered dental assistant and a minimum of 12-months' work experience or possess a  
7 current, active license as a registered dental assistant.

8  
9 (2) Prior to enrollment, each student shall demonstrate completion of an eight (8) hour  
10 board-approved course in Infection Control, a two (2) hour board-approved course in  
11 dental assisting jurisprudence the Dental Practice Act and current certification in basic life  
12 support issued by the American Heart Association or American Red Cross.

13  
14 (3) Registered dental assisting program graduates who have completed the course  
15 requirements for the orthodontic assistant permit as a component of a total program of  
16 instruction, shall qualify to apply for the orthodontic assistant permit state board  
17 examination immediately upon graduation from the program.

18  
19 (4) The requirements for the quantity, qualifications and responsibilities of the course  
20 director and all faculty or instructional staff, as defined in CCR Sections 1070 and 1070.1,  
21 shall be adhered to at all times.

22  
23 **(e) Facilities and Equipment:**

24  
25 (1) Adequate supplies, materials and provisions for instruction in the subject area shall  
26 be provided in compliance with the requirements of CCR Section 1070.

27  
28 (2) In addition, the minimum requirements for equipment and armamentaria shall  
29 include banded or bonded orthodontic typodonts in the ratio of at least one (1) for  
30 every four (4) students, bench mount or dental chair mounted ~~mannequin~~manikin head,  
31 curing light, regular typodont with full dentition and soft gingiva in the ratio of at least  
32 one (1) for every four (4) students, and a selection of orthodontic instruments and  
33 adjunct material for all of the procedures that orthodontic assistant permit holders are  
34 authorized to perform under Business and Professions Code Section 1750.3.

35  
36 (3) There shall be a sufficient number of safe, adequate, and educationally conducive  
37 lecture classrooms and operatories in compliance with the requirements of Section  
38 1070. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided.

39  
40 (4) All disinfection and sterilization procedures specified in CCR Section 1005 shall be  
41 incorporated in the course content and followed during all laboratory, simulated-clinical  
42 and clinical experiences.



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1 **(f) Course Duration:** The course shall be of sufficient duration for the student to develop  
2 minimum competence in all of the duties that orthodontic assistant permit holders are legally  
3 authorized to perform.

4  
5 (1) The course hours for an unlicensed dental assistant who has met all the requirements  
6 of Subsection (d)(1-2) herein, shall be no less than 84 hours, including at least 24 hours of  
7 didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of  
8 clinical instruction.

9  
10 (2) The course hours for a student who holds a valid and current registered dental  
11 assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory  
12 hours, and 20 clinical hours. A registered dental assistant shall not be required to  
13 complete further instruction in the duties of placing ligature ties and archwires, removing  
14 orthodontic bands, and removing excess cement from tooth surfaces with a hand  
15 instrument.

16  
17 (3) The course hours for a student who holds a valid and current registered dental  
18 assistant license and who has completed a Board-approved course in the use of an  
19 ultrasonic scaler shall be no less than 51 hours, including 9 didactic, 22 laboratory, and 20  
20 clinical. A registered dental assistant who has completed a Board-approved course in the  
21 use of an ultrasonic scaler shall not be required to complete further instruction in that  
22 duty.

23  
24 **(g) Course Curriculum and Examination:**

- 25 1) A detailed course outline shall be established and maintained consistent with the  
26 requirements of CCR Section 1070 and shall be provided to students prior to the start  
27 of instruction.  
28 2) General course objectives and specific instructional unit objectives shall be stated in  
29 writing and shall include theoretical aspects of each subject as well as practical  
30 application. The theoretical aspects of the course shall provide the content necessary  
31 for students to make judgments regarding orthodontic assistant procedures.  
32 3) Objective evaluation criteria shall be used for measuring student progress toward  
33 attainment of specific course objectives. Students shall be provided with specific  
34 performance objectives and the evaluation criteria that will be used for all aspects of  
35 the curriculum.  
36 4) Each student shall pass a written examination which reflects the curriculum content.

37  
38 **(h) Didactic Instruction:** Areas of instruction shall include, at a minimum, the following as they  
39 relate to the orthodontic assistant permit, as well as instruction in basic background information  
40 on orthodontic practice. "Basic background information on orthodontic practice" means, for the  
41 purpose of this subdivision, the orthodontic treatment review, charting, patient education and  
42 legal and infection control requirements as they apply to orthodontic practice:

43  
44 (1) Archwire characteristics and their role in tooth movement.

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1  
2 (2) Introduction to orthodontic instrumentation, use and care.

3  
4 (3) Procedures for placement of archwire previously adjusted by the dentist.

5  
6 (4) Ligature systems: characteristics of contemporary ligature system.

7  
8 (5) Theory of band and bracket positioning.

9  
10 (6) Characteristics of orthodontic bands; sizes, shapes, and functionality.

11  
12 (7) Techniques for orthodontic banding, bracketing and removal, which shall include all  
13 of the following:

14       (A) Armamentaria.

15  
16       (B) General principles of fitting and removing bands.

17  
18       (C) General principles of bracket positioning, bonding, adhesion, curing and  
19 removal including:

20           (i) Characteristics and methods of bonding;

21  
22           (ii) Bonding materials, techniques for use and cure time factors;

23  
24           (iii) Direct and indirect bracket bonding techniques; and

25  
26           (iv) Removal.

27  
28  
29  
30 (8) Characteristics of accessory devices: tubes, lingual sheaths, lingual cleats, and their  
31 role in orthodontic care.

32  
33 (9) Orthodontic cements and adhesive materials: classifications, armamentaria, and use.

34  
35 (10) Procedure for removal of bands and brackets after adhesion.

36  
37 **(i) Laboratory, Simulated-Clinical and Clinical Instruction:**

38  
39 (1) Providers shall adhere to student/teacher ratios as defined in CCR Section 1070.1 at  
40 all times during instruction.

41  
42 (2) Students shall be provided with established written competencies identifying specific  
43 objective evaluation criteria and performance objectives for all evaluated experiences.

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1 An experience has been successfully completed only if each procedure meets or exceeds  
2 all stated performance criteria.

3  
4 (3) Upon completion of all didactic instruction, students shall ~~complete the following~~  
5 ~~competency evaluated~~ be evaluated to demonstrate minimum competency in  
6 experiences in the laboratory or simulated-clinical environment:

7  
8 (A) Laboratory experiences which shall be conducted on a fully articulated and  
9 mounted typodont. Sufficient time shall be available for students to  
10 demonstrate minimum competency performing two (2) laboratory experiences  
11 in each of the following areas:

12  
13 (i) sizing, fitting, cementing, and removing orthodontic bands.

14  
15 (ii) bracket positioning, bonding, curing, and removal of orthodontic  
16 brackets.

17  
18 (iii) archwire placement and ligation.

19  
20 (iv) ultrasonic scaling for removal of orthodontic cement

21  
22 (B) Simulated clinical experiences which shall be conducted on a simulator or  
23 mannequin/manikin device. Sufficient time shall be available for students to  
24 demonstrate minimum competency performing two (2) simulated clinical  
25 experiences in each of the following areas:

26  
27 (i) sizing, fitting, cementing, and removing orthodontic bands.

28  
29 (ii) bracket positioning, bonding, curing, and removal of orthodontic  
30 brackets.

31  
32 (iii) archwire placement and ligation.

33  
34 (iv) ultrasonic scaling for removal of orthodontic cement

35  
36 (C) Clinical experiences which shall be conducted on three (3) patients with two  
37 (2) of the three (3) patient experiences used for the clinical examination. The  
38 clinical experiences shall include three (3) performances of the following:

39  
40 (i) sizing, fitting, cementing, and removing orthodontic bands.

41  
42 (ii) bracket positioning, bonding, curing, and removal of orthodontic  
43 brackets.

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(iii) archwire placement and ligation.

(4) Patient selection and evaluation shall follow all stated criteria.

(j) Course Completion: Upon completion of the course, each student shall be able to:

(1) Identify the various orthodontic wires and their purpose.

(2) Describe the necessary aspects of pre-operative instructions to patients.

(3) Recognize loose appliances.

(4) Recognize decalcification and mottled enamel.

(5) Identify the indications and contraindications of using an ultrasonic scaler as it relates to orthodontic cement removal.

(6) Utilize proper armamentaria in an organized sequence for ~~th~~cement removal on an orthodontically banded typodont.

(7) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction.

(8) Demonstrate the proper techniques for removal of cement from teeth under orthodontic treatment without causing damage to hard or soft tissues, removing cement from underneath appliances, or loosening appliances.

(9) Maintain aseptic techniques including disposal of contaminated materials.

(k) Certificate of Completion. Upon successful completion of the course, students shall receive a certificate consistent with the requirements defined in CCR Section 1070(m).

(l) Notice of Compliance. To maintain approval, courses approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Ultrasonic Scaling for Cement Removal Certificate Courses" (insert date), hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met by an orthodontic assistant permit course to secure and maintain approval by the Board.

(a) The course shall be of sufficient duration for the student to develop minimum competence in all of the duties that orthodontic assistant permit holders are authorized to perform, but in no event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant

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1 shall not be required to complete further instruction in the duties of placing ligature ties and  
2 archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with  
3 a hand instrument. The course hours for a student who holds a valid and current registered  
4 dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory  
5 hours, and 20 clinical hours. A registered dental assistant who has completed a Board-approved  
6 course in the use of an ultrasonic scaler shall not be required to complete further instruction in  
7 that duty. The course hours for a student who holds a valid and current registered dental  
8 assistant license and who has completed a Board-approved course in the use of an ultrasonic  
9 scaler shall be no less than 51 hours, including 9 didactic hours, 22 laboratory hours, and 20  
10 clinical hours.

11  
12 (b) The minimum requirements for equipment and armamentaria shall include banded or  
13 bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount  
14 or dental chair mounted mannequin head, curing light, regular typodont with full dentition and  
15 soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic  
16 instruments and adjunct material for all of the procedures that orthodontic assistant  
17 permitholders are authorized to perform under Business and Professions Code Section 1750.3.

18  
19 (c) In addition to the requirements of Section 1070, all faculty or instructional staff members  
20 responsible for clinical evaluation shall have completed a two-hour methodology course in  
21 clinical evaluation prior to conducting clinical evaluations of students.

22  
23 (d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)  
24 to (j), inclusive, as well as instruction in basic background information on orthodontic practice.  
25 "Basic background information on orthodontic practice" means, for purposes of this  
26 subdivision, the orthodontic treatment review, charting, patient education, and legal and  
27 infection control requirements as they apply to orthodontic practice.

28  
29 (e) The following requirements shall be met for sizing, fitting, cementing, and removing  
30 orthodontic bands:

31  
32 (1) Didactic instruction shall contain the following:

33  
34 (A) Theory of band positioning and tooth movement.

35  
36 (B) Characteristics of band material: malleability, stiffness, ductility, and work  
37 hardening.

38  
39 (C) Techniques for orthodontic banding and removal, which shall include all of  
40 the following:

41  
42 (i) Armamentaria.

43  
44 (ii) General principles of fitting and removing bands.

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~~(iii) Normal placement requirements of brackets, tubes, lingual sheaths, lingual cleats, and buttons onto bands.~~

~~(iv) Orthodontic cements and adhesive materials: classifications, armamentaria, and mixing technique.~~

~~(v) Cementing bands: armamentaria, mixing technique, and band cementation procedures.~~

~~(vi) Procedure for removal of bands after cementation.~~

~~(2) Laboratory instruction shall include typodont experience in the sizing, fitting, cementing, and removal of four posterior first molar bands a minimum of two times, with the cementing and removal of two first molar bands used as a practical examination.~~

~~(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four posterior first molar bands on at least two patients.~~

~~(f) The following requirements shall be met for preparing teeth for bonding:~~

~~(1) Didactic instruction shall contain the following:~~

~~(A) Chemistry of etching materials and tooth surface preparation~~

~~(B) Application and time factors~~

~~(C) Armamentaria~~

~~(D) Techniques for tooth etching.~~

~~(2) Laboratory instruction shall include typodont experience with etchant application in preparation for subsequent bracket bonding on four anterior and four posterior teeth a minimum of four times each, with one of each of the four times used for a practical examination.~~

~~(3) Clinical instruction shall include etchant application in preparation for bracket bonding on anterior and posterior teeth on at least two patients.~~

~~(g) The following requirements shall be met for bracket positioning, bond curing, and removal of orthodontic brackets.~~

~~(1) Didactic instruction shall include the following elements:~~

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~~(A) Characteristics and methods of orthodontic bonding.~~

~~(B) Armamentaria.~~

~~(C) Types of bracket bonding surfaces.~~

~~(D) Bonding material characteristics, application techniques, and curing time factors.~~

~~(E) Procedure for direct and indirect bracket bonding.~~

~~(F) Procedures for bracket or tube removal.~~

~~(2) Laboratory instruction shall contain typodont experience with selecting, prepositioning, tooth etching, positioning, curing, and removing of four anterior and four posterior brackets a minimum of four times each, with one each of the four times used for a practical examination.~~

~~(3) Clinical instruction shall contain selecting, adjusting, prepositioning, etching, curing, and removal of anterior and posterior brackets on at least two patients.~~

~~(h) The following requirements shall be met for archwire placement and ligation:~~

~~(1) Didactic instruction shall contain the following:~~

~~(A) Archwire characteristics.~~

~~(B) Armamentaria.~~

~~(C) Procedures for placement of archwire previously adjusted by the dentist.~~

~~(D) Ligature systems, purpose, and types, including elastic, wire, and self-ligating.~~

~~(2) Laboratory instruction shall contain typodont experience on the following:~~

~~(A) The insertion of a preformed maxillary and mandibular archwire a minimum of four times per arch, with one of each of the four times used for a practical examination.~~

~~(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.~~

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1       ~~(3) Clinical instruction shall contain the following:~~

2  
3               ~~(A) Insertion of a preformed maxillary and mandibular archwire on at least two~~  
4               ~~patients.~~

5  
6               ~~(B) Ligating both preformed maxillary and mandibular archwires using a~~  
7               ~~combination of elastic and metal ligatures or self-ligating brackets on at least~~  
8               ~~two patients for each.~~

9  
10   ~~(i) The following requirements shall be met for cement removal with a hand instrument:~~

11  
12       ~~(1) Didactic instruction shall contain the following:~~

13  
14               ~~(A) Armamentaria~~

15  
16               ~~(B) Techniques of cement removal using hand instruments and related materials~~

17  
18       ~~(2) Laboratory instruction shall contain typodont experience on the removal of excess~~  
19       ~~cement supragingivally from an orthodontically banded typodont using a hand~~  
20       ~~instrument four times, with one of the four times used for a practical examination.~~

21  
22       ~~(3) Clinical instruction shall contain removal of excess cement supragingivally from~~  
23       ~~orthodontic bands with a hand instrument on at least two patients.~~

24  
25   ~~(j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal.~~  
26   ~~Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement~~  
27   ~~from teeth under orthodontic treatment with an ultrasonic scaler.~~

28  
29   ~~(k) Each student shall pass a written examination that reflects the curriculum content, which~~  
30   ~~may be administered at intervals throughout the course as determined by the course director.~~

31  
32   ~~(l) To maintain approval, programs approved prior to the effective date of these regulations~~  
33   ~~shall submit to the Board a completed "Notice of Compliance with New Requirements for~~  
34   ~~Orthodontic Assistant Permit Courses (New 10/10)", hereby incorporated by reference, within~~  
35   ~~ninety (90) days of the effective date of these regulations.~~

36  
37   Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.2  
38   and 1752.4, Business and Professions Code.

39  
40   **§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.**

41  
42   (a) A dental sedation assistant permit course is one that has as its primary purpose providing  
43   theory, laboratory and clinical instruction and application in dental sedation assisting duties  
44   and functions. A single standard of care shall be maintained, and the board shall approve and



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1 continue to approve only courses which continuously maintain a high-quality standard of  
2 instruction. As used in this Section, the following definitions apply: "IV" means intravenous,  
3 "AED" means automated external defibrillator, "CO2" means carbon dioxide, and "ECG" and  
4 "EKG" both mean electrocardiograms.

5  
6 (b) A course provider applying for initial approval shall submit an application for approval, hereby  
7 incorporated by reference (insert date), accompanied by the designated, non-refundable fee as  
8 defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny  
9 approval after evaluation of all components of the course have been performed.

10  
11 (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.

15  
16 (2) Consistent with the requirements of CCR Section 1070, as it relates to instructional  
17 methodology, the course director, designated faculty member, or instructional staff  
18 member(s) responsible for clinical evaluation shall complete such course in clinical  
19 evaluation prior to conducting clinical evaluations of students.

20  
21 (3) In addition to the requirements of CCR Sections 1070 and 1070.1, clinical instruction  
22 in a dental sedation assistant course shall be given under direct supervision of the course  
23 director, designated faculty member, or instructional staff member who shall be the  
24 holder of a valid, active, and current general anesthesia or conscious sedation permit  
25 issued by the Board. Evaluation of the condition of a sedated patient shall remain the  
26 responsibility of the director, designated faculty member, or instructional staff member  
27 authorized to administer conscious sedation or general anesthesia, who shall be at the  
28 patient's chairside while conscious sedation or general anesthesia is being administered.

29  
30 (c) Continuation of approval will be contingent upon continued compliance with CCR Sections  
31 1070, 1070.1 and all requirements as required herein.

32  
33 (d) **General Provisions:** Adequate provisions for the supervision and operation of the course shall  
34 be made in compliance with this Article and the following:

35  
36 (1) Each student shall possess the necessary requirements for application for licensure as  
37 a registered dental assistant and a minimum of 12-months' work experience or possess a  
38 current, active license as a registered dental assistant.

39  
40 (2) Prior to enrollment, each student shall demonstrate completion of an eight (8) hour  
41 board-approved course in Infection Control, a two (2) hour board-approved course in  
42 dental assisting jurisprudence the Dental Practice Act and current certification in basic life  
43 support issued by the American Heart Association or American Red Cross.  
44

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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 Sections 1070 and 1070.1,  
3 shall be adhered to at all times.

4  
5 **(e) Facilities and Equipment:**

6  
7 (1) Adequate supplies, materials and provisions for instruction in the subject area shall  
8 be provided in compliance with the requirements of CCR Section 1070.

9  
10 (2) In addition, one pulse oximeter for each six students; one AED or AED trainer; one  
11 capnograph or teaching device for monitoring of end tidal CO<sub>2</sub>; blood pressure cuff and  
12 stethoscope for each six (6) students; one pretracheal stethoscope for each six (6)  
13 students; one electrocardiogram machine, one automatic blood pressure/pulse  
14 measuring system/machine, and one oxygen delivery system including oxygen tank; one  
15 IV start kit for each student; one venous access device kit for each student; IV  
16 equipment and supplies for IV infusions including hanging device infusion containers  
17 and tubing for each six (6) students; one sharps container for each six (6) students;  
18 packaged syringes, needles, needleless devices, practice fluid ampules and vials for each  
19 student; stopwatch or timer with second hand for each six (6) students; one heart/lung  
20 sounds ~~mannequin~~manikin or teaching device; tonsillar or pharyngeal suction tip,  
21 endotracheal tube forceps, endotracheal tube and appropriate connectors, suction  
22 equipment for aspiration of oral and pharyngeal cavities, and laryngoscope in the ratio  
23 of at least one for each six (6) students; any other monitoring or emergency equipment  
24 required by CCR Section 1043 for the administration of general anesthesia or conscious  
25 sedation; and a selection of instruments and supplemental armamentaria for all of the  
26 procedures that dental sedation assistant permitholders are authorized to perform  
27 according to Business and Professions Code Section 1750.5.

28  
29 (3) Each operatory used for preclinical or clinical training shall contain either a surgery  
30 table or a power-operated chair for treating patients in a supine position, an irrigation  
31 system or sterile water delivery system as they pertain to the specific practice, and all  
32 other equipment and armamentarium required to instruct in the duties that dental  
33 sedation assistant permitholders are authorized to perform according to Business and  
34 Professions Code Section 1750.5.

35  
36 (4) All students, faculty, and staff involved in the direct provision of patient care shall be  
37 certified in basic life support procedures, including the use of an automatic electronic  
38 defibrillator.

39  
40 (5) There shall be a sufficient number of safe, adequate, and educationally conducive  
41 lecture classrooms and operatories in compliance with the requirements of CCR Section  
42 1070. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided.  
43

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

4  
5 **(f) Course Duration:** The course shall be of a sufficient duration for the student to develop  
6 minimum competence in all of the duties that dental sedation assistant permitholders are  
7 authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic  
8 instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38  
9 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks  
10 described in this Section during no less than twenty (20) supervised cases utilizing conscious  
11 sedation or general anesthesia.

12  
13 **(g) Course Curriculum and Examination:**

14  
15 (1) A detailed course outline shall be established and maintained consistent with the  
16 requirements of CCR Section 1070 and shall be provided to students prior to the start of  
17 instruction.

18  
19 (2) General course objectives and specific instructional unit objectives shall be stated in  
20 writing and shall include theoretical aspects of each subject as well as practical  
21 application. The theoretical aspects of the course shall provide the content necessary for  
22 students to make judgments regarding dental sedation assistant procedures.

23  
24 (3) Objective evaluation criteria shall be used for measuring student progress toward  
25 attainment of specific course objectives. Students shall be provided with specific  
26 performance objectives and the evaluation criteria that will be used for all aspects of the  
27 curriculum.

28  
29 (4) Each student shall pass a written examination which reflects the curriculum content.

30  
31 **(h) Didactic Instruction:** Areas of instruction shall relate to the duties that dental sedation  
32 assistant permitholders are authorized to perform. General didactic shall contain:

33  
34 (1) ~~Patient evaluation and selection factors through review of medical history, physical~~  
35 ~~assessment, and Patient evaluation and medical consultation.~~  
36 ~~of anatomy and physiology of the circulatory, cardiovascular, and consultation.~~

37  
38 (2) ~~Characteristics of anatomy and physiology of the circulatory, cardiovascular, and~~  
39 ~~respiratory systems, and the central and peripheral nervous system.~~

40  
41 (3) ~~Characteristics of anxiety management related to the surgical patient, relatives, and~~  
42 ~~escorts, and characteristics of anxiety and pain reduction techniques.~~

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1 (4) Overview of the classification of drugs used by patients for cardiac disease,  
2 respiratory disease, hypertension, diabetes, neurological disorders, and infectious  
3 diseases.

4  
5 (5) Overview of techniques and specific drug groups utilized for sedation and general  
6 anesthesia.

7  
8 (6) Definitions and characteristics of levels of sedation achieved with general anesthesia  
9 and sedative agents, including the distinctions between conscious sedation, deep  
10 sedation, and general anesthesia.

11  
12 (7) Overview of patient monitoring during conscious sedation and general anesthesia.

13  
14 (8) Prevention, recognition, and management of complications.

15  
16 (9) Obtaining informed consent.

17  
18 (i) With respect to medical emergencies, didactic instruction shall contain:

19  
20 (1) An overview of medical emergencies, including, but not limited to, airway  
21 obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope,  
22 cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia,  
23 drug overdose, hyperventilation, acute coronary syndrome including angina and  
24 myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and  
25 congestive heart failure.

26  
27 (2) Laboratory instruction shall include the simulation and response to at least the  
28 following medical emergencies: airway obstruction, bronchospasm, emesis and  
29 aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction,  
30 hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia,  
31 syncope, and respiratory depression. Both training ~~mannequin~~manikins and other  
32 students or staff may be used for simulation. The student shall demonstrate  
33 ~~proficiency~~minimum competency in all simulated emergencies during training and shall  
34 then be eligible to complete a practical examination on this Section.

35  
36 (j) With respect to sedation and the pediatric patient, didactic instruction shall contain the  
37 following:

38  
39 (1) Psychological considerations.

40  
41 (2) Patient evaluation and selection factors through review of medical history, physical  
42 assessment, and medical consultation.

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1 (3) Definitions and characteristics of levels of sedation achieved with general anesthesia  
2 and sedative agents, with special emphasis on the distinctions between conscious  
3 sedation, deep sedation, and general anesthesia.

4  
5 (4) Review of respiratory and circulatory physiology and related anatomy, with special  
6 emphasis on establishing and maintaining a patient airway.

7  
8 (5) Overview of pharmacology agents used in contemporary sedation and general  
9 anesthesia.

10  
11 (6) Patient monitoring.

12  
13 (7) Obtaining informed consent.

14  
15 (8) Prevention, recognition, and management of complications, including principles of  
16 basic life support.

17  
18 (k) With respect to physically, mentally, and neurologically compromised patients, didactic  
19 instruction shall contain the following: an overview of characteristics of Alzheimer's disease,  
20 autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular  
21 dystrophy, Parkinson's disease, schizophrenia, and stroke.

22  
23 (l) With respect to health history and patient assessment, didactic instruction shall include, at a  
24 minimum, the recording of the following:

25  
26 (1) Age, sex, weight, physical status as defined by the American Society of  
27 Anesthesiologists Physical Status Classification System, medication use, general health,  
28 any known or suspected medically compromising conditions, rationale for anesthesia or  
29 sedation of the patient, visual examination of the airway, and auscultation of the heart  
30 and lungs as medically required.

31  
32 (2) General anesthesia or conscious sedation records that contain a time-oriented  
33 record with preoperative, multiple intraoperative, and postoperative pulse oximetry and  
34 blood pressure and pulse readings, frequency and dose of drug administration, length of  
35 procedure, complications of anesthesia or sedation, and a statement of the patient's  
36 condition at time of discharge.

37  
38 (m) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG  
39 and use of AED:

40  
41 (1) Didactic instruction shall contain the following:

42  
43 (A) Characteristics of pretracheal/precordial stethoscope.  
44

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1 (B) Review of anatomy and physiology of circulatory system: heart, blood  
2 vessels, and cardiac cycle as it relates to EKG.

3  
4 (C) Characteristics of rhythm interpretation and waveform analysis basics.

5  
6 (D) Characteristics of manual intermittent and automatic blood pressure and  
7 pulse assessment.

8  
9 (E) Characteristics and use of an AED.

10  
11 (F) Procedure for using a pretracheal/precordial stethoscope for monitoring of  
12 heart sounds.

13  
14 (G) Procedure for use and monitoring of the heart with an EKG machine,  
15 including electrode placement, and the adjustment of such equipment.

16  
17 (H) Procedure for using manual and automatic blood pressure/pulse/respiration  
18 measuring system.

19  
20 (2) Preclinical instruction: Utilizing another student or staff person, the student shall  
21 demonstrate ~~proficiency~~minimum competency in each of the following tasks during  
22 training and shall then be eligible to complete an examination 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 (D) Use of an AED or AED trainer.

34  
35 (3) Clinical instruction: Utilizing patients, the student shall demonstrate  
36 ~~proficiency~~minimum competency in each of the following tasks, under supervision of  
37 faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be  
38 eligible to complete an examination on this Section.

39  
40 (A) Assessment of blood pressure and pulse both manually and utilizing an  
41 automatic system.

42  
43 (B) Placement and assessment of an EKG. Instruction shall include the  
44 adjustment of such equipment.

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1  
2           (C) Monitoring and assessment of heart sounds with a pretracheal/precordial  
3           stethoscope.

4  
5 (n) With respect to monitoring lung/respiratory sounds with pretracheal/precordial  
6 stethoscope and monitoring oxygen saturation end tidal CO2 with pulse oximeter and  
7 capnograph:

8  
9           (1) Didactic instruction shall contain the following:

10  
11           (A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and  
12           capnograph for respiration monitoring.

13  
14           (B) Review of anatomy and physiology of respiratory system to include the nose,  
15           mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.

16  
17           (C) Characteristics of respiratory monitoring/lung sounds: mechanism of  
18           respiration, composition of respiratory gases, oxygen saturation.

19  
20           (D) Characteristics of manual and automatic respiration assessment.

21  
22           (E) Procedure for using a pretracheal/precordial stethoscope for respiration  
23           monitoring.

24  
25           (F) Procedure for using and maintaining pulse oximeter for monitoring oxygen  
26           saturation.

27  
28           (G) Procedure for use and maintenance of capnograph.

29  
30           (H) Characteristics for monitoring blood and skin color and other related factors.

31  
32           (I) Procedures and use of an oxygen delivery system.

33  
34           (J) Characteristics of airway management to include armamentaria and use.

35  
36           (2) Preclinical instruction: Utilizing another student or staff person, the student shall  
37           demonstrate ~~proficiency~~ **minimum competency** in each of the following tasks during  
38           training and shall then be eligible to complete an examination on this Section.

39  
40           (A) Assessment of respiration rates.

41  
42           (B) Monitoring and assessment of lung sounds and ventilation with a  
43           pretracheal/precordial stethoscope.

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1           (C) Monitoring oxygen saturation with a pulse oximeter.

2  
3           (D) Use of an oxygen delivery system.

4  
5           (3) Clinical instruction: Utilizing patients, the student shall demonstrate  
6           proficiencyminimum competency in each of the following tasks, under supervision by  
7           faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be  
8           eligible to complete an examination on this Section.

9  
10           (A) Assessment of respiration rates.

11  
12           (B) Monitoring and assessment of lung sounds and ventilation with a  
13           pretracheal/precordial stethoscope.

14  
15           (C) Monitoring oxygen saturation with a pulse oximeter.

16  
17           (D) Use of an oxygen delivery system.

18  
19           (o) With respect to drug identification and draw:

20  
21           (1) Didactic instruction shall contain:

22  
23           (A) Characteristics of syringes and needles: use, types, gauges, lengths, and  
24           components.

25  
26           (B) Characteristics of drug, medication, and fluid storage units: use, type,  
27           components, identification of label including generic and brand names, strength,  
28           potential adverse reactions, expiration date, and contraindications.

29  
30           (C) Characteristics of drug draw: armamentaria, label verification, ampule and  
31           vial preparation, and drug withdrawal techniques.

32  
33           (2) Laboratory instruction: The student shall demonstrate proficiencyminimum  
34           competency in the withdrawal of fluids from a vial or ampule in the amount specified by  
35           faculty or instructional staff and shall then be eligible to complete a practical  
36           examination.

37  
38           (3) Clinical instruction: The student shall demonstrate proficiencyminimum competency  
39           in the evaluation of vial or container labels for identification of content, dosage, and  
40           strength and in the withdrawal of fluids from a vial or ampule in the amount specified by  
41           faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be  
42           eligible to complete an examination on this Section.

43  
44           (p) With respect to adding drugs, medications, and fluids to IV lines:



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1  
2 (1) Didactic instruction shall contain:

3  
4 (A) Characteristics of adding drugs, medications, and fluids to IV lines in the  
5 presence of a licensed dentist.

6  
7 (B) Armamentaria.

8  
9 (C) Procedures for adding drugs, medications, and fluids, including dosage and  
10 frequency.

11  
12 (D) Procedures for adding drugs, medications, and fluids by IV bolus.

13  
14 (E) Characteristics of patient observation for signs and symptoms of drug  
15 response.

16  
17 (2) Laboratory instruction: The student shall demonstrate ~~proficiency~~minimum  
18 competency in adding fluids to an existing IV line on a venipuncture training arm or in a  
19 simulated environment and shall then be eligible to complete a practical examination on  
20 this Section.

21 (3) Clinical instruction: The student shall demonstrate ~~proficiency~~minimum competency  
22 in adding fluids to existing IV lines in the presence of course faculty or instructional staff  
23 as described in Section 1070.8(a)(3) and shall then be eligible to complete an  
24 examination on this Section.

25  
26 (g) With respect to the removal of IV lines:

27  
28 (1) Didactic instruction shall include overview and procedures for the removal of an IV  
29 line.

30  
31 (2) Laboratory instruction: The student shall demonstrate ~~proficiency~~minimum  
32 competency on a venipuncture training arm or in a simulated environment for IV  
33 removal and shall then be eligible for a practical examination.

34  
35 (3) Clinical instruction: The student shall demonstrate ~~proficiency~~minimum competency  
36 in removing IV lines in the presence of course faculty or instructional staff as described  
37 in Section 1070.8(a)(3) and shall then be eligible to complete an examination on this  
38 Section.

39  
40 (r) Each student shall pass a written examination that reflects the curriculum content, which  
41 may be administered at intervals throughout the course as determined by the course director.

42  
43 (s) **Certificate of Completion.** Upon successful completion of the course, students shall receive a  
44 certificate consistent with the requirements defined in CCR Section 1070(m).

**Commented [NG36]:** Action requested by DAC (7/27/19):  
Written exams may need to be completed prior to clinical  
instruction. Staff to research

**Staff response:**  
No Requirement in CODA  
This language is from CADAT contribution to the Workshop  
document.

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1  
2 (t) Notice of Compliance. To maintain approval, courses approved prior to the effective date of  
3 these regulations shall submit to the Board a completed "Notice of Compliance with New  
4 Requirements for Ultrasonic Scaling for Cement Removal-Dental Sedation Assistant Certificate  
5 Courses" (insert date), hereby incorporated by reference, within ninety (90) days of the effective  
6 date of these regulations.

7  
8 In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met  
9 by a dental sedation assistant permit course to secure and maintain approval by the Board. As  
10 used in this Section, the following definitions apply: "IV" means intravenous, "AED" means  
11 automated external defibrillator, "CO2" means carbon dioxide, and "ECG" and "EKG" both  
12 mean electrocardiogram.

13  
14 (a) (1) The course director, designated faculty member, or instructional staff member may,  
15 in lieu of a license issued by the Board, possess a valid, active, and current license issued  
16 in California as a physician and surgeon.

17  
18 (2) The course director, designated faculty member, or instructional staff member  
19 responsible for clinical evaluation shall have completed a two-hour methodology course  
20 in clinical evaluation prior to conducting clinical evaluations of students.

21  
22 (3) Clinical instruction shall be given under direct supervision of the course director,  
23 designated faculty member, or instructional staff member who shall be the holder of a  
24 valid, active, and current general anesthesia or conscious sedation permit issued by the  
25 Board. Evaluation of the condition of a sedated patient shall remain the responsibility of  
26 the director, designated faculty member, or instructional staff member authorized to  
27 administer conscious sedation or general anesthesia, who shall be at the patient's  
28 chairside while conscious sedation or general anesthesia is being administered.

29  
30 (b) The course shall be of a sufficient duration for the student to develop minimum competence  
31 in all of the duties that dental sedation assistant permit holders are authorized to perform, but  
32 in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32  
33 hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical  
34 instruction. Clinical instruction shall require completion of all of the tasks described in  
35 subdivisions (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised  
36 cases utilizing conscious sedation or general anesthesia.

37  
38 (c) The following are minimum requirements for equipment and armamentaria:

39  
40 (1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph  
41 or teaching device for monitoring of end tidal CO2; blood pressure cuff and stethoscope  
42 for each six students; one pretracheal stethoscope for each six students; one  
43 electrocardiogram machine, one automatic blood pressure/pulse measuring  
44 system/machine, and one oxygen delivery system including oxygen tank; one IV start kit

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1 for each student; one venous access device kit for each student; IV equipment and  
2 supplies for IV infusions including hanging device infusion containers and tubing for each  
3 six students; one sharps container for each six students; packaged syringes, needles,  
4 needleless devices, practice fluid ampules and vials for each student; stopwatch or timer  
5 with second hand for each six students; one heart/lung sounds mannequin or teaching  
6 device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube  
7 and appropriate connectors, suction equipment for aspiration of oral and pharyngeal  
8 cavities, and laryngoscope in the ratio of at least one for each six students; any other  
9 monitoring or emergency equipment required by Cal. Code Regs., Title 16, Section 1043  
10 for the administration of general anesthesia or conscious sedation; and a selection of  
11 instruments and supplemental armamentaria for all of the procedures that dental  
12 sedation assistant permitholders are authorized to perform according to Business and  
13 Professions Code Section 1750.5.

14  
15 (2) Each operatory used for preclinical or clinical training shall contain either a surgery  
16 table or a power-operated chair for treating patients in a supine position, an irrigation  
17 system or sterile water delivery system as they pertain to the specific practice, and all  
18 other equipment and armamentarium required to instruct in the duties that dental  
19 sedation assistant permitholders are authorized to perform according to Business and  
20 Professions Code Section 1750.5.

21  
22 (3) All students, faculty, and staff involved in the direct provision of patient care shall be  
23 certified in basic life support procedures, including the use of an automatic electronic  
24 defibrillator.

25  
26 (d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)  
27 to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are  
28 authorized to perform.

29  
30 (e) General didactic instruction shall contain:

31  
32 (1) Patient evaluation and selection factors through review of medical history, physical  
33 assessment, and medical consultation.

34  
35 (2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and  
36 respiratory systems, and the central and peripheral nervous system.

37  
38 (3) Characteristics of anxiety management related to the surgical patient, relatives, and  
39 escorts, and characteristics of anxiety and pain reduction techniques.

40  
41 (4) Overview of the classification of drugs used by patients for cardiac disease,  
42 respiratory disease, hypertension, diabetes, neurological disorders, and infectious  
43 diseases.

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1 ~~(5) Overview of techniques and specific drug groups utilized for sedation and general~~  
2 ~~anesthesia.~~

3  
4 ~~(6) Definitions and characteristics of levels of sedation achieved with general anesthesia~~  
5 ~~and sedative agents, including the distinctions between conscious sedation, deep~~  
6 ~~sedation, and general anesthesia.~~

7  
8 ~~(7) Overview of patient monitoring during conscious sedation and general anesthesia.~~

9  
10 ~~(8) Prevention, recognition, and management of complications.~~

11  
12 ~~(9) Obtaining informed consent.~~

13  
14 (f) ~~With respect to medical emergencies, didactic instruction shall contain:~~

15  
16 ~~(1) An overview of medical emergencies, including, but not limited to, airway~~  
17 ~~obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope,~~  
18 ~~cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia,~~  
19 ~~drug overdose, hyperventilation, acute coronary syndrome including angina and~~  
20 ~~myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and~~  
21 ~~congestive heart failure.~~

22  
23 ~~(2) Laboratory instruction shall include the simulation and response to at least the~~  
24 ~~following medical emergencies: airway obstruction, bronchospasm, emesis and~~  
25 ~~aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction,~~  
26 ~~hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia,~~  
27 ~~syncope, and respiratory depression. Both training mannequins and other students or~~  
28 ~~staff may be used for simulation. The student shall demonstrate proficiency in all~~  
29 ~~simulated emergencies during training and shall then be eligible to complete a practical~~  
30 ~~examination on this Section.~~

31  
32 (g) ~~With respect to sedation and the pediatric patient, didactic instruction shall contain the~~  
33 ~~following:~~

34  
35 ~~(1) Psychological considerations.~~

36  
37 ~~(2) Patient evaluation and selection factors through review of medical history, physical~~  
38 ~~assessment, and medical consultation.~~

39  
40 ~~(3) Definitions and characteristics of levels of sedation achieved with general anesthesia~~  
41 ~~and sedative agents, with special emphasis on the distinctions between conscious~~  
42 ~~sedation, deep sedation, and general anesthesia.~~

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1 ~~(4) Review of respiratory and circulatory physiology and related anatomy, with special~~  
2 ~~emphasis on establishing and maintaining a patient airway.~~

3  
4 ~~(5) Overview of pharmacology agents used in contemporary sedation and general~~  
5 ~~anesthesia.~~

6  
7 ~~(6) Patient monitoring.~~

8  
9 ~~(7) Obtaining informed consent.~~

10  
11 ~~(8) Prevention, recognition, and management of complications, including principles of~~  
12 ~~basic life support.~~

13  
14 ~~(h) With respect to physically, mentally, and neurologically compromised patients, didactic~~  
15 ~~instruction shall contain the following: an overview of characteristics of Alzheimer's disease,~~  
16 ~~autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular~~  
17 ~~dystrophy, Parkinson's disease, schizophrenia, and stroke.~~

18  
19 ~~(i) With respect to health history and patient assessment, didactic instruction shall include, at a~~  
20 ~~minimum, the recording of the following:~~

21  
22 ~~(1) Age, sex, weight, physical status as defined by the American Society of~~  
23 ~~Anesthesiologists Physical Status Classification System, medication use, general health,~~  
24 ~~any known or suspected medically compromising conditions, rationale for anesthesia or~~  
25 ~~sedation of the patient, visual examination of the airway, and auscultation of the heart~~  
26 ~~and lungs as medically required.~~

27  
28 ~~(2) General anesthesia or conscious sedation records that contain a time-oriented~~  
29 ~~record with preoperative, multiple intraoperative, and postoperative pulse oximetry and~~  
30 ~~blood pressure and pulse readings, frequency and dose of drug administration, length of~~  
31 ~~procedure, complications of anesthesia or sedation, and a statement of the patient's~~  
32 ~~condition at time of discharge.~~

33  
34 ~~(j) With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG~~  
35 ~~and use of AED:~~

36  
37 ~~(1) Didactic instruction shall contain the following:~~

38  
39 ~~(A) Characteristics of pretracheal/precordial stethoscope.~~

40  
41 ~~(B) Review of anatomy and physiology of circulatory system: heart, blood~~  
42 ~~vessels, and cardiac cycle as it relates to EKG.~~

43  
44 ~~(C) Characteristics of rhythm interpretation and waveform analysis basics.~~

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~~(D) Characteristics of manual intermittent and automatic blood pressure and pulse assessment.~~

~~(E) Characteristics and use of an AED.~~

~~(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds.~~

~~(G) Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment.~~

~~(H) Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.~~

~~(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.~~

~~(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.~~

~~(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.~~

~~(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.~~

~~(D) Use of an AED or AED trainer.~~

~~(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in each of the following tasks, under supervision of faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.~~

~~(A) Assessment of blood pressure and pulse both manually and utilizing an automatic system.~~

~~(B) Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment.~~

~~(C) Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.~~

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~~(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO2 with pulse oximeter and capnograph:~~

~~(1) Didactic instruction shall contain the following:~~

~~(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and capnograph for respiration monitoring.~~

~~(B) Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.~~

~~(C) Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, oxygen saturation.~~

~~(D) Characteristics of manual and automatic respiration assessment.~~

~~(E) Procedure for using a pretracheal/precordial stethoscope for respiration monitoring.~~

~~(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation.~~

~~(G) Procedure for use and maintenance of capnograph.~~

~~(H) Characteristics for monitoring blood and skin color and other related factors.~~

~~(I) Procedures and use of an oxygen delivery system.~~

~~(J) Characteristics of airway management to include armamentaria and use.~~

~~(2) Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate proficiency in each of the following tasks during training and shall then be eligible to complete an examination on this Section.~~

~~(A) Assessment of respiration rates.~~

~~(B) Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope.~~

~~(C) Monitoring oxygen saturation with a pulse oximeter.~~

~~(D) Use of an oxygen delivery system.~~

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1 ~~(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in~~  
2 ~~each of the following tasks, under supervision by faculty or instructional staff as~~  
3 ~~described in Section 1070.8(a)(3), and shall then be eligible to complete an examination~~  
4 ~~on this Section.~~

5  
6 (A) ~~Assessment of respiration rates.~~

7  
8 (B) ~~Monitoring and assessment of lung sounds and ventilation with a~~  
9 ~~pretracheal/precordial stethoscope.~~

10  
11 (C) ~~Monitoring oxygen saturation with a pulse oximeter.~~

12  
13 (D) ~~Use of an oxygen delivery system.~~

14  
15 (l) ~~With respect to drug identification and draw:~~

16  
17 (1) ~~Didactic instruction shall contain:~~

18  
19 (A) ~~Characteristics of syringes and needles: use, types, gauges, lengths, and~~  
20 ~~components.~~

21  
22 (B) ~~Characteristics of drug, medication, and fluid storage units: use, type,~~  
23 ~~components, identification of label including generic and brand names, strength,~~  
24 ~~potential adverse reactions, expiration date, and contraindications.~~

25  
26 (C) ~~Characteristics of drug draw: armamentaria, label verification, ampule and~~  
27 ~~vial preparation, and drug withdrawal techniques.~~

28  
29 (2) ~~Laboratory instruction: The student shall demonstrate proficiency in the withdrawal~~  
30 ~~of fluids from a vial or ampule in the amount specified by faculty or instructional staff~~  
31 ~~and shall then be eligible to complete a practical examination.~~

32  
33 (3) ~~Clinical instruction: The student shall demonstrate proficiency in the evaluation of~~  
34 ~~vial or container labels for identification of content, dosage, and strength and in the~~  
35 ~~withdrawal of fluids from a vial or ampule in the amount specified by faculty or~~  
36 ~~instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to~~  
37 ~~complete an examination on this Section.~~

38  
39 (m) ~~With respect to adding drugs, medications, and fluids to IV lines:~~

40  
41 (1) ~~Didactic instruction shall contain:~~

42  
43 (A) ~~Characteristics of adding drugs, medications, and fluids to IV lines in the~~  
44 ~~presence of a licensed dentist.~~



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~~(B) Armamentaria.~~

~~(C) Procedures for adding drugs, medications, and fluids, including dosage and frequency.~~

~~(D) Procedures for adding drugs, medications, and fluids by IV bolus.~~

~~(E) Characteristics of patient observation for signs and symptoms of drug response.~~

~~(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to an existing IV line on a venipuncture training arm or in a simulated environment, and shall then be eligible to complete a practical examination on this Section.~~

~~(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(2), and shall then be eligible to complete an examination on this Section.~~

~~(n) With respect to the removal of IV lines:~~

~~(1) Didactic instruction shall include overview and procedures for the removal of an IV line.~~

~~(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture training arm or in a simulated environment for IV removal, and shall then be eligible for a practical examination.~~

~~(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3), and shall then be eligible to complete an examination on this Section.~~

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

~~(p) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Dental Sedation Assistant Permit Courses (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750.4, 1750.5 and 1752.4, Business and Professions Code.

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**CCR §1070.9: Radiation Safety Course**

(a) A radiation safety course is one that has as its primary purpose providing theory, laboratory and clinical application in radiographic techniques. A single standard of care shall be maintained and the Board shall approve only those courses which continuously maintain a high quality standard of instruction. ~~A single standard of care shall be maintained and the board shall approve and continue to approve only programmatic curricula and stand-alone courses which continuously maintain a high quality standard of instruction.~~

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(b) A course provider applying for initial approval shall submit an application for approval, hereby incorporated by reference (insert date), accompanied by the designated, non-refundable fee as defined in CCR Section 1022. Consistent with CCR Section 1070, the board may approve or deny approval after evaluation of all components of the course have been performed.

(c) Continuation of approval will be contingent upon continued compliance with CCR Sections 1070, 1070.1 and all requirements as required herein.

(d) **General Provisions:** Adequate provisions for the supervision and operation of the course shall be made in compliance with this Article and the following:

(1) Unless otherwise incorporated in a board-approved registered dental assisting program, providers shall require evidence that all course pre-requisites have been met prior to acceptance of the participant to include current certification in basic life support, completion of an 8-hour board-approved course in infection control, and a 2-hour board-approved course in ~~dental assisting jurisprudence~~ the Dental Practice Act.

(2) When instruction is incorporated in a registered dental assisting program, students shall have ~~completed-completed, enrolled in, have a program approved plan to be enrolled in, or have acceptable on the job training or~~ instruction in ~~infection control~~, basic chairside skills, anatomy, tooth morphology and shall have obtained certification in ~~infection control and~~ basic life support, as defined herein, prior to the start of instruction in radiation safety.

Commented [NG37]: For Discussion by DAC:

Stakeholders have commented that Infection control course would be a prerequisite; presumably DA's receive training in basic chairside skills, anatomy and tooth morphology through on the job training;

Add language that allows acceptance of OJT, otherwise we're potentially adding required courses that aren't otherwise specific in regs.

Staff response:

Moved infection control so that it requires a certificate, and basic chairside skills, anatomy and tooth morphology can be learned with on the job training.

(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.

(4) Additionally, all patient's or their guardian shall complete a health history form with consent acknowledging the procedure is being performed by a student of the course or program. Such documentation shall be maintained in the student records. When a health history form is completed as a condition of the course requirements in an extramural facility, such form shall be ~~made available-transferred~~ to the program or

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1 course by the supervising licensed dentist ~~prior to completion of the extra mural~~  
2 ~~externship.~~

3  
4 **(e) Facilities and Equipment:**

5  
6 (1) Adequate supplies, materials and provisions for instruction in radiation safety shall  
7 be provided in compliance with the requirements of CCR Section 1070.

8  
9 (2) There shall be a sufficient number of safe, adequate, and educationally conducive  
10 lecture classrooms and operatories in compliance with the requirements of CCR Section  
11 1070.

12  
13 (3) In addition to the facility requirements defined in CCR Section 1070, the facility used  
14 for laboratory/pre-clinical instruction shall be deemed adequate if it is properly  
15 equipped with supplies and equipment for practical work and includes, for every six  
16 students, at least the following:

17  
18 (A) One functioning radiography (X-ray) machine which is adequately filtered and  
19 collimated that is equipped with the appropriate position-indicating devices for  
20 each technique being taught, and is properly registered and permitted in  
21 compliance with the Department of Health Services and the California Radiation  
22 Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section  
23 30100);

24  
25 (B) One (1) X-ray training ~~mannequin~~manikin head designed for instruction in  
26 radiographic techniques per X-ray unit; and

27  
28 (C) One (1) film view box per operatory, or screen for viewing digital images; and

29  
30 (~~D~~) One (1) lead ~~impregnated-shielding~~ adult-size ~~X-ray-protective~~ apron with  
31 cervical (thyroid) collar, either attached or detached from the apron, per X-ray  
32 unit.

33  
34 (4) The area shall be deemed adequate if it is of sufficient size to accommodate  
35 students' needs in learning and is properly equipped with supplies and equipment for  
36 practical work which may include processing and viewing equipment or any combination  
37 thereof. Such facility requirements may be deemed met if computer-based equipment  
38 for digital radiographic procedures is solely or in part utilized within the program or  
39 course facility and where such equipment may be located in the operatory area where  
40 exposures will occur.

41  
42 (5) The choice of image receptor for laboratory, pre-clinical and clinical experiences may  
43 be either traditional film or digital sensor or any combination thereof as determined by  
44 the program and course provider. ~~Nothing herein shall require a dental assisting~~

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~~program or course provider to obtain computerized equipment for the purposes of instruction or demonstration.~~

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

(7) 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. Adequate, cleaning, disinfecting, and sterilizing facilities shall be provided.

(f) **Course Duration:** A course in radiation safety shall be of sufficient duration, but in no event less than 32 hours including at least ~~16-8~~ hours of didactic instruction, at least ~~8-12~~ hours of laboratory instruction, and at least ~~8-12~~ hours of supervised clinical instruction for the student to obtain applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve minimum competence in the various protocols and procedures used in the application of dental radiographic techniques and radiation safety.

(g) **Course Curriculum and Examination:**

(1) A detailed course outline shall be established and maintained consistent with the requirements of CCR Section 1070 and shall be provided to students prior to the start of instruction.

(2) General course objectives and specific instructional unit objectives shall be stated in writing and shall include theoretical aspects of each subject as well as practical application. The theoretical aspects of the course shall provide the content necessary for students to make judgments regarding radiation safety.

(3) Objective evaluation criteria shall be used for measuring student progress toward attainment of specific course objectives. Students shall be provided with specific performance objectives and the evaluation criteria that will be used for all aspects of the curriculum.

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

(5) Each student shall pass a clinical examination.

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

(1) Radiation physics and biology;

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1 (2) Radiation protection and safety;  
2

3 (3) Recognition of normal anatomical landmarks, structures, hard and soft tissues,  
4 normal and abnormal conditions of the oral cavity as they relate to dental radiographs;  
5

6 (4) Radiograph exposure and processing techniques;  
7

8 (5) Radiograph mounting or sequencing, and viewing, including anatomical landmarks of  
9 the oral cavity;  
10

11 (6) Intraoral techniques and dental radiograph armamentaria, including holding devices  
12 and image receptors;  
13

14 (7) Intraoral and extraoral examination including principles of exposure, methods of  
15 retention and evaluation;  
16

17 (8) Proper use of patient protection devices and personal protective equipment for  
18 operator use;  
19

20 (9) Identification and correction of faulty radiographs;  
21

22 (10) Introduction to contemporary exposure techniques including the use of  
23 computerized digital radiography and extraoral imaging that may include panographs or  
24 cone-beam imaging;  
25

26 (11) Infection control procedures in compliance with the Board's Minimum Standards  
27 for Infection Control (CCR Section 1005);  
28

29 (12) Radiographic records management;  
30

31 (13) Identification and recognition of common errors in techniques and processing for  
32 intra and extra oral exposures;  
33

34 (14) Identification of various extra oral techniques, machine types, and uses; and  
35

36 (15) Introduction to techniques and exposure guidelines for special exposures to include,  
37 but not limited to pediatric, edentulous, partially edentulous, endodontic and patients  
38 with special needs.  
39

40 (i) Laboratory Instruction. All laboratory instruction and performances shall only occur in

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1 accordance with CCR Sections 1070 and 1070.1. Sufficient hours of laboratory instruction and  
2 experiences shall ensure that a student successfully completes, on an x-ray training  
3 mannequin/manikin head only, at least the procedures set forth below utilizing an image receptor  
4 deemed appropriate by the course director:

5  
6 (1) Two (2) full mouth periapical series, consisting of at least 18 radiographs each, four (4)  
7 of which shall be bitewings;

8  
9 (2) Two horizontal or vertical bitewing series, consisting of at least four (4) radiographs  
10 each;

11  
12 (3) Developing, digitizing or processing, and mounting or sequencing of exposed  
13 radiographs;

14  
15 (4) Completion of student and instructor written evaluation of radiographs identifying  
16 errors, causes of errors, corrections and, if applicable, the number of re-exposures  
17 necessary for successful completion of a series to minimum competency.

18  
19 (A) A laboratory procedure has been successfully completed only if each series of  
20 radiographs is evaluated and deemed to be of diagnostic quality.

21  
22 (B) Successful completion of all laboratory competencies shall occur prior to  
23 clinical instruction and experiences.

24  
25 (j) **Clinical Instruction and Evaluation.** As part of an organized program of instruction clinical  
26 instruction shall include clinical performances on human subjects as set forth herein.

27  
28 (1) Successful completion of a minimum of four (4) full mouth periapical series,  
29 consisting of at least 18 radiographs each, four (4) of which shall be bitewings. All  
30 exposures made on human subjects shall only be made using diagnostic criteria  
31 established during the clinical instructional period and shall in no event exceed three (3)  
32 re-exposures per subject per series.

33  
34 (2) Successful developing or processing, and mounting or sequencing of exposed human  
35 subject radiographs;

36  
37 (3) Completion of student and ~~clinical supervisor-instructor~~ written evaluations of each  
38 radiographic series identifying errors, causes of error, and correction and, if applicable,  
39 the number of re-exposures necessary for successful completion of a series to clinical  
40 competency.

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1 (4) One (1) full-mouth clinical series shall serve a final clinical examination.

2  
3 (k) Written Examinations. Prior to certification and completion of the course, the student shall  
4 demonstrate successfully each of the following:

5  
6 (1) ~~Completion of written examinations in California radiation health and safety and the~~  
7 ~~principles of dental radiographs shall occur prior to laboratory instruction, laboratory~~  
8 ~~competencies, and clinical instruction and experiences~~A comprehensive final exam shall  
9 be successfully completed by each student prior to the completion of the radiation  
10 safety course.

11  
12 (2) The written examinations shall include questions specific to items addressed in  
13 California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3,  
14 Article 4 (Section 30305 et seq.) relative to the special requirements for the use of x-ray  
15 in the healing arts.

16  
17 (l) Extramural Dental Facilities for Used for Radiographic Performances. Extramural dental  
18 facilities may be utilized by a course for the purposes of radiographic clinical  
19 ~~competencies~~experiences, but may not be used for final clinical competency. Clinical instruction  
20 and oversight shall be performed under the direct supervision of a licensed dentist who shall  
21 deem the radiographs necessary by written prescription. Didactic and laboratory instruction shall  
22 be provided only by course faculty or instructional staff prior to clinical performances and shall  
23 not be provided in an extramural dental facility.

24  
25 (1) The course director, or a designated faculty member, shall be responsible for  
26 selecting a extramural dental facility and evaluating student competence before the  
27 clinical assignment.

28  
29 (2) Prior to student assignment in an extramural dental facility, the course director, or a  
30 designated faculty or instructional staff member, shall orient all supervising dentists who  
31 shall provide basic technical assistance, evaluation, and oversight of the student in the  
32 clinical setting. Orientation shall include, at a minimum, the objectives of the course, the  
33 student's preparation for the clinical assignment, and a review of procedures and criteria  
34 to be used by the licensed dentist in the extramural dental facility in evaluating the  
35 student during the assignment

36  
37 (3) Programs and courses using extramural dental faculty for dental radiographic clinical  
38 experiences shall provide to the Board, upon request or renewal of provider status,  
39 copies of all contracts of affiliation and documentation demonstrating compliance with  
40 this Section.

41  
42 (4) There shall be a written contract of affiliation with each extramural dental facility

**Commented [NG38]:** For DAC Discussion:  
Dentist supervision is not required in current regs, and there was discussion regarding whether or not this supervision could be indirect but a clear consensus was not reached.

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1 utilized by a course. Such contract shall describe the settings in which the facility will be  
2 used, cancellation terms and conditions, and shall provide that the facility has the  
3 necessary equipment and armamentaria appropriate for the procedures to be  
4 performed and that such equipment and armamentaria are in safe operating condition.

5  
6 (m) Certificate of Completion. Upon successful completion of the course, students shall receive  
7 a certificate consistent with the requirements defined in CCR Section 1070.

8  
9 (n) 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 Radiation Safety Certification Courses" (insert date), hereby incorporated by  
12 reference, within ninety (90) days of the effective date of these regulations.

13  
14 Note: Authority cited: Section 1614, Business and Professions Code.

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15  
16 **§ 1071. Approval of Registered Dental Assistant in Extended Functions (RDAEF) Educational**  
17 **Programs.**

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18  
19 In addition to the requirements of California Code of Regulations (Cal. Code Regs.), Title 16,  
20 Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program  
21 to secure and maintain approval by the Board.

22  
23 (a) RDAEF educational programs in California shall apply for and receive Board approval prior to  
24 operation. The Board may approve, provisionally approve, or deny approval of any such  
25 program.

26  
27 (1) A program applying for approval to teach all of the duties specified in Business and  
28 Professions Code, Section 1753.5 shall comply with all of the requirements of this  
29 Section.

30  
31 (2) A program applying for approval to teach RDAEFs licensed on or before January 1,  
32 2010 the additional duties specified in Business and Professions Code Section 1753.6  
33 shall comply with all of the requirements of this Section, except as follows:

34  
35 (A) The program shall be no less than 318 hours, including at least 76 hours of  
36 didactic instruction, at least 186 hours of laboratory instruction, and at least 56  
37 hours of clinical instruction.

38  
39 (B) Students shall not be required to complete instruction related to the  
40 placement of gingival retraction cord, the taking of final impressions for  
41 permanent indirect restorations, or the fitting of endodontic master points and  
42 accessory points.



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1 (3) A RDAEF program provider applying for approval shall submit to the Board a  
2 completed "Application for Approval of Registered Dental Assistant Program (New  
3 INSERT DATE)", which is hereby incorporated by reference, accompanied by a non-  
4 refundable processing fee of \$\_\_\_\_\_.

5  
6 (4) The Board may withdraw its approval of a program at any time, after giving the  
7 program provider written notice setting forth its reason for withdrawal and after  
8 affording a reasonable opportunity to respond within 30 calendar days. Approval may  
9 be withdrawn for failure to comply with the provisions of the Dental Practice Act or the  
10 Board's regulations.

11  
12 (b) Prerequisites. In order to be admitted to the program, each student shall possess a valid,  
13 active, and current license as a registered dental assistant issued by the Board and shall submit  
14 documentary evidence of successful completion of a Board-approved pit and fissure sealant  
15 course prior to graduation from an RDAEF program.

16  
17 (c) Program Faculty. In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070  
18 and 1070.1, all faculty members shall have completed a course or certification program in  
19 educational methodology of at least ~~six (6)~~ 30 hours unless he or she holds any one (1) of the  
20 following: a degree in education, a Ryan Designated Subjects Vocational Education Teaching  
21 Credential, a Standard Designated Subjects Teaching Credential, or, a Community College  
22 Teaching Credential. Each faculty member shall complete a course or certification program in  
23 educational methodology within six (6) months of employment. The program director or  
24 designated administrator shall be responsible to obtain and maintain records of each faculty  
25 member showing evidence of having met this requirement.

26  
27 (d) Program Director. The program director, who may also be an instructor, shall possess a  
28 valid, active, and current license issued by the Board or the Dental Hygiene Committee of  
29 California, shall have been licensed for a minimum of two (2) years, and possess the  
30 experience in the subject matter he or she is teaching. The course director shall provide  
31 guidance and be responsible for the administration of the course. Specifically, the course  
32 director shall be responsible for fulfilling all the requirements listed in Cal. Code Regs., Title 16,  
33 Section 1070(b).

34  
35 (e) Length of Program.

36  
37 (1) The program shall be of sufficient duration for the student to develop minimum  
38 competence in all of the duties that RDAEFs are authorized to perform, but in no event  
39 less than 410 hours, including at least 100 hours of didactic instruction, at least 206  
40 hours of laboratory instruction, and at least 104 hours of clinical instruction. All  
41 laboratory and simulated clinical instruction shall be provided under the direct  
42 supervision of program staff. Clinical instruction shall be provided under the direct  
43 supervision of a licensed dentist and may be completed in an extramural dental facility  
44 as defined in Cal. Code Regs., Title 16, Section 1070.1(c).

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1  
2 (2) In the event a program has obtained approval to instruct the content for Interim  
3 Therapeutic Restoration Certification, the program shall incorporate such training into  
4 the RDAEF program curriculum and increase the total hours in accordance with  
5 applicable regulations.  
6

7 (f) The following requirements are in addition to the requirements of Cal. Code Regs., Title 16,  
8 Sections 1070 and 1070.1:  
9

10 (1) Minimum requirements for equipment and armamentaria:

11  
12 (A) Laboratory facilities with individual seating stations for each student and  
13 equipped with air/water syringe, hand piece connections, suction or electric  
14 driven rotary instrumentation capability. Each station or operator shall allow an  
15 articulated typodont to be mounted in a simulated head position.  
16

17 (B) Clinical simulation facilities that provide simulated patient heads mounted in  
18 appropriate position and accommodating an articulated typodont in an enclosed  
19 intraoral environment, or mounted on a dental chair in a dental operator.  
20 Clinical simulation spaces shall be sufficient to permit one (1) simulation space  
21 for each two (2) students at any one (1) time.  
22

23 (C) Articulated typodonts of both deciduous and permanent dentitions with  
24 flexible gingival tissues and with prepared teeth for each procedure to be  
25 performed in the laboratory and clinical simulation settings. One (1) of each type  
26 of typodont is required for each student.  
27

28 (D) A selection of restorative instruments and adjunct materials for all  
29 procedures that RDAEFs are authorized to perform.  
30

31 (E) Notwithstanding Section 1070, there shall be at least one (1) operator for  
32 every two (2) students who are simultaneously engaged in clinical instruction.  
33

34 (g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h)  
35 to (o), inclusive, and the following didactic instruction:  
36

37 (1) The following instruction as it relates to each of the procedures that RDAEFs are  
38 authorized to perform: restorative and prosthetic treatment review; charting; patient  
39 education; legal requirements; indications and contraindications; problem solving  
40 techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection  
41 control protocol implementation.  
42

43 (2) Dental science, including dental and oral anatomy, histology, oral pathology, normal  
44 or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic

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1 microbiology relating to infection control, and occlusion. "Occlusion" is the review of  
2 articulation of maxillary and mandibular arches in maximum intercuspation.

3  
4 (3) Characteristics and manipulation of dental materials related to each procedure.

5  
6 (4) Armamentaria for all procedures.

7  
8 (5) Principles, techniques, criteria, and evaluation for performing each procedure,  
9 including implementation of infection control protocols.

10  
11 (6) Tooth isolation and matrix methodology review.

12  
13 (h) General laboratory instruction shall include:

14  
15 (1) Application of tooth isolation methods in both maxillary and mandibular arches and  
16 with four (4) experiences on both deciduous and permanent dentitions.

17  
18 (2) Matrix placement for amalgam, and adhesive-based restorative material restorations  
19 with three (3) experiences for each material.

20  
21 (3) Base, liner, and etchant placement on three (3) teeth.

22  
23 (3) Base, liner, and etchant placement on three teeth.

24  
25 (i) With respect to preliminary evaluation of the patient's oral health, including charting of  
26 existing conditions excluding periodontal assessment as it relates to RDAEF functions, intraoral  
27 and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

28  
29 (1) Didactic instruction shall contain the following:

30  
31 (A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

32  
33 (B) Deviations from normal to hard tissue abnormalities to soft tissue  
34 abnormalities.

35  
36 (C) Overview of classifications of occlusion and myofunction.

37  
38 (D) Sequence of oral inspection: armamentaria, general patient assessment,  
39 review of medical history form, review of dental history form, oral cavity mouth-  
40 mirror inspection, and charting existing conditions.

41  
42 (2) Preclinical instruction shall include performing an oral inspection on at least two (2)  
43 other students.

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1 (3) Clinical instruction shall include performing an oral inspection on at least two (2)  
2 patients.

3  
4 (j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

5  
6 (1) Didactic instruction shall include the following:

7  
8 (A) Review of objectives, canal preparation, filling of root canal space, including  
9 the role of the RDAEF as preparatory to condensation which is to be performed  
10 by the licensed dentist.

11  
12 (B) Description and goals of filling technique using lateral condensation  
13 techniques.

14  
15 (C) Principles and techniques of fitting and cementing master points and  
16 accessory points.

17  
18 (2) Laboratory instruction shall include fitting and cementing master points and  
19 accessory points on extracted teeth or simulated teeth with canals with a minimum of  
20 two (2) experiences.-This instruction shall not include obturator-based techniques or  
21 other techniques that employ condensation.

22  
23 (3) Simulated clinical instruction shall include fitting and cementing master points and  
24 accessory points with extracted or simulated teeth. Simulated clinical instruction shall  
25 include fitting and cementing master points and accessory points in at least four (4)  
26 teeth.

27  
28 k) With respect to gingival retraction, general instruction shall include:

29  
30 (1) Review of characteristics of tissue management techniques as they relate to  
31 prosthodontic procedures.

32  
33 (2) Description, principles and goals of tissue management as it relates to prosthodontic  
34 procedures.

35  
36 (l) With respect to final impressions for permanent indirect and toothborne restorations:

37  
38 (1) Didactic instruction shall contain the following:

39  
40 (A) Review of characteristics of impression material and tray placement.

41  
42 (B) Description and goals of impression taking for permanent indirect  
43 restorations and toothborne prosthesis.

44

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(C) Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.

(2) Laboratory instruction shall include the following:

(A) Tissue management for prosthodontic procedures and final impressions for permanent indirect restorations, including impression taking of prepared teeth in maxillary and mandibular arches, once per arch.

(B) Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four (4) impressions on maxillary and mandibular arches with simulated partially edentulous sites.

(3) Clinical instruction shall include taking final impressions on five (5) prosthodontic procedure patients which shall include tissue management procedures.

(m) With respect to placing, contouring, finishing, and adjusting direct restorations:

(1) Didactic instruction shall contain the following:

(A) Review of cavity preparation factors and restorative material.

(B) Characteristics and manipulation of direct filling materials.

(C) Amalgam restoration placement, carving, adjusting and finishing, which includes principles, techniques, criteria and evaluation, and description and goals of amalgam placement, adjusting and finishing in children and adults.

(D) Currently utilized adhesive-based restoration placement, adjusting, contouring and finishing, which includes, principles, techniques, criteria and evaluation, and description and goals of adhesive-based restorations, placement and contouring in children and adults.

(2) Laboratory instruction shall include placement, finish and adjustment of 100 restorations in prepared teeth. The restorations shall include both maxillary, mandibular, permanent and deciduous teeth, and both metallic and adhesive-based materials. Amalgam material shall include placement, finish and adjustment of Class I, II, and V restorations. Adhesive-based materials shall include placement, finish and adjustment of Class I, II, III, IV and V restorations.

(3) Simulated clinical instruction shall include placement, finish and adjustment of 900 restorations in prepared teeth. The restorations shall include both maxillary, mandibular, permanent and deciduous teeth, and both metallic and adhesive-based materials. Amalgam material shall include placement, finish and adjustment of Class I,

**Commented [NG39]:** Added in March 2018 by Allison Viramontes, language provided by Joan Greenfield

Found in document titled: Proposed Language Draft \_1071\_03.06.18 reflecting EF changes

**Commented [NG40]:** For Discussion by DAC:  
Is this achievable in the time allowed? This is a 20 fold increase. Are programs going to be able to accommodate this? Is this in response to a specific problem?

Added in March 2018 by Allison Viramontes, language provided by Joan Greenfield

Found in document titled: Proposed Language Draft \_1071\_03.06.18 reflecting EF changes

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1 II, and V restorations. Adhesive-based materials shall include placement, finish and  
2 adjustment of Class I, II, III, IV and V restorations. A student shall show competency in  
3 amalgam based material placement, finish and adjustment based on criteria-reference  
4 completion standards prior to any clinical instruction and application of these  
5 procedures.

6  
7 (4) Clinical instruction shall require proficient completion of placing, contouring and  
8 finishing at least 20 direct restorations in prepared permanent teeth. At least five (5) of  
9 each restorative classification of I, II, III and V are required.

10  
11 (A) At least 50 percent of the experiences shall be Class II restorations using  
12 adhesive-based materials.

13  
14 (B) At least 20 percent of the experiences shall be Class V restorations using  
15 adhesive-based materials.

16  
17 (C) Students who complete the 20 restorations and meet all the instructional  
18 requirements of this Section may complete additional Class I, II, III, IV or V  
19 restorations as deemed appropriate for program success.

20  
21 (n) With respect to polishing and contouring existing amalgam restorations:

22  
23 (1) Didactic instruction shall include principles, techniques, criteria and evaluation, and  
24 description and goals of amalgam polishing and contouring in children and adults.

25  
26  
27 (3) Simulated clinical instruction shall include experience in the polishing and contouring  
28 of Class I, II, and V amalgam restorations in one (1) prepared tooth for each  
29 classification.

30  
31 (o) With respect to adjusting and cementing permanent indirect restorations:

32  
33 (1) Didactic instruction shall contain the following:

34  
35 (A) Review of fixed prosthodontics related to classification and materials for  
36 permanent indirect restorations, general crown preparation for permanent  
37 indirect restorations, and laboratory fabrication of permanent indirect  
38 restorations.

39  
40 (B) Interocclusal registrations for fixed prosthesis, including principles,  
41 techniques, criteria, and evaluation.

42  
43 (C) Permanent indirect restoration placement, adjustment, and  
44 cementation/bonding, including principles, techniques, criteria, and evaluation.

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1  
2 (2) Laboratory instruction shall include:

3  
4 (A) Completion of two (2) interocclusal registrations.

5  
6 (B) Fitting, adjustment, and cementation/bonding of permanent indirect  
7 restorations on a minimum of two (2) posterior crowns.

8  
9 (3) Clinical experience for interocclusal registrations shall be performed on four (4)  
10 patients who are concurrently having final impressions recorded for permanent indirect  
11 restorations.

12  
13 (A) Clinical instruction shall include fitting, adjustment, and  
14 cementation/bonding of permanent indirect restorations on at least two (2)  
15 teeth.

16  
17 (p) Examination. Each student shall pass a written examination that reflects the curriculum  
18 content, which may be administered at intervals throughout the course as determined by the  
19 course director.

20  
21 (q) Notice of Compliance. To maintain approval, programs approved prior to the effective date  
22 of these regulations shall submit to the Board a completed "Notice of Compliance with New  
23 Requirements for Registered Dental Assistant in Extended Functions Educational Programs  
24 (New INSERT DATE)", hereby incorporated by reference, within 90 days of the effective date of  
25 these regulations.

26  
27 (r) Facilities and Resources. Facilities shall provide each student with sufficient opportunity,  
28 with instructor supervision, to develop minimum competency in all duties that registered  
29 dental assistants in extended functions are authorized to perform. The following requirements  
30 are in addition to those contained in Cal. Code of Regs., Title 16, Sections 1070 and 1070.1:

31  
32 (1) Facilities and operatories shall be in compliance with the requirements of Cal. Code  
33 of Regs., Title 16, Section 1070 (e)(1)(A)(B) and (e)(2). Facilities shall be in compliance  
34 with the Board's Minimum Standards for Infection Control (Cal. Code of Regs., Title 16,  
35 Section 1005).

36  
37 (2) Provision shall be made for reasonable access to current and diverse dental and  
38 medical reference texts, current journals, audiovisual materials, and other necessary  
39 resources. Library holdings, which may include, in total or in part, access through the  
40 Internet, shall include materials relating to all subject areas of the program curriculum.

41  
42 (s) Certificate of Completion. In addition to the requirements of Cal. Code of Regs., Title 16,  
43 Section 1070 subdivision (me), two (2) original copies of a certificate, diploma, or other

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1 evidence of completion shall be issued to each student within 30 days of successful completion  
2 of the program.

3  
4 (t) **Notice of Compliance.** To maintain approval, courses approved prior to the effective date of  
5 these regulations shall submit to the Board a completed "Notice of Compliance with New  
6 Requirements for Registered Dental Assistant in Extended Functions Courses" (insert date),  
7 hereby incorporated by reference, within ninety (90) days of the effective date of these  
8 regulations.

9  
10  
11 ~~(a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs~~  
12 ~~shall apply for and receive approval prior to operation. The Board may approve, provisionally~~  
13 ~~approve, or deny approval of any such program. The Board may, in lieu of conducting its own~~  
14 ~~investigation, accept the findings of any commission or accreditation agency approved by the~~  
15 ~~Board and adopt those findings as its own.~~

16  
17 ~~(b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the~~  
18 ~~following criteria shall be met by an RDAEF educational program to secure and maintain~~  
19 ~~approval by the Board.~~

20  
21 ~~(1) A program applying for approval to teach all of the duties specified in Business and~~  
22 ~~Professions Code Section 1753.5 shall comply with all of the requirements of this~~  
23 ~~Section.~~

24  
25 ~~(2) A program applying for approval to teach RDAEFs licensed on or before January 1,~~  
26 ~~2010 the additional duties specified in Business and Professions Code Section 1753.6~~  
27 ~~shall comply with all of the requirements of this Section, except as follows:~~

28  
29 ~~(A) The program shall be no less than 318 hours, including at least 76 hours of~~  
30 ~~didactic instruction, at least 186 hours of laboratory instruction, and at least 56~~  
31 ~~hours of clinical instruction.~~

32  
33 ~~(B) Students shall not be required to complete instruction related to the~~  
34 ~~placement of gingival retraction cord, the taking of final impressions for~~  
35 ~~permanent indirect restorations, or the fitting of endodontic master points and~~  
36 ~~accessory points.~~

37  
38 ~~(c) In order to be admitted to the program, each student shall possess a valid, active, and~~  
39 ~~current license as a registered dental assistant issued by the Board and shall submit~~  
40 ~~documentary evidence of successful completion of a Board-approved pit and fissure sealant~~  
41 ~~course.~~

42  
43 ~~(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members~~  
44 ~~responsible for clinical evaluation shall have completed a course or certification program in~~



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1 educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any  
2 one of the following: a postgraduate degree in education, a Ryan Designated Subjects  
3 Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential,  
4 or, a Community College Teaching Credential. Each faculty member employed after January 1,  
5 2012, shall complete a course or certification program in educational methodology within six  
6 months of employment. The program director or designated administrator shall be responsible  
7 to obtain and maintain records of each faculty member showing evidence of having met this  
8 requirement.

9  
10 (e) The program shall be of sufficient duration for the student to develop minimum competence  
11 in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours,  
12 including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction,  
13 and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction  
14 shall be provided under the direct supervision of program staff. Clinical instruction shall be  
15 provided under the direct supervision of a licensed dentist and may be completed in an  
16 extramural dental facility as defined in Section 1070.1(c).

17  
18 (f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:

19  
20 (1) Minimum requirements for equipment and armamentaria:

21  
22 (A) Laboratory facilities with individual seating stations for each student and  
23 equipped with air, gas and air, or electric driven rotary instrumentation  
24 capability. Each station or operatory shall allow an articulated typodont to be  
25 mounted in a simulated head position.

26  
27 (B) Clinical simulation facilities that provide simulated patient heads mounted in  
28 appropriate position and accommodating an articulated typodont in an enclosed  
29 intraoral environment, or mounted on a dental chair in a dental operatory.  
30 Clinical simulation spaces shall be sufficient to permit one simulation space for  
31 each two students at any one time.

32  
33 (C) Articulated typodonts of both deciduous and permanent dentitions with  
34 flexible gingival tissues and with prepared teeth for each procedure to be  
35 performed in the laboratory and clinical simulation settings. One of each type of  
36 typodont is required for each student.

37  
38 (D) A selection of restorative instruments and adjunct materials for all  
39 procedures that RDAEFs are authorized to perform.

40  
41 (2) Notwithstanding Section 1070, there shall be at least one operatory for every two students  
42 who are simultaneously engaged in clinical instruction.

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1 ~~(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h)~~  
2 ~~to (o), inclusive, and the following didactic instruction:~~

3  
4 ~~(1) The following instruction as it relates to each of the procedures that RDAEFs are~~  
5 ~~authorized to perform: restorative and prosthetic treatment review; charting; patient~~  
6 ~~education; legal requirements; indications and contraindications; problem solving~~  
7 ~~techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection~~  
8 ~~control protocol implementation.~~

9  
10 ~~(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal~~  
11 ~~or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic~~  
12 ~~microbiology relating to infection control, and occlusion. "Occlusion" is the review of~~  
13 ~~articulation of maxillary and mandibular arches in maximum intercuspation.~~

14  
15 ~~(3) Characteristics and manipulation of dental materials related to each procedure.~~

16  
17 ~~(4) Armamentaria for all procedures.~~

18  
19 ~~(5) Principles, techniques, criteria, and evaluation for performing each procedure,~~  
20 ~~including implementation of infection control protocols.~~

21  
22 ~~(6) Tooth isolation and matrix methodology review.~~

23  
24 ~~(h) General laboratory instruction shall include:~~

25  
26 ~~(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches~~  
27 ~~and for deciduous and permanent dentitions. A minimum of four experiences per arch is~~  
28 ~~required, with two anterior and two posterior applications, with one of the applications~~  
29 ~~used for a practical examination.~~

30  
31 ~~(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in~~  
32 ~~both primary and permanent dentitions, with three experiences for each cavity~~  
33 ~~classification and for each material.~~

34  
35 ~~(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or~~  
36 ~~etchant, with one of the three teeth used for a practical examination.~~

37  
38 ~~(i) With respect to preliminary evaluation of the patient's oral health, including charting of~~  
39 ~~existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft~~  
40 ~~tissue, classifying occlusion, and myofunctional evaluation:~~

41  
42 ~~(1) Didactic instruction shall contain the following:~~

43  
44 ~~(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.~~

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~~(B) Deviations from normal to hard tissue abnormalities to soft tissue abnormalities.~~

~~(C) Overview of classifications of occlusion and myofunction.~~

~~(D) Sequence of oral inspection: armamentaria, general patient assessment, review of medical history form, review of dental history form, oral cavity mouth-mirror inspection, and charting existing conditions.~~

~~(2) Preclinical instruction shall include performing an oral inspection on at least two other students.~~

~~(3) Clinical instruction shall include performing an oral inspection on at least two patients, with one of the two patients used for a clinical examination.~~

~~(j) With respect to sizing, fitting, and cementing endodontic master points and accessory points:~~

~~(1) Didactic instruction shall include the following:~~

~~(A) Review of objectives, canal preparation, filling of root canal space, including the role of the RDAEF as preparatory to condensation which is to be performed by the licensed dentist.~~

~~(B) Description and goals of filling technique using lateral condensation techniques.~~

~~(C) Principles and techniques of fitting and cementing master points and accessory points using lateral condensation, including characteristics, manipulation, use of gutta percha and related materials, and criteria for an acceptable master and accessory points technique using lateral condensation.~~

~~(2) Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals in preparation for lateral condensation by the dentist, with a minimum of two experiences each on a posterior and anterior tooth. This instruction shall not include obturator-based techniques or other techniques that employ condensation.~~

~~(3) Simulated clinical instruction shall include fitting and cementing master points and accessory points in preparation for condensation by the dentist with extracted or simulated teeth prepared for lateral condensation mounted in simulated patient heads mounted in appropriate position and accommodating and articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory. This instruction shall not include obturator-based techniques that employ condensation.~~

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1 ~~Simulated clinical instruction shall include fitting and cementing master points and~~  
2 ~~accessory points for lateral condensation by the dentist in at least four teeth, one of~~  
3 ~~which shall be used for a practical exam.~~

4  
5 (k) ~~With respect to gingival retraction, general instruction shall include:~~

6  
7 ~~(1) Review of characteristics of tissue management as it relates to gingival retraction~~  
8 ~~with cord and electrosurgery.~~

9  
10 ~~(2) Description and goals of cord retraction.~~

11  
12 ~~(3) Principles of cord retraction, including characteristics and manipulation of~~  
13 ~~epinephrine, chemical salts classification of cord, characteristics of single versus double~~  
14 ~~cord technique, and techniques and criteria for an acceptable cord retraction technique.~~

15  
16 (l) ~~With respect to final impressions for permanent indirect and toothborne restorations:~~

17  
18 ~~(1) Didactic instruction shall contain the following:~~

19  
20 ~~(A) Review of characteristics of impression material and custom.~~

21  
22 ~~(B) Description and goals of impression taking for permanent indirect~~  
23 ~~restorations and toothborne prosthesis.~~

24  
25 ~~(C) Principles, techniques, criteria, and evaluation of impression taking for~~  
26 ~~permanent indirect restorations and toothborne prosthesis.~~

27  
28 ~~(2) Laboratory instruction shall include the following:~~

29  
30 ~~(A) Cord retraction and final impressions for permanent indirect restorations,~~  
31 ~~including impression taking of prepared teeth in maxillary and mandibular~~  
32 ~~arches, one time per arch with elastomeric impression materials.~~

33  
34 ~~(B) Impressions for toothborne removable prostheses, including, at a minimum,~~  
35 ~~taking a total of four impressions on maxillary and mandibular arches with~~  
36 ~~simulated edentulous sites and rest preparations on at least two supporting~~  
37 ~~teeth in each arch.~~

38  
39 ~~(3) Clinical instruction shall include taking final impressions on five cord retraction~~  
40 ~~patients, with one used for a clinical examination.~~

41  
42 (m) ~~With respect to placing, contouring, finishing, and adjusting direct restorations:~~

43  
44 ~~(1) Didactic instruction shall contain the following:~~

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1  
2       (A) Review of cavity preparation factors and restorative material.

3  
4       (B) Review of cavity liner, sedative, and insulating bases.

5  
6       (C) Characteristics and manipulation of direct filling materials.

7  
8       (D) Amalgam restoration placement, carving, adjusting and finishing, which  
9 includes principles, techniques, criteria and evaluation, and description and goals  
10 of amalgam placement, adjusting and finishing in children and adults.

11  
12       (E) Glass ionomer restoration placement, carving, adjusting, contouring and  
13 finishing, which includes, principles, techniques, criteria and evaluation, and  
14 description and goals of glass ionomer placement and contouring in children and  
15 adults.

16  
17       (F) Composite restoration placement, carving, adjusting, contouring and finishing  
18 in all cavity classifications, which includes, principles, techniques, criteria, and  
19 evaluation.

20  
21       (2) Laboratory instruction shall include typodont experience on the following:

22  
23               (A) Placement of Class I, II, and V amalgam restorations in eight prepared  
24 permanent teeth for each classification, and in four deciduous teeth for each  
25 classification.

26  
27               (B) Placement of Class I, II, III, and V composite resin restorations in eight  
28 prepared permanent teeth for each classification, and in four deciduous teeth  
29 for each classification.

30  
31               (C) Placement of Class I, II, III, and V glass ionomer restorations in four prepared  
32 permanent teeth for each classification, and in four deciduous teeth for each  
33 classification.

34  
35       (3) Simulated clinical instruction shall include experience with typodonts mounted in  
36 simulated heads on a dental chair or in a simulation laboratory as follows:

37  
38               (A) Placement of Class I, II, and V amalgam restorations in four prepared  
39 permanent teeth for each classification, with one of each classification used for a  
40 clinical examination.

41  
42               (B) Placement of Class I, II, III, and V composite resin restorations in four  
43 prepared permanent teeth for each classification, with one of each classification  
44 used for a clinical examination.

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1  
2           (C) Placement of Class I, II, III, and V glass ionomer restorations in four prepared  
3 permanent teeth for each classification, with one of each classification used for a  
4 clinical examination.

5  
6           (4) Clinical instruction shall require proficient completion of placing, contouring and  
7 finishing at least twenty (20) direct restorations in prepared permanent teeth with the  
8 following requirements:

9  
10           (A) At least fifty (50) percent of the experiences shall be Class II restorations  
11 using esthetic materials.

12  
13           (B) At least twenty (20) percent of the experiences shall be Class V restorations  
14 using esthetic materials.

15  
16           (C) At least ten (10) percent of the experiences shall use amalgam.

17  
18           (D) Students who complete the 20 restorations and meet all the instructional  
19 requirements of this Section may complete additional Class I, II, III or V  
20 restorations as deemed appropriate for program success.

21  
22 (n) With respect to polishing and contouring existing amalgam restorations:

23  
24           (1) Didactic instruction shall include principles, techniques, criteria and evaluation, and  
25 description and goals of amalgam polishing and contouring in children and adults.

26  
27           (2) Laboratory instruction shall include typodont experience on polishing and contouring  
28 of Class I, II, and V amalgam restorations in three prepared permanent teeth for each  
29 classification, and in two deciduous teeth for each classification.

30  
31           (3) Simulated clinical instruction shall include experience with typodonts mounted in  
32 simulated heads on a dental chair or in a simulation laboratory in the polishing and  
33 contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth  
34 for each classification, with one of each classification used for a clinical examination.

35  
36 (o) With respect to adjusting and cementing permanent indirect restorations:

37  
38           (1) Didactic instruction shall contain the following:

39           (A) Review of fixed prosthodontics related to classification and materials for  
40 permanent indirect  
41 restorations, general crown preparation for permanent indirect restorations, and  
42 laboratory fabrication of permanent indirect restorations.  
43  
44

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(B) Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation.

(C) Permanent indirect restoration placement, adjustment, and cementation, including principles, techniques, criteria, and evaluation.

(2) Laboratory instruction shall include:

(A) Interocclusal registrations using elastomeric and resin materials. Two experiences with each material are required.

(B) Fitting, adjustment, and cementation of permanent indirect restorations on one anterior and one posterior tooth for each of the following materials, with one of each type used for a practical examination: ceramic, ceramometal, and cast metallic.

(3) Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations, with one experience used for a clinical examination.

(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent indirect restorations on at least two teeth.

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

(q) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)", hereby incorporated by reference, within ninety (90) days of the effective date of these regulations.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753, Business and Professions Code.

~~**§ 1071.1. Requirements for Approval of RDAEF Educational Programs. [Repealed]**~~

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~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756, Business and Professions Code.~~

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~~**§ 1072. Approval of RDH Educational Programs.**~~

~~(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 contained in this article are designed to that end and govern the approval of educational~~

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1 programs for dental hygienists. Continuation of approval will be contingent upon compliance  
2 with these requirements.

3  
4 (b) An educational program for registered dental hygienists is one which has as its primary  
5 purpose providing college level programs leading to an associate or higher degree, which is  
6 either affiliated with or conducted by an approved dental school, or which is accredited to offer  
7 college level or college parallel programs by the American Dental Association Commission on  
8 Dental Accreditation or an equivalent body.

9  
10 (c) A new educational program for registered dental hygienists in California shall apply for  
11 approval prior to operation. The board may approve, provisionally approve, or deny approval to  
12 any such program. The board may, in lieu of conducting its own investigation, accept the  
13 findings of any commission or accreditation agency approved by the board and adopt those  
14 findings as its own.

15  
16 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1758,  
17 Business and Professions Code.

18  
19 **§ 1072.1. Requirements for RDH Educational Programs.**

20 An educational program for RDHs shall comply with the requirements set forth below in order  
21 to secure and maintain approval by the board.

22  
23 (a) Physical Plant. The physical plant and equipment shall be maintained and replaced in a  
24 manner designed to provide students with the most modern or educationally optimal  
25 environment.

26  
27 (b) Library. The library resources of an educational program for dental hygienists shall be broad  
28 enough to meet the teaching and research needs of the institution.

29  
30 (c) Admission.

31  
32 (1) The minimum basis for admission to an approved educational program for dental  
33 hygienists shall be the successful completion of an accredited high school course, or the  
34 recognized equivalent, which will permit entrance to an accredited college of liberal  
35 arts.

36  
37 (2) An accredited college of liberal arts shall mean an institution approved by the  
38 Association of American Universities or by one of the regional accrediting agencies.

39  
40 (3) The selection of students for admission to a hygiene educational program shall be  
41 based on estimates of their capacity for success in the study of dental hygiene as  
42 determined by evaluation of all available and significant information including  
43 information regarding background, knowledge, aptitude for and interest in the study



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1 ~~and practice of dental hygiene, and the range of subject matter and quality of their~~  
2 ~~scholastic record.~~

3  
4 ~~(d) Instruction.~~

5  
6 ~~(1) Instruction upon all levels in an educational program for dental hygienists shall be~~  
7 ~~conducted upon the premise that dental hygiene education shall meet the test of a true~~  
8 ~~university discipline and shall include lectures, laboratory experiments and exercises and~~  
9 ~~clinical practice under supervision.~~

10  
11 ~~(2) The term "university discipline" shall be interpreted as a level of instruction at least~~  
12 ~~equivalent to that level of instruction represented by college courses in the basic~~  
13 ~~sciences commonly offered in approved dental schools.~~

14  
15 ~~(e) Standards of Proficiency. Each school shall establish and maintain standards of proficiency~~  
16 ~~and accomplishment of a qualitative nature, emphasizing thoroughness of didactic and~~  
17 ~~laboratory requirements and precision in manual skills. Such standards shall be available to~~  
18 ~~each student, and shall be used to ascertain periodic progress or achievement in the~~  
19 ~~curriculum.~~

20  
21 ~~(f) Faculty. An educational program for dental hygienists shall employ an adequate staff of~~  
22 ~~competent full-time faculty members having general education, professional training and~~  
23 ~~teaching experience.~~

24  
25 ~~(g) Curriculum.~~

26  
27 ~~(1) The organization of the curriculum for dental hygienists shall be flexible, creating~~  
28 ~~opportunities for adjustments to and research of, advances in the practice of dentistry~~  
29 ~~and dental hygiene.~~

30  
31 ~~(2) The following factors should be considered in establishing and maintaining a~~  
32 ~~balanced curriculum in the sense that it shall not over-emphasize any level or area of~~  
33 ~~instruction:~~

34  
35 ~~(A) Respective contribution to the practice of dental hygiene;~~

36  
37 ~~(B) Effectiveness of instruction;~~

38  
39 ~~(C) Time necessary for student independent study.~~

40  
41 ~~(3) The general content of the curriculum shall include four subject areas: general~~  
42 ~~studies, biomedical sciences, dental sciences and clinical sciences and practice. It shall~~  
43 ~~also include didactic and laboratory instruction of those registered dental assistant~~  
44 ~~duties specifically delegable by a licensed dentist to a registered dental hygienist. (The~~

**Commented [NG41]:** CODA 2-1 Lays out specifics for admission criteria which are not included in the proposed rulemaking.

Per CODA "Admission of students must be based on specific published criteria, procedures and policies that include a high-school diploma or its equivalent, or post-secondary degree. Previous academic performance or other predictors of scholastic aptitude and ability must be utilized as criteria in selecting students with the potential to successfully complete the program. Applicants must be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability, scope of practice and employment opportunities for dental assistants."

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1 following guidelines are not to be interpreted as requiring specific courses in each, but  
2 rather as areas of instruction which shall be included in the curriculum.)  
3

4 **General Subject Matter**

5 Speech-English-Sociology-Psychology-Biomedical-Sciences

6 General and Microscopic Anatomy-Physiology-Microbiology-Pathology-Nutrition

7 Pharmacology (Basic sciences necessary as a foundation for the instruction of

8 Biomedical Sciences shall be included in, or be a prerequisite to, the curriculum of

9 approved RDH programs)-Dental-Sciences

10 Anesthesia-Dental and Medical Emergencies-Tooth-Morphology-Head, Neck and Oral

11 Anatomy-Oral-Pathology-Oral-Embryology and Histology-Dental-Materials-Clinical

12 Sciences and Practice

13 Periodontology-Clinical-Dental-Hygiene-Legal and Ethical Aspects of Dentistry-Oral

14 Health-Education-Community-Dental-Health

15  
16 (4) Content of the curriculum for approved dental hygiene educational programs shall  
17 specifically include instruction in:

18 (A) periodontal soft tissue curettage;

19  
20 (B) administration of local anesthetic agents, infiltration and conductive, limited  
21 to the oral cavity;

22  
23 (C) administration of nitrous oxide and oxygen when used as an analgesic,  
24 utilizing fail-safe type machines containing no other general anesthetic agents;  
25 provided, however, that a graduate of a nonresident program which meets all  
26 the requirements of Sections 1072 and 1072.1 except those contained in Section  
27 1072.1(g)(4), shall be deemed to have completed an approved program if such  
28 person has successfully completed a board-approved course of instruction in  
29 each of the functions described in Section 1072.1(g)(4) which were not taught to  
30 clinical proficiency in the nonresident dental hygiene program.  
31

32  
33 (h) Length of Program. A dental hygienist educational program shall be two academic years, not  
34 less than 1,600 clock hours, and lead to a certificate.  
35

36 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,  
37 1758 and 1759, Business and Professions Code.  
38

39 **§ 1074. Extramural Facility.**

40 (a) As used in this article "extramural dental facility" means any clinical facility employed by an  
41 approved dental hygiene educational program for instruction in dental hygiene which exists  
42 outside or beyond the walls, boundaries, or precincts of the primary campus of the approved  
43 program and in which dental hygiene services are rendered.  
44

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~~(b) An approved dental hygiene educational program shall register extramural dental facilities with the board. Such registration shall be accompanied by information supplied by the dental hygiene program pertaining to faculty supervision, scope of treatment to be rendered, name and location of the facility, date operation will commence, discipline of which such instruction is a part, and a brief description of the equipment and facilities available. The foregoing information shall be supplemented with a copy of the agreement between the approved dental hygiene program or parent university, and the affiliated institution establishing the contractual relationship. Any change in the information initially provided to the board shall be communicated to the board.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1758, Business and Professions Code.~~

~~**§ 1075. List of Approved Programs.**~~

~~The board's executive officer shall maintain on file a current listing of educational programs approved by the board for the giving of resident professional instruction for registered dental auxiliaries. The list of approved RDH educational programs may include those educational programs approved for such instruction by a commission or accreditation agency approved by the board.~~

~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, 1753 and 1758, Business and Professions Code.~~

**Commented [NG42]:** These code sections are unchanged, should they not appear in this document at all?

**Article 3. Application for Licensure**

**§ 1076. General Application Requirements.**

~~(a) Application for licensure as a registered dental auxiliary shall be made on a form prescribed by the board and shall be accompanied by the following:~~

~~(1) The fees fixed by the board;~~

~~(2) Two classifiable sets of fingerprints on forms provided by the board;~~

~~(3) Where applicable, a record of any previous dental assisting or hygiene practice and verification of license status in another jurisdiction.~~

~~(ba) Completed applications shall be filed with the board not later than the following number of days prior to the date set for the examination for which application is made;~~

RDH	-	45 days
RDA	-	60 days
RDAEF and RDHEF	-	45 days

~~An incomplete application shall be deemed deficient and the applicant shall be notified of outstanding application requirements needed to be fulfilled, returned to the applicant together~~

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1 ~~with a statement setting forth the reason for returning the application and indicating the~~  
2 ~~amount of money, if any, which will be refunded. Applications shall be deemed abandoned~~  
3 ~~pursuant to the provisions set forth in Section 1004.~~

4  
5 An application shall not be deemed incomplete for failure to establish compliance with  
6 educational requirements if the application is accompanied by a certification from an approved  
7 program, including a letter from the program director, that the applicant is expected to meet all  
8 educational requirements established for the license for which application has been made and  
9 if the approved program certifies not less than 30 days prior to examination that the applicant  
10 has in fact met such educational requirements.

11  
12 ~~The processing times for dental auxiliary licensure are set forth in Section 1069.~~

13 (c) Permission to take an examination shall be granted to those applicants who have paid the  
14 necessary fees and whose credentials have been approved by the executive officer. Nothing  
15 contained herein shall be construed to limit the board's authority to seek from an applicant  
16 such other information as may be deemed necessary to evaluate the applicant's qualifications.

17  
18 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,  
19 1753, ~~1754~~1752.1, ~~1758 and 1759~~, Business and Professions Code; ~~and Section 15376,~~  
20 ~~Government Code.~~

21  
22 **§ 1077. Application for Registered Dental Assistant (RDA) Licensure Applications.**

23 (a) An applicant for licensure as a registered dental assistant shall submit an "Application for  
24 Registered Dental Assistant (RDA) Examination and Licensure" RDA-1 (New [INSERT DATE]) and  
25 one of the following certification forms specifying the applicants qualification method: (1)  
26 "Certification of Board Approved Registered Dental Assisting Program Completion" RDA-2  
27 (Board Approved Education Only) (New [INSERT DATE]), (2) "Certification of Work Experience as  
28 a Dental Assistant" RDA-3 (Work Experience Only) (New [INSERT DATE]), or (3) "Certification of  
29 Non-Approved Dental Assisting Program Completion" RDA-4 (Mixed Education and Work  
30 Experience) (New [INSERT DATE]). These forms are hereby incorporated by reference.

31  
32 (1) All applications for registered dental assistant examination and licensure shall be  
33 accompanied by the following information:

34  
35 (A) The application and examination fees as set by Section 1022;

36  
37 (B) Satisfactory evidence that the applicant has met all applicable requirements  
38 of Section 1752.1 of the Code;

39  
40 (C) Two classifiable sets of fingerprints or a completed Live Scan form to  
41 establish the identity of the applicant and to permit the Board to conduct a  
42 criminal history record check. The applicant shall pay any costs for furnishing the  
43 fingerprints and conducting the criminal history record check;  
44

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1 (D) Where applicable, a record of any previous dental assisting, orthodontic  
2 assisting, dental sedation assisting, dental hygiene, dentistry or any other health  
3 care profession practice and certification of license status in each state or  
4 jurisdiction in which licensure has been obtained;

5  
6 (E) Applicant's name, social security number, federal employer identification  
7 number (FEIN), or individual taxpayer identification number (ITIN), mailing  
8 address, electronic mail address, and telephone number(s);

9  
10 (F) Evidence of having successfully completed board-approved courses in  
11 radiation safety and coronal polishing. One of the following documents is  
12 required for each course:

- 13  
14 (1) An original or copy of the course certificate issued by a board  
15 approved program or stand-alone course provider.  
16 (2) A letter on program or course letterhead, signed by the program  
17 director, certifying completion of the course and the completion date.

18  
19 (G) Evidence of having successfully completed the following:

20  
21 (1) A 2-hour board approved course in the Dental Practice Act. One of the  
22 following documents is required:

23  
24 (i) An original or copy of the course certificate issued by a board  
25 approved provider, dated within the five years immediately  
26 preceding the date the application was received by the Board; or,

27  
28 (ii) A letter on school or program letterhead, signed by the  
29 program director, certifying completion of the course and the  
30 completion date dated within the five years immediately  
31 preceding the date the application was received by the Board.

32  
33 (2) An 8-hour board approved course in Infection Control. One of the  
34 following documents is required:

35  
36 (i) An original or copy of the course certificate issued by a board  
37 approved provider, dated within the five years immediately  
38 preceding the date the application was received by the Board; or,

39  
40 (ii) A letter on school or program letterhead, signed by the  
41 program director, certifying completion of the course and the  
42 completion date, dated within the five years immediately  
43 preceding the date the application was received by the Board.  
44

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(3) A course in basic life support (BLS) offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent. The following documentation is required:

(i) A copy of the BLS certification card, to include any required signatures. The BLS card shall be valid and current.

(H) ~~S~~ Evidence of successful completion of the RDA General and Law and Ethics Written Examination in the form of an original or copy of the certificate of successful completion issued by the examination provider, dated within the five years immediately preceding the date the application was received by the Board

(2) In addition to the requirements set forth in subdivision (a), an application for licensure as a registered dental assistant shall be accompanied by one of the following:

(a) If qualifying for registered dental assistant licensure by graduation from an educational program in registered dental assisting approved by the board, the applicant shall provide one of the following:

(1) An original "Certification of Board Approved Registered Dental Assisting Program Completion" RDA-2 (Board Approved Education Only) (New [INSERT DATE]); or

(2) A copy of the Dental Assisting diploma or certificate issued by an educational program in registered dental assisting approved by the board; or,

(3) A letter on school or program letterhead, signed by the program director, certifying completion of an educational program in registered dental assisting approved by the board. The letter shall include the student's full name, dates of attendance, and the actual date of graduation.

(b) If qualifying for registered dental assistant licensure by completion of work experience the applicant shall provide an original "Certification of Work Experience as a Dental Assistant" RDA-3 (New [INSERT DATE]). The form shall show evidence of completion of satisfactory work experience of at least 15 months (1280 hours) as a dental assistant in California or another state or U.S. territory. The form shall be signed/certified by a licensed dentist in California or another state or U.S. territory. The certifying dentist is required to have been licensed during the time certified on the form.

(c) If qualifying for registered dental assistant licensure by graduation from a dental assisting program in a postsecondary institution approved by the

**Commented [NG43]:** Dr. Whitcher Commented:

Existing regs require a diploma or certificate, not completion of the board exam. Adding a requirement for exam completion would delay application submission. It can take weeks to months for graduates to be approved to sit for the exam. I'd suggest staff consider exam completion prior to issuing the license see CR 1083, but accept applications with a diploma or certificate."

**Commented [NG44R43]:** B&P Code Sec 1752.1 was updated in 2017 and now requires this and the 5 year cutoff described in the language drafted by staff.

**Commented [NG45]:** Action requested by DAC (7/27/19): Staff to research if this requires submission of written exams as well.

**Staff response:**

Added "evidence of" to clarify, language for the new requirement that this be completed within 5 years. Requiring "evidence of" tracks with the language throughout the rest of the document, and the enabling statute (BPC 1752.1).

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Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board and work experience the applicant shall provide an original "Certification of Non-Approved Dental Assisting Program Completion" and "Certification of Work Experience as a Dental Assistant" RDA-4 (New [INSERT DATE]).

(a) In addition to the requirements set forth in Section 1076, an application for licensure as a registered dental assistant shall be accompanied by the following:

(1) satisfactory evidence that the applicant has been granted a diploma or certificate in dental assisting from an educational program approved by the board; or

(2) satisfactory evidence that the applicant has met the required 18 months satisfactory work experience as a dental assistant. "Satisfactory work experience" means performance of the duties specified in Section 1085(b) and/or (c) in a competent manner, as determined by the dentist employer. An applicant shall obtain work experience verification forms from the board and supply such forms to those persons in whose employ the applicant obtained the required work experience. The completed form shall be returned to the board by such person.

(A) The 18 months of experience, which shall be gained in California while employed by a California licensed dentist(s), shall be considered qualifying only if the experience was comprised of performing duties specified in Section 1085(b) and/or (c) during a majority of the experience hours;

(B) The 18 months shall be calculated as follows:

1. experience gained while working 20 or more hours per week shall be credited on a weekly basis, with 78 weeks considered equivalent to 18 months;

2. experience gained while working less than 20 hours per week shall be credited on an hourly basis, with 1,560 hours considered equivalent to 18 months.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614, ~~1753~~ and ~~1754~~1752.1, Business and Professions Code.

**§ 1077.1. Application for Registered Dental Assistant in Extended Functions (RDAEF) Licensure Applications.**

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1 (a) An applicant for licensure as a registered dental assistant in extended functions shall submit  
2 an “Application for Registered Dental Assistant in Extended Functions (RDAEF) Examination and  
3 Licensure” (New [INSERT DATE]).

4  
5 (1) All applications for registered dental assistant in extended functions examination and  
6 licensure shall be accompanied by the following information:

7  
8 (A) The application and examination fees as set by Section 1022;

9  
10 (B) Satisfactory evidence that the applicant has met all applicable requirements  
11 of Section 1753 of the Code;

12  
13 (C) Two classifiable sets of fingerprints or a completed Live Scan form to  
14 establish the identity of the applicant and to permit the Board to conduct a  
15 criminal history record check. The applicant shall pay any costs for furnishing the  
16 fingerprints and conducting the criminal history record check;

17  
18 (D) Where applicable, a record of any previous dental assisting, orthodontic  
19 assisting, dental sedation assisting, dental hygiene, dentistry or any other health  
20 care profession practice and certification of license status in each state or  
21 jurisdiction in which licensure has been obtained;

22  
23 (E) Applicant’s name, social security number, federal employer identification  
24 number (FEIN), or individual taxpayer identification number (ITIN), mailing  
25 address, electronic mail address, and telephone number(s);

26  
27 (F) Evidence of current licensure as a registered dental assistant or completion of  
28 the requirements for licensure as a registered dental assistant.

29  
30 (G) Evidence of successful completion of either of the following:

31  
32 (1) An extended functions postsecondary, or equivalent thereto, program  
33 approved by the board in all of the procedures specified in Section  
34 1753.5.

35  
36 (2) An extended functions postsecondary, or equivalent thereto,  
37 program approved by the board to teach the duties that registered dental  
38 assistants in extended functions were allowed to perform pursuant to  
39 board regulations prior to January 1, 2010, and a course approved by the  
40 board in the procedures specified un paragraphs (1), (2), (5), and (7) to  
41 (11), inclusive , of subdivision (b) of 1753.5.

42  
43 (i) To demonstrate successful completion of an RDAEF program,  
44 applicants shall provide one of the following:



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(1) RDAEF application containing original certification of Board Approved Registered Dental Assisting in Extended Functions Program Completion, signed by the program director, with the school or program seal affixed, or

(2) A copy of the diploma or certificate issued by an educational program in RDAEF approved by the board.

(3) A letter on school or program letterhead, signed by the program director, certifying completion of an educational program in RDAEF approved by the board. The letter shall include the student's full name, dates of attendance, and the actual date of graduation.

(H) Evidence of having successfully completed board-approved courses in pit and fissure sealants. One of the following documents is required:

(1) An original or copy of the course certificate issued by a board approved program or course provider.

(2) A letter on school/program letterhead, signed by the program director, certifying completion of the course and the completion date.

(I) Successful completion of the RDAEF Written Examination.

(J) Successful completion of the RDAEF clinical and practical examination.

~~In addition to the requirements, including the processing times, set forth in Section 1076, an application for licensure as an RDAEF shall be accompanied by satisfactory evidence that the applicant has successfully completed an approved RDAEF program.~~

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and ~~1758~~1753, Business and Professions Code.

**§ 1077.2. Application for Orthodontic Assistant (OA) Permit.**

(a) An applicant for an orthodontic assistant permit shall submit an "Application for Orthodontic Assistant Examination and Permit" (New [INSERT DATE]).

(1) All applications for the orthodontic permit examination and licensure shall be accompanied by the following information:

(A) The application and examination fees as set by Section 1022;

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1  
2 (B) Satisfactory evidence that the applicant has met all applicable requirements  
3 of Section 1750.2 of the Code;

4  
5 (C) Two classifiable sets of fingerprints or a completed Live Scan form to  
6 establish the identity of the applicant and to permit the Board to conduct a  
7 criminal history record check. The applicant shall pay any costs for furnishing the  
8 fingerprints and conducting the criminal history record check;

9  
10 (D) Where applicable, a record of any previous dental assisting, orthodontic  
11 assisting, dental sedation assisting, dental hygiene, dentistry or any other health  
12 care profession practice and certification of license status in each state or  
13 jurisdiction in which licensure has been obtained;

14  
15 (E) Applicant's name, social security number, federal employer identification  
16 number (FEIN), or individual taxpayer identification number (ITIN), mailing  
17 address, electronic mail address, and telephone number(s);

18  
19 (F) Evidence of having successfully completed a board-approved orthodontic  
20 assistant course, which can commence after the completion of six months of  
21 work experience. One of the following shall be provided:

22  
23 (1) OA application containing original certificate of completion of a  
24 board-approved orthodontic assistant permit course, signed by the  
25 program director, with the school or program seal affixed; or,

26  
27 (2) A copy of a diploma or certificate of completion issued by a board-  
28 approved orthodontic assistant permit course; or,

29  
30 (3) A letter on school or program letterhead, signed by the program  
31 director, certifying completion of a board-approved orthodontic assistant  
32 permit course. The letter shall include the student's full name, dates of  
33 attendance, and the actual date of graduation.

34  
35 (G) Evidence of either:

36  
37 (1) current, active, and valid licensure as a registered dental assistant, or

38  
39 (2) at least 12 months of verifiable work experience as a dental assistant.  
40 The "Declaration of Certifying Dentist" section of the application shall be  
41 completed and signed by a licensed dentist in California or another state  
42 or U.S. territory. The certifying dentist is required to have been licensed  
43 during the time certified on the form.

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1 (I) Evidence of having successfully completed board-approved course in  
2 ultrasonic scaling. One of the following documents is required for each course:

3  
4 (1) An original or copy of the course certificate issued by a board  
5 approved program or stand-alone course provider.

6  
7 (2) A letter on program or course letterhead, signed by the program  
8 director, certifying completion of the course and the completion date.

9  
10 (J) Evidence of having successfully completed the following:

11  
12 (1) A 2-hour board approved course in the Dental Practice Act. One of the  
13 following documents is required:

14  
15 (i) An original or copy of the course certificate issued by a board  
16 approved provider, dated within the five years immediately  
17 preceding the date the application was received by the Board; or,

18  
19 (ii) A letter on school or program letterhead, signed by the  
20 program director, certifying completion of the course and the  
21 completion date dated within the five years immediately  
22 preceding the date the application was received by the Board.

23  
24 (2) An 8-hour board approved course in Infection Control. One of the  
25 following documents is required:

26  
27 (i) An original or copy of the course certificate issued by a board  
28 approved provider, dated within the five years immediately  
29 preceding the date the application was received by the Board; or,

30  
31 (ii) A letter on school or program letterhead, signed by the  
32 program director, certifying completion of the course and the  
33 completion date, dated within the five years immediately  
34 preceding the date the application was received by the Board.

35  
36 (3) A course in basic life support (BLS) for healthcare professionals to  
37 include use of AED as required by Title 160, Division 10, Chapter 1, Article  
38 4, Section 1016 (b)(1)(C) of the California Code of Regulations.  
39 Recertification intervals may not exceed two (2) years. ~~offered by an~~  
40 ~~instructor approved by the American Red Cross or the American Heart~~  
41 ~~Association, or any other course approved by the board as equivalent.~~  
42 The following documentation is required:

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(i) A copy of the BLS certification card, to include any required signatures. The BLS card shall be valid and current.

(K) Successful completion of the OA Written Examination.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1750.2, Business and Professions Code.

**§ 1077.3. Application for Dental Sedation Assistant (DSA) Permit.**

a) An applicant for a dental sedation assistant permit shall submit an "Application for Dental Sedation Assistant Examination and Permit" (New [INSERT DATE]).

(1) All applications for the dental sedation permit 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 1750.4 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 a board-approved dental sedation assistant permit course, which can commence after the completion of six months of work experience. One of the following shall be provided:

(1) DSA application containing original certification of board approved dental sedation assistant permit course, signed by the program director, with the school or program seal affixed, or

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(2) A copy of the diploma or certificate of completion issued by the board-approved dental sedation assistant permit course; or

(3) A letter on school or program letterhead, signed by the program director, certifying completion of the board-approved dental sedation assistant permit course. The letter shall include the student's full name, dates of attendance, and the actual date of graduation.

(G) Evidence of

(1) current, active, and valid licensure as a registered dental assistant, or

(2) at least 12 months of verifiable work experience as a dental assistant. The "Declaration of Certifying Dentist" section of the application shall be completed and signed by a licensed dentist in California or another state or U.S. territory. The certifying dentist is required to have been licensed during the time certified on the form.

(I) 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 completion date dated within the five years immediately preceding the date the application was received by the Board.

(2) An 8-hour board approved course in Infection Control. 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 completion date, dated within the five years immediately preceding the date the application was received by the Board.

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(3) A course in basic life support (BLS) for healthcare professionals to include use of AED as required by Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the California Code of Regulations. Recertification intervals may not exceed two (2) years. ~~offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.~~  
The following documentation is required:

(i) A copy of the BLS certification card, to include any required signatures. The BLS card shall be valid and current.

(k) Successful completion of the DSA Written Examination.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1750.4, Business and Professions Code.

**Article 4. Examinations**

**§ 1080. General Procedures for Dental Auxiliary Written, Clinical, and Practical Examinations.**

The following rules, which are in addition to any other examination rules set forth elsewhere in this chapter, are adopted for the uniform conduct of all dental auxiliary written and practical examinations.

(a) The ability of an examinee to read and interpret instructions and examination material in the English language is a part of the examination.

(b) No person shall be admitted to an examination room, clinic, or laboratory unless he or she is wearing the appropriate badge and is directly connected with the examination or it's administration.

(c) Each examinee shall furnish patients, instruments, supplies, engines and materials necessary to carry the procedures to completion. The board will provide chairs.

(d) A patient provided by an examinee shall be at least 18 years of age and shall be in a health condition acceptable for dental treatment. If conditions indicate a need to consult the patient's physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur, rheumatic fever, heart condition, prosthesis), the examinee shall obtain the necessary written medical clearance and/or evidence of premedication before the patient will be accepted. Premedication shall be confirmed by presenting the prescription container.

(1) The following condition(s) require either a physician's written clearance or premedication:

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1           (A) Prosthetic joint replacement

2  
3           (2) Pre-medication is REQUIRED for the following high-risk conditions to prevent  
4 endocarditis:

5  
6           (A) Prosthetic cardiac valve

7  
8           (B) Previous Infective Endocarditis

9  
10          (C) Congenital heart disease (CHD)\*

11  
12          (D) Unrepaired cyanotic CHD, including palliative shunts and conducts

13  
14          (E) Completely repaired congenital heart defect with prosthetic material or  
15 device, whether placed by surgery or catheter intervention, during the first six  
16 (6) months after the procedure

17  
18          (F) Repaired CHD with residual defects at the site or adjacent to the site of a  
19 prosthetic patch or prosthetic device (which inhibit endothelialization)

20  
21          (G) Cardiac transplantation recipients who develop cardiac valvulopathy

22  
23          (3) The following conditions require physician clearance for dental treatment:

24  
25               (A) Tuberculosis. Patient shall have been on antibiotics for a minimum of four (4)  
26 weeks.

27  
28               (B) Patient Blood Pressure. The employer/dentists shall certify that the patient's  
29 blood pressure is taken prior to the request for initial acceptance of the patient  
30 and recorded on the medical history form. Candidates are required to provide  
31 their own blood pressure kits. Patients with a blood pressure reading:

32  
33                       (1) Of 159/94 or below may proceed with the administration of  
34 anesthesia and request for approval for the cord retraction portion of the  
35 examination.

36  
37                       (2) between 160/95 and 179/109 shall present a physician's clearance  
38 that includes a statement of the highest blood pressure acceptable for  
39 dental treatment.

40  
41                       (3) equal to or greater than 180/110 will not be accepted for this  
42 examination, even if a physician authorizes treatment.

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1  
2 (C) AIDS or HIV. Clearance shall state that dental treatment is not  
3 contraindicated.

4  
5 (D) Patients who are currently receiving radiation treatment or chemotherapy.

6  
7 (E) Sickle Cell Anemia.

8  
9 (F) Organ transplant.

10  
11 (G) Steroid use for more than two (2) weeks.

12  
13 (H) Pregnancy. Clearance shall include approved use of topical anesthetic, local  
14 anesthesia treatment and radiographic procedures.

15  
16 (4) Hazardous/Unsuitable Conditions: A patient with a condition hazardous to anyone  
17 directly connected with the examination, or who is deemed unsuitable to sit, or has a  
18 condition that interferes with evaluation for the examination may be rejected at the  
19 discretion of at least two examiners. Whenever a patient is rejected, the reason for such  
20 rejection shall be noted on the examination record and shall be signed by both rejecting  
21 examiners.

22  
23 (A) The following health conditions are NOT acceptable:

24  
25 (1) Patients with a history of Hepatitis B, C or D, unless non-carrier  
26 medical clearance is provided.

27  
28 (2) Patients who have had a heart attack, stroke or cardiac surgery within  
29 the past six (6) months.

30  
31 (3) High blood pressure equal to or greater than 180/110 (see patient  
32 blood pressure guidelines previously stated).

33 (4) Herpetic lesions in any visible stage or other transmissible disease.

34  
35 (5) Acute abscesses, necrotizing ulcerative gingivitis (NUG), severely  
36 inflamed gingivae (purulent, hemorrhagic, retractable) in the area to be  
37 treated.



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(6) Necrotizing ulcerative gingivitis (NUG/ANUG) anywhere in the mouth.

(7) Conditions requiring special patient management without appropriate physician approval may be deemed inappropriate by the Board Examiner.

(ee) An examinee may be dismissed from the entire examination, and a statement of issues may 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:

(1) Allowing another person to take the examination in the place of, and under the identity of, the examinee.

(2) Copying or otherwise obtaining examination answers from other persons during the course of an examination.

(3) Bringing any notes, books, pictures, tape recorders, electronic devices, any informative materials, or other unauthorized materials into the examination area.

(4) Assisting another examinee during the examination process.

(5) Using the equipment, instruments, or materials belonging to another examinee.

(6) Copying, photographing or in any way reproducing or recording examination questions or answers.

~~(7) Bringing a previously prepared procedure or any portion thereof into a laboratory examination.~~

(7) Presenting radiographs which have been altered or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the examinee.

(8) Failing to comply with the board's infection control regulations.

(9) Failing to use an aspirating syringe for administering local anesthesia.

(10) Premedicating a patient for purposes of sedation.

(11) Dismissing a patient without the approval and signature of an examiner.

~~(12)~~ Leaving the assigned examination area without the permission of an exam administrator.

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1 (13) Bringing a previously prepared procedure or any portion thereof into an ~~laboratory~~  
2 examination.

4 (914) Failing to follow directions relative to the conduct of the examination, including  
5 termination of the examination at the scheduled or announced time.

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7 (f) An examinee may be declared by the board to have failed the entire examination for  
8 demonstration of gross incompetence in treating a patient.

10 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753,  
11 ~~1756, 1758 and 1761~~, Business and Professions Code.

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13 ~~**§ 1080.1. General Procedures for Dental Auxiliary Clinical Examinations.**~~

14 ~~The following rules, which are in addition to any other examination rules set forth elsewhere in~~  
15 ~~this chapter, are adopted for the uniform conduct of all dental auxiliary clinical examinations.~~

17 ~~(a) Each examinee shall furnish patients, instruments, engines and materials necessary to carry~~  
18 ~~the procedures to completion. The board will provide chairs.~~

20 ~~(b) A patient provided by an examinee shall be at least 18 years of age and shall be in a health~~  
21 ~~condition acceptable for dental treatment. If conditions indicate a need to consult the patient's~~  
22 ~~physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur,~~  
23 ~~rheumatic fever, heart condition, prosthesis), the examinee shall obtain the necessary written~~  
24 ~~medical clearance and/or evidence of premedication before the patient will be accepted. The~~  
25 ~~examiners may, in their discretion, reject a patient who in the opinion of at least two examiners~~  
26 ~~has a condition which interferes with evaluation or which may be hazardous to the patient,~~  
27 ~~other patients, examinees or examiners. A hazardous condition includes, but is not limited to,~~  
28 ~~acute symptomatic hepatitis, active herpetic lesions, acute periodontal or periapical abscesses,~~  
29 ~~or necrotizing ulcerative gingivitis. Whenever a patient is rejected, the reason for such rejection~~  
30 ~~shall be noted on the examination record and shall be signed by both rejecting examiners.~~

32 ~~(c) No person shall be admitted to an examination clinic unless he or she is wearing the~~  
33 ~~appropriate identification badge.~~

35 ~~(d) An examinee may be dismissed from the entire examination, and a statement of issues may~~  
36 ~~be filed against the examinee, for acts which interfere with the Board's objective of evaluating~~  
37 ~~professional competence. Such acts include, but are not limited to the following:~~

39 ~~(1) Allowing another person to take the examination in the place of, and under the~~  
40 ~~identity of, the examinee.~~

42 ~~(2) Bringing any notes, books, pictures, tape recorders, or other unauthorized materials~~  
43 ~~into the examination area.~~

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- 1 ~~(3) Assisting another examinee during the examination process.~~  
2  
3 ~~(4) Using the equipment, instruments, or materials belonging to another examinee.~~  
4  
5 ~~(5) Presenting radiographs which have been altered, or contrived to represent other~~  
6 ~~than the patient's true condition, whether or not the misleading radiograph was created~~  
7 ~~by the examinee.~~  
8  
9 ~~(6) Failing to comply with the board's infection control regulations.~~  
10  
11 ~~(7) Failing to use an aspirating syringe for administering local anesthesia.~~  
12  
13 ~~(8) Premedicating a patient for purposes of sedation.~~  
14  
15 ~~(9) Dismissing a patient without the approval and signature of an examiner.~~  
16  
17 ~~(10) Leaving the assigned examination area without the permission of an exam~~  
18 ~~administrator.~~  
19  
20 ~~(11) Failing to follow directions relative to the conduct of the examination, including~~  
21 ~~termination of the examination at the scheduled or announced time.~~  
22

23 ~~(e) An examinee may be declared by the board to have failed the entire examination for~~  
24 ~~demonstration of gross incompetence in treating a patient.~~

25  
26 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753,~~  
27 ~~1756, 1758 and 1761, Business and Professions Code.~~

28  
29 **~~§ 1080.2~~ 1080.1. Conduct of Dental Auxiliary Examinations.**  
30

31 Examinations shall be anonymous. An anonymous examination is one conducted in accordance  
32 with procedures, including but not limited to those set forth below, which ensure and preserve  
33 anonymity of applicants.

34  
35 (a) The board shall randomly assign each applicant a number and said applicant shall be known  
36 by that number throughout the entire examination.

37  
38 (b) Grading examiners shall not view examinees during the performance of the examination  
39 assignments.

40  
41 (c) There shall be no communications between grading examiners and floor examiners except  
42 for oral communications conducted in the presence of board staff. There shall be no  
43 communication between grading examiners and examinees except written communications on  
44 board approved forms.

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Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753, ~~1756, 1758 and 1761~~, Business and Professions Code.

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**~~§ 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 request, of those areas in which he/she is deficient in the practical or clinical phases of such examination.

(b) An unsuccessful examinee who has been informed of the areas of deficiency in his/her 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 and grading may appeal to the board within sixty (60) days following receipt of his/her examination results:

(1) Significant procedural error in the examination process;

(2) Evidence of adverse discrimination;

(3) Evidence of substantial disadvantage to the examinee. Such appeal shall be made by means of a written letter specifying the grounds upon which the appeal is based. The 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.

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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 Professions Code.

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**§ 1081. RDA Examination.**

An applicant for licensure as an RDA shall complete a written, task-oriented examination encompassing all duties assignable to RDAs and the settings in which they may be performed. Such examination may also include any or all of the following subjects:

Nutrition and preventive dentistry; materials; oral anatomy and physiology; oral pathology; pharmacology; morphology; microbiology; dental assisting procedures in general and special dentistry; principles of business and practice management; legal/ethical aspects of dentistry; patient-dental personnel psychology; four-handed chairside dental assisting; X-ray; sterilization; laboratory and office emergency procedures.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and ~~1753~~ 1752.1, Business and Professions Code.

**~~§ 1081.1. RDA Practical Examination Requirements.~~**

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(a) In addition to the written examination, each applicant for licensure as an RDA shall also take a practical examination consisting of any or all of the procedures listed below. The specific procedures will be assigned by an RDA examination committee appointed by the board. The procedures shall be performed on a full articulated maxillary and mandibular typodont secured with a bench clamp and shall be graded by examiners appointed by the board for that purpose. Each applicant shall furnish the required materials necessary to complete all of the following procedures:

(1) Placement of a rubber dam;

(2) Placement of a matrix band for amalgam preparation;

(3) Placement of a base into a prepared tooth (For purposes of the examination, "prepared tooth" means a tooth from which material has been removed so as to simulate the surgical excision of dental caries);

(4) Placement of a liner into a prepared tooth;

(5) Placement of orthodontic separators;

(6) Placement of a periodontal dressing;

(7) Placement of a temporary sedative dressing into a prepared tooth.

(8) Sizing and placement, or intra-oral fabrication, of a temporary crown.

(9) Temporary cementation of a temporary crown.

(10) Removal of excess cement from supragingival surfaces with a hand instrument or floss.

Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614 and 1753, Business and Professions Code.

**§ 1081.2. RDAEF Clinical Examination Requirements.**

(a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a patient consisting of the procedures set forth below.

(1) Cord retraction of gingivae for impression procedures;

(2) Taking impressions for cast restorations.

The total examination period shall not exceed two and one-half hours after the first request for approval to begin the cord retraction procedure.

(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

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1 applicant's responsibility to provide another patient who is acceptable. Time spent to secure an  
2 acceptable replacement patient shall count as part of the two and one-half (2 1/2) hour  
3 maximum testing period. The applicant's ability to select an appropriate patient is considered  
4 part of the examination. An acceptable patient shall meet the criteria set forth in Section 1080  
5 and the following additional criteria:

6 (1) ~~Must~~ Shall have a minimum of ten teeth per arch.

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7  
8 ~~(2) Must have a prepared tooth, which is a bicuspid or molar and which, prior to~~  
9 ~~preparation, had mesial and distal contact. The preparation performed shall have~~  
10 ~~margins at or below the free gingival crest and shall be one of the following: 7/8 crown,~~  
11 ~~3/4 crown, or full crown, including porcelain fused to metal. Alginate impression~~  
12 ~~materials alone are not acceptable.~~

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13  
14 (2) Tooth preparation shall be on a bicuspid or molar and shall have mesial and distal  
15 teeth present next to the prepared tooth which would normally be in contact with the  
16 completed crown.

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17  
18 (3) The prepared tooth shall have margins at or below the free gingival crest.

19  
20 (4) The tooth shall be prepared using one of the following preps: 7/8 crown, 3/4 crown  
21 or full crown, including porcelain fused to metal. Alginate impression materials alone  
22 are not acceptable. Tooth shall have been prepared and temporized prior to the arrival  
23 at the examination site.

24  
25 (5) The prepared tooth shall be free from clinical or radiographic pathology, including  
26 the presence of decay, or pulpal exposures.

27  
28 (c) These procedures shall be graded by examiners appointed by the Board. These procedures  
29 may be tested, at the Board's discretion, in a Board-approved dental office or other facilities, by  
30 examiners appointed by the Board.

31  
32 Note: Authority cited: Section 1614, Business and Professions Code. ~~Reference: Section 1756,~~  
33 ~~Business and Professions Code.~~

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34  
35 **§ 1081.3. RDAEF Practical Examination Requirements.**

36 (a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a  
37 simulated patient head mounted in appropriate position and accommodating an articulated  
38 adult or pediatric typodont in an enclosed environment or mounted on a dental chair in a  
39 dental operatory consisting of the procedures set forth below.

40  
41 (1) Place, condense and finish a composite restoration

42  
43 (2) Place, condense and carve an amalgam restoration

**WORKING DOCUMENT:  
DRAFT PROPOSED REGULATORY LANGUAGE**

1  
2 The total examination period shall not exceed ninety (90) minutes after receiving approval to  
3 begin.

4  
5 (b) Each applicant shall provide an articulated typodont which has 32 synthetic teeth and soft  
6 rubber gingivae. The typodont shall be articulated. Each applicant shall arrive to the  
7 examination with the typodont stabilized and balanced in occlusion, with enclosed cheeks and  
8 able to mount within the simulator or chair mounted manikin used at the test facility. The  
9 midline of the typodont shall remain lined up with the midline of the manikin during the  
10 examination. The manikin shall be mounted in a simulated patient head, in correct position,  
11 and kept in a correct operating position while the examination procedures are performed.

12  
13 (c) All typodonts shall be stabilized and balanced in occlusion and mounted in the manikin prior  
14 to starting the assigned preparations. The floor examiner shall approve the typodont and the  
15 mounted position before starting the assigned preparations.

16  
17 (d) The possession of extra typodonts, extra loose teeth or templates of preparations in the  
18 examination area is not permitted and is cause for dismissal.  
19 At no time during the examination may the head and the cheeks be separated. This is not  
20 permitted and is cause for dismissal.

21  
22 (e) The candidate is required to furnish their own specified typodont, mounting equipment,  
23 instruments, including hand pieces, amalgamators, and supplies necessary to complete the  
24 assignments in the examination.

25  
26  
27 **§ 1083. Passing Grades.**

28  
29 ~~(a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist~~  
30 ~~who attains a grade of 75% in the practical examination designated by the Board shall be~~  
31 ~~considered as having passed the examination.~~

32  
33 ~~(b) Registered Dental Assistant. An applicant for licensure as a registered dental assistant shall~~  
34 ~~be deemed to have passed the required examination only if the applicant has obtained a score~~  
35 ~~of at least 75 on the written examination and at least 75% on the practical examination;~~  
36 ~~provided, however, that an applicant who attains a grade of less than 75% in any single~~  
37 ~~procedure shall be considered to have failed the entire practical examination.~~

38  
39 (a) Registered Dental Assistant (RDA). Prior to issuance of a RDA license, an applicant shall  
40 successfully achieve a passing score on the RDA General and Law and Ethics Written  
41 examination.

**WORKING DOCUMENT:  
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(c) Registered Dental Assistant in Extended Functions. Each applicant for licensure as an RDAEF~~  
2 ~~who attains a grade of at least 75% on each procedure in the examination shall be deemed to~~  
3 ~~have passed the required examination.~~

4  
5 (b) Registered Dental Assistant in Extended Functions (RDAEF). Prior to issuance of a RDAEF  
6 license, an applicant shall successfully achieve a passing score on the RDAEF Written  
7 examination, achieve a passing score on both procedures of the Clinical examination as outlined  
8 in Section 1081.2, and achieve a passing score on both procedures of the Practical examination  
9 as outlined in Section 1081.3.

10  
11 ~~(d) Registered Dental Hygienist in Extended Functions. Each applicant for licensure as an RDHEF~~  
12 ~~who attains a grade of at least 75% on each procedure in the examination shall be deemed to~~  
13 ~~have passed the required examination. A registered dental hygienist who has passed the RDAEF~~  
14 ~~examination prior to December 31, 1991 shall be eligible for licensure as an RDHEF without~~  
15 ~~further examination.~~

16  
17 (c) Orthodontic Assistant (OA). Prior to issuance of an OA license, an applicant shall successfully  
18 achieve a passing score on the OA Written examination.

19  
20 (d) Dental Sedation Assistant (DSA). Prior to issuance of an DSA license, an applicant shall  
21 successfully achieve a passing score on the DSA Written examination.

22  
23 ~~Note: Authority cited: Sections 1614 and 1762, Business and Professions Code. Reference:~~  
24 ~~Sections 1611, 1614, 1634, 1753, 1758 and 1759, Business and Professions Code.~~

25  
26 Note: Authority cited: Sections 1614 Business and Professions Code. Reference: Sections 1611,  
27 1614, 1634, 1750.2, 1750.4, 1752.1, 1753, and 1753.4, Business and Professions Code.

28  
29  
30 **§ 1085. Dental Assistant Duties and Settings.**

31 (a) Unless specifically so provided by regulation, a dental assistant may not perform the  
32 following functions or any other activity which represents the practice of dentistry or requires  
33 the knowledge, skill and training of a licensed dentist:

- 34  
35 (1) Diagnosis and treatment planning;  
36  
37 (2) Surgical or cutting procedures on hard or soft tissue;  
38  
39 (3) Fitting and adjusting of correctional and prosthodontic appliances;  
40  
41 (4) Prescription of medicines;  
42  
43 (5) Placement, condensation, carving or removal of permanent restorations, including  
44 final cementation procedures;



**WORKING DOCUMENT:  
DRAFT PROPOSED REGULATORY LANGUAGE**

1  
2 (6) Irrigation and medication of canals, try-in cones, reaming, filing or filling of root  
3 canals;

4  
5 (7) Taking of impressions for prosthodontic appliances, bridges or any other structures  
6 which may be worn in the mouth;

7  
8 (8) Administration of injectable and/or general anesthesia;

9  
10 (9) Oral prophylaxis procedures.

11  
12 ~~(b) A dental assistant may perform such basic supportive dental procedures as the following~~  
13 ~~under the general supervision of a licensed dentist:~~

14  
15 ~~(1) Extra-oral duties or functions specified by the supervising dentist;~~

16  
17 ~~(2) Operation of dental radiographic equipment for the purpose of oral radiography if~~  
18 ~~the dental assistant has complied with the requirements of section 1656 of the Code.~~

19  
20 ~~(3) Examine orthodontic appliances.~~

21  
22 ~~(c) A dental assistant may perform such basic supportive dental procedures as the following~~  
23 ~~under the direct supervision of a licensed dentist when done so pursuant to the order, control~~  
24 ~~and full professional responsibility of the supervising dentist. Such procedures shall be checked~~  
25 ~~and approved by the supervising dentist prior to dismissal of the patient from the office of said~~  
26 ~~dentist.~~

27  
28 ~~(1) Take impressions for diagnostic and opposing models, bleaching trays, temporary~~  
29 ~~crowns and bridges, and sports guards;~~

30  
31 ~~(2) Apply non-aerosol and non-caustic topical agents;~~

32  
33 ~~(3) Remove post-extraction and periodontal dressings;~~

34  
35 ~~(4) Placement of elastic orthodontic separators;~~

36  
37 ~~(5) Remove orthodontic separators;~~

38  
39 ~~(6) Assist in the administration of nitrous oxide analgesia or sedation; however, a dental~~  
40 ~~assistant shall not start the administration of the gases and shall not adjust the flow of~~  
41 ~~the gases unless instructed to do so by the dentist who shall be present at the patient's~~  
42 ~~chairside at the implementation of these instructions. This regulation shall not be~~  
43 ~~construed to prevent any person from taking appropriate action in the event of a~~  
44 ~~medical emergency.~~

**WORKING DOCUMENT:  
DRAFT PROPOSED REGULATORY LANGUAGE**

1  
2       ~~(7) Hold anterior matrices;~~

3  
4       ~~(8) Remove sutures;~~

5  
6       ~~(9) Take intra-oral measurements for orthodontic procedures;~~

7  
8       ~~(10) Seat adjusted retainers or headgears, including appropriate instructions;~~

9  
10       ~~(11) Check for loose bands;~~

11  
12       ~~(12) Remove arch wires;~~

13  
14       ~~(13) Remove ligature ties;~~

15  
16       ~~(14) Apply topical fluoride, after scaling and polishing by the supervising dentist or a  
17 registered dental hygienist;~~

18  
19       ~~(15) Place and remove rubber dams;~~

20  
21       ~~(16) Place, wedge and remove matrices.~~

22  
23       ~~(17) Cure restorative or orthodontic materials in operative site with light-curing device.~~

24  
25 For the purpose of this section a supervising licensed dentist is defined as a dentist whose  
26 patient is receiving the services of a dental assistant in the treatment facility and is under the  
27 direct control of said licensed dentist.

28  
29 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1751,  
30 Business and Professions Code.

31  
32 **~~§ 1086. RDA Duties and Settings.~~**

33 ~~(a) Unless specifically so provided by regulation, the prohibitions contained in section 1085 of  
34 these regulations apply to registered dental assistants.~~

35  
36 ~~(b) A registered dental assistant may perform all functions which may be performed by a dental  
37 assistant.~~

38  
39 ~~(c) Under general supervision, a registered dental assistant may perform the following duties:~~

40       ~~(1) Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions,  
41 existing restorations and missing teeth;~~

42  
43       ~~(2) Placement and removal of temporary sedative dressings.~~

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DRAFT PROPOSED REGULATORY LANGUAGE**

1  
2 ~~(d) A registered dental assistant may perform the following procedures under the direct~~  
3 ~~supervision of a licensed dentist when done so pursuant to the order, control and full~~  
4 ~~professional responsibility of the supervising dentist. Such procedures shall be checked and~~  
5 ~~approved by the supervising dentist prior to dismissal of the patient from the office of said~~  
6 ~~dentist.~~

7  
8 ~~(1) Obtain endodontic cultures;~~

9  
10 ~~(2) Dry canals, previously opened by the supervising dentist, with absorbent points;~~

11  
12 ~~(3) Test pulp vitality;~~

13  
14 ~~(4) Place bases and liners on sound dentin;~~

15  
16 ~~(5) Remove excess cement from supragingival surfaces of teeth with a hand instrument~~  
17 ~~or floss;~~

18  
19 ~~(6) Size stainless steel crowns, temporary crowns and bands;~~

20  
21 ~~(7) Fabrication of temporary crowns intra-orally;~~

22  
23 ~~(8) Temporary cementation and removal of temporary crowns and removal of~~  
24 ~~orthodontic bands;~~

25  
26 ~~(9) Placement of orthodontic separators;~~

27  
28 ~~(10) Placement and ligation of arch wires;~~

29  
30 ~~(11) Placement of post-extraction and periodontal dressings;~~

31  
32 ~~(12) Apply bleaching agents;~~

33  
34 ~~(13) Activate bleaching agents with non-laser light curing device;~~

35  
36 ~~(14) Take bite registrations for diagnostic models for case study only;~~

37  
38 ~~(15) Coronal polishing (Evidence of satisfactory completion of a board-approved course~~  
39 ~~of instruction in this function shall be submitted to the board prior to any performance~~  
40 ~~thereof). The processing times for coronal polishing course approval are set forth in~~  
41 ~~section 1069.~~

42  
43 ~~This procedure shall not be intended or interpreted as a complete oral prophylaxis (a~~  
44 ~~procedure which can be performed only by a licensed dentist or registered dental~~

**WORKING DOCUMENT:  
DRAFT PROPOSED REGULATORY LANGUAGE**

1       hygienist). A licensed dentist or registered dental hygienist shall determine that the  
2       teeth to be polished are free of calculus or other extraneous material prior to coronal  
3       polishing.

4  
5       ~~(16) Removal of excess cement from coronal surfaces of teeth under orthodontic~~  
6       ~~treatment by means of an ultrasonic scaler. (Evidence of satisfactory completion of a~~  
7       ~~board approved course of instruction or equivalent instruction in an approved RDA~~  
8       ~~program in this function shall be submitted to the board prior to any performance~~  
9       ~~thereof.) The processing times for ultrasonic scaler course approval are set forth in~~  
10       ~~section 1069.~~

11  
12       ~~(e) Settings. Registered dental assistants may undertake the duties authorized by this section in~~  
13       ~~a treatment facility under the jurisdiction and control of the supervising licensed dentist, or in~~  
14       ~~an equivalent facility approved by the board.~~

15  
16       ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614~~  
17       ~~and 1754, Business and Professions Code; and Section 15376, Government Code.~~

18  
19       **§ 1087. RDAEF Duties and Settings.**

20       (a) Unless specifically so provided by regulation, the prohibitions contained in Section 1085  
21       apply to RDAEFs.

22  
23       ~~(b) An RDAEF may perform all duties assigned to dental assistants and registered dental~~  
24       ~~assistants.~~

25  
26       ~~(c) An RDAEF may perform the procedures set forth below under the direct supervision of a~~  
27       ~~licensed dentist when done so pursuant to the order, control and full professional responsibility~~  
28       ~~of the supervising dentist. Such procedures shall be checked and approved by the supervising~~  
29       ~~dentist prior to dismissal of the patient from the office of said dentist.~~

30  
31       ~~(1) Cord retraction of gingivae for impression procedures;~~

32  
33       ~~(2) Take impressions for cast restorations;~~

34  
35       ~~(3) Take impressions for space maintainers, orthodontic appliances and occlusal guards.~~

36  
37       ~~(4) Prepare enamel by etching for bonding;~~

38  
39       ~~(5) Formulate indirect patterns for endodontic post and core castings;~~

40  
41       ~~(6) Fit trial endodontic filling points;~~

42  
43       ~~(7) Apply pit and fissure sealants;~~

**WORKING DOCUMENT:  
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(8) Remove excess cement from subgingival tooth surfaces with a hand instrument;~~  
2

3 ~~(9) Apply etchant for bonding restorative materials.~~  
4

5 ~~(d) Settings. Registered dental assistants in extended functions may undertake the duties~~  
6 ~~authorized by this section in a treatment facility under the jurisdiction and control of the~~  
7 ~~supervising licensed dentist, or in an equivalent facility approved by the board.~~  
8

9 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,  
10 ~~1756 and 1757~~, Business and Professions Code.

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## MEMORANDUM

<b>DATE</b>	October 2, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 6: Dental Assisting Council Meeting Report</b>

Background:

The Chair of the Dental Assisting Council (Council) will provide a verbal report to the Board regarding the Council's November 14, 2019 meeting.

Action Requested:

The Board may take action to accept or reject the report.



## MEMORANDUM

<b>DATE</b>	October 2, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 7:</b> Discussion and Possible Action Regarding Appointment of Dental Assisting Council Member

### **Background:**

The Dental Assisting Council (Council) considers all matters relating to dental assistants in California and makes appropriate recommendations to the Dental Board of California (Board) and the standing Committees of the Board. The Council meets quarterly in conjunction with the Board meetings and at other times as deemed necessary. The Council is composed of the Registered Dental Assistant (RDA) member of the Board, another member of the Board, two members who are employed as faculty members of a RDA educational program approved by the Board, and three members, one of which shall be a registered dental assistant in extended functions (RDAEF), who shall be employed clinically in private dental practice or public safety net or dental health care clinics. Council members are appointed by the Board and serve at the Board's pleasure. The Council has the following vacancy: one (1) RDAEF member employed clinically in private dental practice or public safety net or dental health care clinics.

In September 2019, Council Member Jennifer Rodriguez, RDAEF, notified the Board of her resignation from the Council. Based on this information, a recruitment notice was posted on the Board's website and applications were accepted from qualified candidates. The application deadline was Friday, October 18, 2019. Board staff received four (4) applications; however, only three (3) applications were considered by the subcommittee since one (1) of the applicants was not employed clinically in a private dental practice or public safety net or dental health care clinic. The Board President, Fran Burton, appointed Dr. Bruce Witcher and Ms. Rosalinda Olague to a subcommittee to review the applications and conduct interviews and bring recommendations to fill these vacancies to the Board at the November meeting.

The candidates to be considered for appointment to the Council by the Board are as follows:

Clinical:

1. Lori Thomas, RDAEF
2. Martha Garcia, RDAEF
3. Stacy Welch, RDAEF

Telephone interviews were conducted for each candidate. The Subcommittee recommends the Board appoint Stacy Welch, RDAEF, to the Council.

**TERM OF OFFICE:**

The term of office for each appointment will be four years.

The Board should consider the following qualifications in accordance with Business and Professions Code Section 1742 when considering the Subcommittee's recommendations for one appointment to the Council.

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

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

The candidate shall be employed clinically in private dental practice or public safety net or dental health care clinic.

The candidate shall have possessed a current and active RDAEF license for at least the prior five years and shall not be employed by a current member of the Board.

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

**Action Requested:**

After review and discussion, the subcommittee requests a motion to accept their recommendation to appoint one member which shall be a registered dental assistant in extended functions to the Dental Assisting Council.



**APPLICATION FOR  
DENTAL ASSISTING COUNCIL MEMBER:**

**LORI THOMAS, RDAEF**

To Dental Board of California,

I have been a Dental Assistant for over 43 years. I received my RDA license in 1977, RDAEF license in 1987, and updated my license to RDAEF2 in 2010. I feel that, with my clinical experience working in private practices for over 40 years, plus working with RDA to RDAEF students and preparing them for state board exams that I could make a small, positive impact in the dental assisting world. I am very passionate about dental assisting and would love the opportunity to work with the Dental Board to help make dental assisting a desired profession for future dental assistants.

Thank you,  
Lori Thomas



## APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

Vacancy – Registered Dental Assistant in Extended Functions (RDAEF).

PLEASE PRINT

NAME LORI THOMAS

ADDRESS\* [REDACTED]

PHONE NOS. (work) [REDACTED] (home) N/A (cell) [REDACTED]

EMAIL ADDRESS: [REDACTED]

California License Type and Number: AEF 32 Expiration date: 06/30/2021

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

### PLEASE READ THIS APPLICATION IN ITS ENTIRETY.

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

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

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

**QUALIFICATIONS:** The Board will consider applications to appoint one member to the Council. Applicants must meet the following minimum requirements to be eligible for appointment.

- Possess a current and active RDAEF license for at least the prior five years;
- Shall be employed clinically in private dental practice or public safety net or dental health care clinic; and
- shall not be employed by a current member of the Board.

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

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

**TERM OF OFFICE:** Each member shall serve for a term of four years.

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

**OTHER TIME COMMITMENTS:** Council members shall be required to prepare and submit a financial disclosure statement that is filed with the Fair Political Practices Committee entitled "Form 700, Statement of Economic Interests."

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

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

*NO*

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

EFDA  
42-215 Washington St. Suite A #378  
Palm Desert, CA. 92211  
2010 until present

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

Joseph Henry DDS  
17245 17th St Suite D  
Tustin, CA. 92780

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

Yes  No

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

Yes  No

6. Have you served on the Dental Assisting Forum?

Yes  No

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

Yes  No

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

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

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

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

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

**Notice on Collection of Personal Information**

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

**Providing Personal Information Is Voluntary.** You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your address, home telephone number, or employment

experience, you may do so. In that case, however, the Board may not be able to communicate with you regarding your qualifications for appointment or to consider your eligibility for appointment to the Council.

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

**Possible Disclosure of Personal Information.**

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

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

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

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

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

Signature : Lori Thomas Date: 10-9-19

**SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES BY OCTOBER 18, 2019 TO:**

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

# LORI THOMAS

## Professional Summary

Compassionate RDAEF2 well-versed in four-handed chairside dentistry, routine restorations and intra-oral techniques. Along with being well-organized and detail-oriented, I manage and run the daily back office routines. A team player helping wherever needed including answering phones, appointment scheduling, cleaning and sterilizing instruments, etc.

## Skills

- All aspects of back office duties
- Crown and bridge impressions
- Provisional restorations
- Adjust and cementation of permanent crowns
- Placement of amalgam and composite restorations
- Digital x-rays
- Dental Assisting Instructor

## Work History

RDAEF: Joseph Henry, DDS 06/29/2018 - present

RDAEF: Tustin Dental Care 12/2016 - 05/2018

RDAEF: David Guyot, DDS 11/2002 - 12/2016

RDAEF: Edison Louie, DDS 1991 - 11/2002

RDA/RDAEF: Kenly Hunt, DDS 1976 - 1991

RDAEF Instructor - EFDAA : 05/2010 - present

Instructor - Dental Professionals of California : 1989 - 2012

- Instructor for RDA practical exam preparation
- Sealant instructor

## Education

RDAEF2 - EFDAA: 2010

RDAEF - UCLA : 1987

RDA - Southern California College of Medical and Dental Careers, Anaheim, CA : 1976

**APPLICATION FOR  
DENTAL ASSISTING COUNCIL MEMBER:**

**MARTHA GARCIA, RDAEF**



**Dental Board of California**

Council Vacancy Application

Attention: **Pahoua Thao**

Hello, my name is Martha Garcia I work in a private practice in Manhattan Beach California. I have been in the dental field since 2008 and have been and RDAEF II since 2012. I really enjoy dentistry and what it has to offer for the health of the patients. I'm very passionate and would love an opportunity to join your Dental Board Council.

Attached is my resume and application

**References**

Dr. Joel Gould 310-722-0705

Mara Cuarenta 310-462-3393

Richard Alvarez 310-438-9169



## APPLICATION FOR APPOINTMENT TO THE DENTAL ASSISTING COUNCIL

**Vacancy – Registered Dental Assistant in Extended Functions (RDAEF).**

### PLEASE PRINT

NAME Martha Garcia

ADDRESS\* [REDACTED]

PHONE NOS. (work) [REDACTED] (home) [REDACTED] (cell) [REDACTED]

EMAIL ADDRESS: [REDACTED]

California License Type and Number: RDAEF# 1709 Expiration date: 12/31/2020

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

### PLEASE READ THIS APPLICATION IN ITS ENTIRETY.

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

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

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

**QUALIFICATIONS:** The Board will consider applications to appoint one member to the Council. Applicants must meet the following minimum requirements to be eligible for appointment.

- Possess a current and active RDAEF license for at least the prior five years;
- Shall be employed clinically in private dental practice or public safety net or dental health care clinic; and
- shall not be employed by a current member of the Board.

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

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

**TERM OF OFFICE:** Each member shall serve for a term of four years.

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

**OTHER TIME COMMITMENTS:** Council members shall be required to prepare and submit a financial disclosure statement that is filed with the Fair Political Practices Committee entitled "Form 700, Statement of Economic Interests."

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

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

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

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

Modern American Dentistry (Dr. Joel Groued)  
1200 Rosecrans Ave suite 107  
Manhattan Beach CA 90266

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

Yes  No

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

Yes  No

6. Have you served on the Dental Assisting Forum?

Yes  No

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

Yes  No

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

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

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

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

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

**Notice on Collection of Personal Information**

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

**Providing Personal Information Is Voluntary.** You do not have to provide the personal information requested. If you do not wish to provide personal information, such as your address, home telephone number, or employment

experience, you may do so. In that case, however, the Board may not be able to communicate with you regarding your qualifications for appointment or to consider your eligibility for appointment to the Council.

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

**Possible Disclosure of Personal Information.**

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

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

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

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

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

Signature :

*Martha Garcia*

Date:

*10-2-19*

*Martha Garcia*

*RDAef II 1709*

**SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES BY OCTOBER 18, 2019 TO:**

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

*Updated September 24, 2019*

**Martha Garcia**

**RDAEF II**

[REDACTED]

[REDACTED]

A position as a RDAEF II with 10 years' experience where I would be able to fully utilize my professional experience and skills with patients. Looking for a dental practice where I can grow work together and meet goals with a team and doctor.

I am a reliable hard worker, fast learner, good at multitasking, organized and team player. In addition my role is to protect the doctor and do my best to meet goals when working together with the team.

**Work History**

**Modern American Dentistry 2015-2019/Present RDAEF II**

Assisting patients with great customer service

RDAEF II duties, cosmetic procedures, invisalign

Taking all final impressions pvs and scanning familiar with Itero and Omnicam, knowledge with implant abutments and crowns ( noble, astra, strauman). Sleep Apnea oral device placement and adjustments billing chart documentation included. Documentation of all the doctors clinical notes. Back office inventory and organizing, reviewing all lab cases coming in going out and with the doctor and in charge of following up and checking pending treatment.

**Desert Dental Group 2008-2015 RDA/RDAEF II**

Assisted patients with great customer service.

Formulate preliminary and alginate impressions.

Make temporary crow ns, bridges, and veneers.

Experience in four handed dentistry.

Crown deliveries, placing restorations, finial impressions, adjustments, dentures.

Prepare patients for dental health services and instruct them in appropriate post dental treatment, diet and oral hygiene.

Promptly follow all instructions from the dentist dealing w ith patient comfort.

Handle inventory, stock all supplies, instruments and medications.

Provided training for new employees.

Oral Surgery assistant 2 years

**References Available upon request**

**APPLICATION FOR  
DENTAL ASSISTING COUNCIL MEMBER:**

**STACY WELCH, RDAEF**

[REDACTED]

10/17/2019

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

Dear Selection Committee:

I am writing to express interest in the Dental Assisting Council Appointment for an RDAEF. My dental career started almost 20 years ago when I received my RDA license. I worked as an RDA for many years but my passion for details, excellent patient care, and more involvement in my workplace led me to J productions, where I obtained my RDAEF2 license in 2015. I have always been passionate about my job, good infection control, and my duties as an RDAEF2 and lead assistant in my practice.

My boss, Dr. Christy K. Rollofson, is very involved with leadership at the California Dental Association level, and I have watched her enjoy helping make her career the best it can be for her and future generations. I would love to have a chance to do something similar, and be able to be part of the council that molds and changes my profession and specialty. My children are also getting older, which allows me more time to explore a new opportunity and have the time to commit that this council requires.

Thank you so much for your time and consideration for the appointment.

Sincerely,



Stacy Welch, RDAEF2



**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



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

Vacancy – Registered Dental Assistant in Extended Functions (RDAEF).

PLEASE PRINT

NAME Stacy Welch

ADDRESS\* [REDACTED]

PHONE NOS. (work) [REDACTED] (home) [REDACTED] (cell) [REDACTED]

EMAIL ADDRESS: [REDACTED]

California License Type and Number: RDAEF 2 36038 Expiration date: June 30 2021

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

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

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

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

Elk Grove Family Dentistry  
9727 Elk Grove Florin Rd St 270  
Elk Grove, Ca 95624

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

Yes  No

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

Yes  No

6. Have you served on the Dental Assisting Forum?

Yes  No

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

Yes  No

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

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

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

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

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Signature : Stacy Welch Date: 10/17/19

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**SUBMIT COVER LETTER, COMPLETED APPLICATION, RESUME, AND REFERENCES BY OCTOBER 18, 2019 TO:**

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

# STACY WELCH

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## EXPERIENCE

**MARCH 2011 – PRESENT**

**RDAEF2, DR CHRISTY ROLLOFSON**

Lead assistant, I monitor and prioritize workflow of the dental assistants. Responsible for all ordering of supplies for the back office. All RDAEF2 duties as well as RDA and back office.

**NOVEMBER 2008 – MARCH 2011**

**RDA, KIDS CARE**

Chairside assisting, managing my own column of patients. Sterilization, Xrays and pit and fissure sealants. Worked in the hospitals for outpatient surgery's assisting the Dr.

## EDUCATION

**DECEMBER 2015**

**RDAEF2, J PRODUCTIONS**

RECEIVED RDAEF LICENSE IN JANUARY 2016

**NOVEMBER 2009**

**PIT & FISSURE SEALANTS, SACRAMENTO CITY COLLEGE**

**FEBRUARY 2003**

**RDA, WEASTERN CAREER COLLEGE**

RECEIVED RDA LICENSE IN AUGUST 2003

## SKILLS

- Self-motivated, reliable, and hard working.
- Possess good leadership skills.
- Dexis and Dentrrix trained.
- Detail oriented.



## MEMORANDUM

<b>DATE</b>	October 10, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Paige Ragali, Program Coordinator Elective Facial Cosmetic Surgery Permit Program
<b>SUBJECT</b>	<b>Agenda Item 8:</b> Report on the October 9, 2019 Meeting of the Elective Facial Cosmetic Surgery Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits

**Background:**

The Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee (Committee) met on October 9, 2019 via teleconference.

In closed session, the Committee reviewed one (1) application. According to statute, the Committee shall make a recommendation to the Dental Board on whether to issue or not issue a permit to the applicant. The permit may be unrestricted, entitling the permit holder to perform any facial cosmetic surgical procedure authorized by the statute, or it may contain limitations if the Committee is not satisfied that the applicant has the training or competence to perform certain classes of procedures, or if the applicant has not requested to be permitted for all procedures authorized in statute.

The Committee’s recommendation to the Board is as follows:

1. Applicant: Jee Hoon Ha, DDS, requested unlimited privileges for Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty) and Category II (cosmetic soft tissue contouring or rejuvenation, which may include, but not limited to, facelift, blepharoplasty, facial skin resurfacing, or lip augmentation).

**The Committee recommends the Board issue a permit for unlimited Category I (cosmetic contouring of the osteocartilaginous facial structure, which may include, but not limited to, rhinoplasty and otoplasty). The Committee recommends that the approval is contingent upon proof of acceptance for candidacy by the American Board of Oral and Maxillofacial Surgery.**

**Action Requested:**

Staff requests a motion from the Board to:

1. Accept the Committee Report.
2. Issue Jee Hoon Ha May, DDS, an EFCS Permit for unlimited Category I contingent upon receiving proof of acceptance for candidacy by the American Board of Oral and Maxillofacial Surgery.



# MEMORANDUM

<b>DATE</b>	October 18, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 9(a):</b> Discussion and Possible Action Regarding Implementation of Assembly Bill 1519 Chapter 865, Statutes of 2019

On October 13, 2019, Governor Gavin Newsom signed Assembly Bill 1519 (Low, Chapter 865, Statutes of 2019) extending the operations of the Dental Board of California (Board) until January 1, 2024. This bill made several changes to the Dental Practice Act (Act) that will go into effect on January 1, 2020.

Board staff has prepared the following summary outlining the amendments and the implementation plan. A copy of this bill is enclosed and references to page numbers in this document correspond to page numbers in the enclosed copy.

Sections 1 through 1.3, 5 through 11, 13 through 28, 33, 38 through 40, 46 through 51, and 55 through 58 included in AB 1519 are non-substantive or conforming amendments to other sections of code or provisions that are declarative of existing law. There is no implementation necessary.

**SEC. 2 through SEC. 4 (Pages 8-11):**

Amends Section 205 and 205.4 of the Business and Professions Code to combine the State Dentistry Fund and the State Dental Assisting Fund into one fund beginning July 1, 2022. At that time, the State Dental Assisting Fund will be abolished.

Board staff is working with the Department of Consumer Affairs Budget and Accounting Offices to implement the provisions of these sections and combine the funds.

**SEC. 12 (Page 13):**

Amends Section 1611.3 of the Business and Professions Code to makes clarifying changes to the existing language and adds a requirement that the notice to consumers which all practitioners are required to post must also be made accessible to patients who access services through telehealth.

The Board will need to promulgate regulations to implement the provisions of this section.

Agenda Item 9(a): Discussion and Possible Action Regarding Implementation of Assembly Bill 1519 Chapter 865, Statutes of 2019  
 Dental Board of California Meeting  
 November 14-15, 2019



SEC. 29 (Page 23):

Amends Section 1628.5 of the Business and Professions Code and changes the list of acts for which the Board may deny a license. The new list is limited to an applicant having been convicted of a crime or having been subject to formal discipline pursuant to Section 480 of the Business and Professions Code. This is related to Assembly Bill 2138 (Chapter 995, Statutes of 2018) relating to the denial of applications and the revocation and suspension of licenses.

The Board has promulgated a regulation to implement the provisions of Assembly Bill 2138 and will continue to implement the provisions of that bill and this section by working to update the necessary forms and provide notification on its web site.

SEC. 30 (Page 23):

Amends Section 1629 of the Business and Professions Code to require an applicant for licensure to additionally furnish finger prints for the purposes of conducting a background check and authorizes the applicant to submit a copy of a completed Live Scan form instead of fingerprint cards. The amendment requires the Board to request subsequent arrest notification service for all applicants; and requires applicants to furnish a signed release allowing disclosure of information from the National Practitioner Data Bank and verification of registration status with the federal Drug Enforcement Administration. The amendment also makes nonsubstantive clarifying and conforming changes.

Staff will be working with DCA to update BreEZe, the website, and applicable forms.

SEC. 31 (Page 23):

Amends Section 1630 of the Business and Professions Code and adds to the requirements for the examination of applicants for licensure to practice dentistry to specifically include an assessment of competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry.

Staff will be working with DCA to update BreEZe, the website, applicable forms, and will send letters to stakeholders, including the Western Regional Examining Board (WREB) and the American Board of Dental Examiners (ADEX), informing them of the changes.

SEC. 32 (Pages 23-25):

Amends Section 1632 of the Business and Professions Code to specify applicants must submit evidence of satisfactory completion of the clinical and written examination administered by the WREB or the ADEX within five (5) years of the date of application. The amendment also requires the Board to provide a report on how many other states have recognized licensure by portfolio examination at the time of its next sunset review. The amendment also makes nonsubstantive clarifying and conforming changes.

Staff will be working with DCA to update BreEZe, the website, and applicable forms, and will send letters to stakeholders, including the Western Regional Examining Board (WREB) and the American Board of Dental Examiners (ADEX), informing them of the changes.

SEC. 34 (Pages 25-26):

Amends Section 1634.1 of the Business and Professions Code amends current law to add the requirement that an applicant have completed the clinical residency program and received a certification of completion within two (2) years of the date of their application for licensure. The amendment also changes the requirement that the Board approve the applicants' dental programs; to a requirement that programs be approved by a national accrediting body approved by the Board.

Staff will be working with DCA to update BreEZe, the website, applicable forms, and will send letters to stakeholders informing them of the changes.

SEC. 35 through 37 (Pages 26-28):

Amends Section 1636.4 of the Business and Professions Code to prohibit the Board, beginning January 1, 2020, from accepting new applications for approval of foreign dental schools and instead requires foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the Board. The amendment requires previously approved foreign dental schools to complete the CODA accreditation by January 1, 2024, to remain approved. The amendment also repeals this section as of January 1, 2024

Adds Section 1636.4 of the Business and Professions Code, operative January 1, 2024, to require all schools seeking approval as foreign dental schools to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the Board. This section also replaces the previous section which specified that the Board was responsible for approving and monitoring foreign dental schools. This amendment removes specific responsibility for ongoing monitoring of approved schools from the Board, and that responsibility to CODA. An implementation deadline of January 1, 2024 for CODA reapproval of previously approved dental schools is required by this amendment.

Repeals Section 1636.6 of the Business and Professions Code.

Staff will be working with DCA to update the website, notify currently approved foreign dental school, and sending letters to stakeholders, including CODA, informing them of the changes.

SEC. 41 (Page 30-31):

Adds Section 1673 to the Business and Professions Code to require licensees on probation for specified misconduct or criminal acts to provide patients with a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the Board, the Board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the Board's online license information internet website. The addition, beginning July 1, 2020 also requires the Board to place the following information in plain view on the licensee's profile page on the Board's license information website:

Agenda Item 9(a): Discussion and Possible Action Regarding Implementation of Assembly Bill 1519 Chapter 865, Statutes of 2019  
Dental Board of California Meeting  
November 14-15, 2019

- (1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation, along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.
- (2) For probation imposed by an adjudicated decision of the Board, the causes for probation stated in the final probationary order.
- (3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.
- (4) The length of the probation and the probation end date.
- (5) All practice restrictions placed on the license by the Board.

An implementation deadline July 1, 2020 is required by this addition. Staff will be working with DCA to update the website, the application process, and the enforcement process and disciplinary guidelines. Staff will work with Board Legal Counsel to produce legally sufficient forms and update the Attorney General's office with the changes. Staff will also send letters to stakeholders informing them of the changes.

SEC. 42 (Pages 31-35):

Amends Section 1680 of the Business and Professions Code to add the failure by the treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or initial use of orthodontic appliances, to perform an examination pursuant to subdivision (b) of Section 1684.5, including the review of the patient's most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia to the definitions of unprofessional conduct. The also amendment makes nonsubstantive clarifying and conforming changes.

Staff will be working with DCA Internet Services to update the website, the Enforcement Unit to update the enforcement process and disciplinary guidelines. Staff will also notify the Attorney General's office of these changes.

SEC. 43 (Pages 35-36):

Adds Section 1683.1 to the Business and Professions Code to specify that any individual, partnership, corporation, or other entity that provides dental services through telehealth shall make available the name, telephone number, practice address, and California state license number of any dentist who will be involved in the provision of services to a patient prior to the rendering of services and when requested by a patient. A violation of this section constitutes unprofessional conduct.

Staff will be working with DCA Internet Services to update the website, the Enforcement Unit to update the enforcement process and disciplinary guidelines. Staff will also notify the Attorney General's office of these changes.

SEC. 44 (Page 36):

Adds Section 1683.2 to the Business and Professions Code prohibiting providers of dental services from requiring a patient to sign an agreement that limits the patient's ability to file a complaint with the Board.

Staff will be working with DCA Internet Services to update the website, the Enforcement Unit to update the enforcement process and disciplinary guidelines. Staff will also notify the Attorney General's office of these changes.

SEC. 45 (Page 36):

Amends Section 1718.3 of the Business and Professions Code to add to the requirements for obtaining a new license to replace a cancelled license an option to apply as a new applicant, through one of the available licensing pathways. The amendment makes nonsubstantive clarifying and conforming changes as well.

Staff will be working with DCA to update the website, applications, licensing process, and will notify stakeholders of the changes.

SEC. 52 through 53 (Page 39-41):

Amends Section 1752.1 of the Business and Professions Code to codify the continued suspension of the RDA practical examination.

Staff will be working with DCA to update the web site, applications, licensing process, and notify stakeholders of the changes.

SEC. 54 (Page 41-42):

Amends Section 2096 of the Business and Professions Code to specify that applicants for physician's and surgeon's licenses who are applying after completing a combined dental and medical degree program must complete 24 of 36 months of their required residency as part of an oral and maxillofacial surgery postgraduate training program accredited by CODA.

This section of law is applicable to the Medical Board of California and does not impact the Dental Board of California.

Action Requested:

No action requested.

## Assembly Bill No. 1519

### CHAPTER 865

An act to amend Sections 144, 1601.1, 1602, 1603, 1604, 1605, 1607, 1611.3, 1616.5, 1616.6, 1618, 1619, 1621, 1625, 1625.1, 1625.2, 1625.3, 1625.4, 1626, 1626.2, 1626.6, 1627.5, 1628, 1628.5, 1629, 1630, 1632, 1633, 1634.1, 1645, 1645.1, 1658, 1680, 1718.3, 1721, 1721.5, 1725, 1740, 1742, 1749.1, 1752.1, 2096, and 2290.5 of, to amend and renumber Section 1603a of, to amend, repeal, and add Sections 205 and 1636.4 of, to add Sections 205.2, 1673, 1683.1, and 1683.2 to, and to repeal Sections 1620.1, 1636.6, and 1752.3 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor October 13, 2019. Filed with Secretary  
of State October 13, 2019.]

#### LEGISLATIVE COUNSEL'S DIGEST

AB 1519, Low. Healing arts.

(1) Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California and authorizes the board to appoint an executive officer to exercise powers and perform duties delegated by the board to the executive officer. The act requires the Governor, the Senate Committee on Rules, and the Speaker of the Assembly to appoint specified members of the board, and authorizes the Governor to remove a member of the board from office at any time for continued neglect of duty, incompetency, or unprofessional or dishonorable conduct. These provisions are in effect only until January 1, 2020, and, upon repeal of those provisions, the board will be subject to review by the appropriate policy committees of the Legislature.

This bill would instead authorize the appointing authority to remove from office at any time a member of the board appointed by that authority for the reasons specified above. The bill would revise and recast additional provisions relating to administration of the act, and would extend the provisions relating to the Dental Board of California and the executive officer to January 1, 2024.

The Dental Practice Act requires the board to approve foreign dental schools based on specified standards. Existing law requires a foreign dental school seeking approval to submit an application to the board, including, among other things, a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Existing law requires the foreign dental school to submit a specified registration fee and to pay the board's reasonable costs and expenses to conduct an approval survey. Existing law requires an approved

institution to submit a renewal application every 7 years and to pay a specified renewal fee.

This bill, beginning January 1, 2020, would prohibit the board from accepting new applications for approval of foreign dental schools and would instead require foreign dental schools seeking approval to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the board. The bill would require previously approved foreign dental schools to complete the CODA accreditation by January 1, 2024, to remain approved.

The Dental Practice Act requires an applicant for licensure under the act to furnish fingerprint cards for submission to state and federal criminal justice agencies to determine, among other things, whether the applicant has a record of any criminal convictions in the state or in any other jurisdiction.

This bill would require the board to require an applicant for licensure under the act to additionally furnish finger prints for the purposes of conducting a background check, and would authorize the applicant to submit a copy of a completed Live Scan form instead of fingerprint cards for specified purposes. The bill would require the board to request subsequent arrest notification service for all applicants. The bill would also require an applicant for licensure to practice dentistry to furnish a signed release allowing disclosure of information from the National Practitioner Data Bank and verification of registration status with the federal Drug Enforcement Administration within the United States Department of Justice for specified purposes.

The Dental Practice Act requires each applicant for a license to practice dentistry in the state to meet various requirements, including successfully completing an examination to test the fitness of the applicant to practice dentistry.

This bill would revise various provisions relating to the requirements for licensure to practice dentistry in the state, including requiring the examination to assess competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry, and requiring specified advanced education programs to be completed within 2 years of the date of application for licensure.

The Dental Practice Act requires an applicant for licensure as a registered dental assistant to meet specified eligibility requirements, such as satisfactory performance on a written examination in law and ethics, and to provide evidence of successful completion of specified board-approved courses, including courses in radiation safety and coronal polishing.

This bill would instead require satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination, and would require an applicant to additionally provide evidence of successful completion of board-approved courses in infection control, the Dental Practice Act, and basic life support.

The Dental Practice Act specifies unprofessional conduct by a licensee to include, among other things, the violation of any provisions of the act. Existing law authorizes the board to discipline a licensee under the act by placing the licensee on probation under various specified terms and conditions. Existing law requires a licensed dentist engaged in the practice of dentistry to provide specified notice to each patient of the fact that the dentist is licensed and regulated by the board. Existing law requires the notice to be posted in a conspicuous location accessible to public view, as specified.

This bill would provide that the failure by the treating dentist to review diagnostic digital or conventional radiographs for orthodontia prior to the initial diagnosis and correction of malpositions of human teeth or the initial use of orthodontic appliances is unprofessional conduct under the act. The bill would require an individual, partnership, corporation, or other entity providing dental services through telehealth to make available the name, telephone number, practice address, and California state license number of any dentist who will be involved in the provision of services to a patient, and would require a violation of that provision to constitute unprofessional conduct. The bill would prohibit a provider of dental services from requiring a patient to sign an agreement limiting the patient's ability to file a complaint with the board.

This bill would also require a licensee whose license is placed on probation on and after July 1, 2020, to provide a patient with a specified disclosure before the patient's first visit following the probationary order, and would require the licensee to obtain a separate, signed copy of the disclosure, unless an exception applies. The bill would require the board to provide specified probation information on a licensee's profile on the board's internet website.

The Dental Practice Act establishes the State Dentistry Fund and requires that specified fees and fines be paid into that fund, and provides that the funds, unless otherwise provided, be available, upon appropriation, to the board for specified purposes. The act also establishes the State Dental Assistant Fund and requires that specified fees be paid into that fund, and provides that the fund be available, upon appropriation, to the board for the purposes of administering provisions relating to dental assistants, registered dental assistants, registered dental assistants in extended functions, dental sedation assistant permit holders, and orthodontic assistant permit holders.

This bill would abolish the State Dental Assistant Fund on July 1, 2022, and would require that any moneys in that fund be transferred to the State Dentistry Fund before July 1, 2022. The bill would make various related conforming changes.

(2) Existing law requires an applicant for a physician's and surgeon's license to complete, among other things, 36 months of postgraduate training approved by the California Medical Board, including 4 months of general medicine training obtained in specified postgraduate training programs. Existing law authorizes an applicant who completes 24 of the 36 months as a resident after receiving a medical degree from a combined dental and

medical degree program accredited by the Commission on Dental Accreditation or approved by the board to be eligible for licensure.

This bill would specify that the 24 months of postgraduate training as a resident described above must be part of an oral and maxillofacial surgery postgraduate training program, and would exempt these applicants from completing the 4 months of postgraduate training in general medicine.

(3) Existing law defines “telehealth” as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. “Health care provider” is defined for these purposes as a person who is licensed under specified provisions of law relating to healing arts. Existing law requires health care providers using telehealth to comply with specified provisions, including informing the patient about the use of telehealth and obtaining verbal or written consent from the patient for the use of telehealth prior to the delivery of health care services via telehealth, and makes a violation of these provisions unprofessional conduct.

This bill would specify that all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice shall apply to health care providers who provide telehealth services.

(4) This bill would make other conforming and nonsubstantive changes, including replacing gendered terms with nongendered terms, updating cross-references, and deleting obsolete provisions.

(5) This bill would incorporate additional changes to Section 144 of the Business and Professions Code proposed by AB 496 and SB 608 to be operative only if this bill and AB 496 or SB 608, or both, are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 205 of the Business and Professions Code proposed by AB 896 to be operative only if this bill and AB 896 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 2290.5 of the Business and Professions Code proposed by AB 744 to be operative only if this bill and AB 744 are enacted and this bill is enacted last.

*The people of the State of California do enact as follows:*

SECTION 1. Section 144 of the Business and Professions Code is amended to read:

144. (a) Notwithstanding any other law, an agency designated in subdivision (b) shall require an applicant to furnish to the agency a full set of fingerprints for purposes of conducting criminal history record checks. Any agency designated in subdivision (b) may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.

(b) Subdivision (a) applies to the following:



- (1) California Board of Accountancy.
- (2) State Athletic Commission.
- (3) Board of Behavioral Sciences.
- (4) Court Reporters Board of California.
- (5) Dental Board of California.
- (6) California State Board of Pharmacy.
- (7) Board of Registered Nursing.
- (8) Veterinary Medical Board.
- (9) Board of Vocational Nursing and Psychiatric Technicians.
- (10) Respiratory Care Board of California.
- (11) Physical Therapy Board of California.
- (12) Physician Assistant Committee of the Medical Board of California.
- (13) Speech-Language Pathology and Audiology and Hearing Aid

Dispensers Board.

- (14) Medical Board of California.
- (15) State Board of Optometry.
- (16) Acupuncture Board.
- (17) Cemetery and Funeral Bureau.
- (18) Bureau of Security and Investigative Services.
- (19) Division of Investigation.
- (20) Board of Psychology.
- (21) California Board of Occupational Therapy.
- (22) Structural Pest Control Board.
- (23) Contractors' State License Board.
- (24) Naturopathic Medicine Committee.
- (25) Professional Fiduciaries Bureau.
- (26) Board for Professional Engineers, Land Surveyors, and Geologists.
- (27) Bureau of Cannabis Control.
- (28) California Board of Podiatric Medicine.
- (29) Osteopathic Medical Board of California.

(c) For purposes of paragraph (26) of subdivision (b), the term "applicant" shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.

SEC. 1.1. Section 144 of the Business and Professions Code is amended to read:

144. (a) Notwithstanding any other law, an agency designated in subdivision (b) shall require an applicant to furnish to the agency a full set of fingerprints for purposes of conducting criminal history record checks. Any agency designated in subdivision (b) may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.

(b) Subdivision (a) applies to the following:

- (1) California Board of Accountancy.
- (2) State Athletic Commission.
- (3) Board of Behavioral Sciences.
- (4) Court Reporters Board of California.

- (5) Dental Board of California.
- (6) California State Board of Pharmacy.
- (7) Board of Registered Nursing.
- (8) Veterinary Medical Board.
- (9) Board of Vocational Nursing and Psychiatric Technicians.
- (10) Respiratory Care Board of California.
- (11) Physical Therapy Board of California.
- (12) Physician Assistant Committee.
- (13) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
- (14) Medical Board of California.
- (15) State Board of Optometry.
- (16) Acupuncture Board.
- (17) Cemetery and Funeral Bureau.
- (18) Bureau of Security and Investigative Services.
- (19) Division of Investigation.
- (20) Board of Psychology.
- (21) California Board of Occupational Therapy.
- (22) Structural Pest Control Board.
- (23) Contractors' State License Board.
- (24) Naturopathic Medicine Committee.
- (25) Professional Fiduciaries Bureau.
- (26) Board for Professional Engineers, Land Surveyors, and Geologists.
- (27) Bureau of Cannabis Control.
- (28) Podiatric Medical Board of California.
- (29) Osteopathic Medical Board of California.

(c) For purposes of paragraph (26) of subdivision (b), the term "applicant" shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.

SEC. 1.2. Section 144 of the Business and Professions Code is amended to read:

144. (a) Notwithstanding any other law, an agency designated in subdivision (b) shall require an applicant to furnish to the agency a full set of fingerprints for purposes of conducting criminal history record checks. Any agency designated in subdivision (b) may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.

(b) Subdivision (a) applies to the following:

- (1) California Board of Accountancy.
- (2) State Athletic Commission.
- (3) Board of Behavioral Sciences.
- (4) Court Reporters Board of California.
- (5) Dental Board of California.
- (6) California State Board of Pharmacy.
- (7) Board of Registered Nursing.
- (8) Veterinary Medical Board.

- (9) Board of Vocational Nursing and Psychiatric Technicians.
- (10) Respiratory Care Board of California.
- (11) Physical Therapy Board of California.
- (12) Physician Assistant Committee of the Medical Board of California.
- (13) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
- (14) Medical Board of California.
- (15) State Board of Optometry.
- (16) Acupuncture Board.
- (17) Cemetery and Funeral Bureau.
- (18) Bureau of Security and Investigative Services.
- (19) Division of Investigation.
- (20) Board of Psychology.
- (21) California Board of Occupational Therapy.
- (22) Structural Pest Control Board.
- (23) Contractors' State License Board.
- (24) Naturopathic Medicine Committee.
- (25) Professional Fiduciaries Bureau.
- (26) Board for Professional Engineers, Land Surveyors, and Geologists.
- (27) Bureau of Cannabis Control.
- (28) California Board of Podiatric Medicine.
- (29) Osteopathic Medical Board of California.
- (30) California Architects Board, beginning January 1, 2021.
- (31) Landscape Architects Technical Committee, beginning January 1, 2021.

(c) For purposes of paragraph (26) of subdivision (b), the term "applicant" shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.

SEC. 1.3. Section 144 of the Business and Professions Code is amended to read:

144. (a) Notwithstanding any other law, an agency designated in subdivision (b) shall require an applicant to furnish to the agency a full set of fingerprints for purposes of conducting criminal history record checks. Any agency designated in subdivision (b) may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.

(b) Subdivision (a) applies to the following:

- (1) California Board of Accountancy.
- (2) State Athletic Commission.
- (3) Board of Behavioral Sciences.
- (4) Court Reporters Board of California.
- (5) Dental Board of California.
- (6) California State Board of Pharmacy.
- (7) Board of Registered Nursing.
- (8) Veterinary Medical Board.
- (9) Board of Vocational Nursing and Psychiatric Technicians.

- (10) Respiratory Care Board of California.
- (11) Physical Therapy Board of California.
- (12) Physician Assistant Committee.
- (13) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
- (14) Medical Board of California.
- (15) State Board of Optometry.
- (16) Acupuncture Board.
- (17) Cemetery and Funeral Bureau.
- (18) Bureau of Security and Investigative Services.
- (19) Division of Investigation.
- (20) Board of Psychology.
- (21) California Board of Occupational Therapy.
- (22) Structural Pest Control Board.
- (23) Contractors' State License Board.
- (24) Naturopathic Medicine Committee.
- (25) Professional Fiduciaries Bureau.
- (26) Board for Professional Engineers, Land Surveyors, and Geologists.
- (27) Bureau of Cannabis Control.
- (28) Podiatric Medical Board of California.
- (29) Osteopathic Medical Board of California.
- (30) California Architects Board, beginning January 1, 2021.
- (31) Landscape Architects Technical Committee, beginning January 1, 2021.

(c) For purposes of paragraph (26) of subdivision (b), the term "applicant" shall be limited to an initial applicant who has never been registered or licensed by the board or to an applicant for a new licensure or registration category.

SEC. 2. Section 205 of the Business and Professions Code is amended to read:

205. (a) There is in the State Treasury the Professions and Vocations Fund. The fund shall consist of the following special funds:

- (1) Accountancy Fund.
- (2) California Architects Board Fund.
- (3) Athletic Commission Fund.
- (4) Barbering and Cosmetology Contingent Fund.
- (5) Cemetery and Funeral Fund.
- (6) Contractors' License Fund.
- (7) State Dentistry Fund.
- (8) Home Furnishings and Thermal Insulation Fund.
- (9) California Architects Board-Landscape Architects Fund.
- (10) Contingent Fund of the Medical Board of California.
- (11) Optometry Fund.
- (12) Pharmacy Board Contingent Fund.
- (13) Physical Therapy Fund.
- (14) Private Investigator Fund.
- (15) Private Security Services Fund.

- (16) Professional Engineer’s, Land Surveyor’s, and Geologist’s Fund.
- (17) Consumer Affairs Fund.
- (18) Behavioral Sciences Fund.
- (19) Licensed Midwifery Fund.
- (20) Court Reporters’ Fund.
- (21) Veterinary Medical Board Contingent Fund.
- (22) Vocational Nursing and Psychiatric Technicians Fund.
- (23) Electronic and Appliance Repair Fund.
- (24) Dispensing Opticians Fund.
- (25) Acupuncture Fund.
- (26) Physician Assistant Fund.
- (27) Board of Podiatric Medicine Fund.
- (28) Psychology Fund.
- (29) Respiratory Care Fund.
- (30) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.
- (31) Board of Registered Nursing Fund.
- (32) Animal Health Technician Examining Committee Fund.
- (33) State Dental Hygiene Fund.
- (34) State Dental Assistant Fund.
- (35) Structural Pest Control Fund.
- (36) Structural Pest Control Eradication and Enforcement Fund.
- (37) Structural Pest Control Research Fund.
- (38) Household Movers Fund.

(b) For accounting and recordkeeping purposes, the Professions and Vocations Fund shall be deemed to be a single special fund, and each of the several special funds therein shall constitute and be deemed to be a separate account in the Professions and Vocations Fund. Each account or fund shall be available for expenditure only for the purposes as are now or may hereafter be provided by law.

(c) This section shall be repealed on July 1, 2022.

SEC. 3. Section 205 is added to the Business and Professions Code, to read:

205. (a) There is in the State Treasury the Professions and Vocations Fund. The fund shall consist of the following special funds:

- (1) Accountancy Fund.
- (2) California Architects Board Fund.
- (3) Athletic Commission Fund.
- (4) Barbering and Cosmetology Contingent Fund.
- (5) Cemetery and Funeral Fund.
- (6) Contractors’ License Fund.
- (7) State Dentistry Fund.
- (8) Home Furnishings and Thermal Insulation Fund.
- (9) California Architects Board-Landscape Architects Fund.
- (10) Contingent Fund of the Medical Board of California.
- (11) Optometry Fund.
- (12) Pharmacy Board Contingent Fund.

- (13) Physical Therapy Fund.
- (14) Private Investigator Fund.
- (15) Private Security Services Fund.
- (16) Professional Engineer's, Land Surveyor's, and Geologist's Fund.
- (17) Consumer Affairs Fund.
- (18) Behavioral Sciences Fund.
- (19) Licensed Midwifery Fund.
- (20) Court Reporters' Fund.
- (21) Veterinary Medical Board Contingent Fund.
- (22) Vocational Nursing and Psychiatric Technicians Fund.
- (23) Electronic and Appliance Repair Fund.
- (24) Dispensing Opticians Fund.
- (25) Acupuncture Fund.
- (26) Physician Assistant Fund.
- (27) Board of Podiatric Medicine Fund.
- (28) Psychology Fund.
- (29) Respiratory Care Fund.
- (30) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.
- (31) Board of Registered Nursing Fund.
- (32) Animal Health Technician Examining Committee Fund.
- (33) State Dental Hygiene Fund.
- (34) Structural Pest Control Fund.
- (35) Structural Pest Control Eradication and Enforcement Fund.
- (36) Structural Pest Control Research Fund.
- (37) Household Movers Fund.

(b) For accounting and recordkeeping purposes, the Professions and Vocations Fund shall be deemed to be a single special fund, and each of the several special funds therein shall constitute and be deemed to be a separate account in the Professions and Vocations Fund. Each account or fund shall be available for expenditure only for the purposes as are now or may hereafter be provided by law.

(c) This section shall become operative on July 1, 2022.

SEC. 3.5. Section 205 is added to the Business and Professions Code, to read:

205. (a) There is in the State Treasury the Professions and Vocations Fund. The fund shall consist of the following special funds:

- (1) Accountancy Fund.
- (2) California Architects Board Fund.
- (3) Athletic Commission Fund.
- (4) Barbering and Cosmetology Contingent Fund.
- (5) Cemetery and Funeral Fund.
- (6) Contractors' License Fund.
- (7) State Dentistry Fund.
- (8) Home Furnishings and Thermal Insulation Fund.
- (9) California Architects Board-Landscape Architects Fund.
- (10) Contingent Fund of the Medical Board of California.

- (11) Optometry Fund.
- (12) Pharmacy Board Contingent Fund.
- (13) Physical Therapy Fund.
- (14) Private Investigator Fund.
- (15) Private Security Services Fund.
- (16) Professional Engineer’s, Land Surveyor’s, and Geologist’s Fund.
- (17) Consumer Affairs Fund.
- (18) Behavioral Sciences Fund.
- (19) Licensed Midwifery Fund.
- (20) Court Reporters’ Fund.
- (21) Veterinary Medical Board Contingent Fund.
- (22) Vocational Nursing and Psychiatric Technicians Fund.
- (23) Electronic and Appliance Repair Fund.
- (24) Acupuncture Fund.
- (25) Physician Assistant Fund.
- (26) Board of Podiatric Medicine Fund.
- (27) Psychology Fund.
- (28) Respiratory Care Fund.
- (29) Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.
- (30) Board of Registered Nursing Fund.
- (31) Animal Health Technician Examining Committee Fund.
- (32) State Dental Hygiene Fund.
- (33) Structural Pest Control Fund.
- (34) Structural Pest Control Eradication and Enforcement Fund.
- (35) Structural Pest Control Research Fund.
- (36) Household Movers Fund.

(b) For accounting and recordkeeping purposes, the Professions and Vocations Fund shall be deemed to be a single special fund, and each of the several special funds therein shall constitute and be deemed to be a separate account in the Professions and Vocations Fund. Each account or fund shall be available for expenditure only for the purposes as are now or may hereafter be provided by law.

(c) This section shall become operative on July 1, 2022.

SEC. 4. Section 205.2 is added to the Business and Professions Code, to read:

205.2. Whenever any reference is made in any provision of this code to the “State Dental Assistant Fund,” it means the State Dentistry Fund. All moneys within the State Dental Assistant Fund shall be deposited into the State Dentistry Fund by July 1, 2022. On July 1, 2022, the State Dental Assistant Fund shall be abolished.

SEC. 5. Section 1601.1 of the Business and Professions Code is amended to read:

1601.1. (a) There shall be in the Department of Consumer Affairs the Dental Board of California in which the administration of this chapter is vested. The board shall consist of eight practicing dentists, one registered dental hygienist, one registered dental assistant, and five public members.

Of the eight practicing dentists, one shall be a member of a faculty of any California dental college, and one shall be a dentist practicing in a nonprofit community clinic. The appointing powers, described in Section 1603, may appoint to the board a person who was a member of the prior board. The board shall be organized into standing committees dealing with examinations, enforcement, and other subjects as the board deems appropriate.

(b) For purposes of this chapter, any reference in this chapter to the Board of Dental Examiners shall be deemed to refer to the Dental Board of California.

(c) The board shall have all authority previously vested in the existing board under this chapter. The board may enforce all disciplinary actions undertaken by the previous board.

(d) This section shall remain in effect only until January 1, 2024, and as of that date is repealed. Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 6. Section 1602 of the Business and Professions Code is amended to read:

1602. All of the members of the board, except the public members, shall have been actively and lawfully engaged in the practice of dentistry in the State of California, for at least five years next preceding the date of their appointment. The dental hygienist member shall have been a registered dental hygienist, and the dental assistant member shall have been a registered dental assistant, in the State of California for at least five years next preceding the date of their appointment. The public members shall not be licensees of the board or of any other board under this division or of any board referred to in Sections 1000 and 3600. No more than one member of the board shall be a member of the faculty of any dental college or dental department of any medical college in the State of California. None of the members, including the public members, shall have any financial interest in any such college.

SEC. 7. Section 1603 of the Business and Professions Code is amended to read:

1603. (a) Except for the initial appointments, members of the board shall be appointed for a term of four years, and each member shall hold office until the appointment and qualification of the member's successor or until one year shall have elapsed since the expiration of the term for which the member was appointed, whichever first occurs.

(b) A vacancy occurring during a term shall be filled by appointment for the unexpired term, within 30 days after it occurs.

(c) No person shall serve as a member of the board for more than two terms.

(d) The Governor shall appoint three of the public members, the dental hygienist member, the dental assistant member, and the eight licensed dentist members of the board. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.



(e) Of the initial appointments, one of the dentist members and one of the public members appointed by the Governor shall serve for a term of one year. Two of the dentist members appointed by the Governor shall each serve for a term of two years. One of the public members and two of the dentist members appointed by the Governor shall each serve a term of three years. The dental hygienist member, the dental assistant member, and the remaining three dentist members appointed by the Governor shall each serve for a term of four years. The public members appointed by the Senate Committee on Rules and the Speaker of the Assembly shall each serve for a term of four years.

SEC. 8. Section 1603a of the Business and Professions Code is amended and renumbered to read:

1603.1. A member of the Dental Board of California who has served two terms shall not be eligible for reappointment to the board. In computing two terms hereunder, that portion of an unexpired term that a member fills as a result of a vacancy shall be excluded.

SEC. 9. Section 1604 of the Business and Professions Code is amended to read:

1604. Each member of the board, upon qualification, shall file with the executive officer the member's post office address, and thereafter any notice of any change thereof. Any notice mailed to the address so on file, shall be deemed to comply with the requirements of this chapter as to notice to that member of the board.

SEC. 10. Section 1605 of the Business and Professions Code is amended to read:

1605. Each appointing authority has power to remove from office at any time any member of the board appointed by that authority under Section 1603 pursuant to Section 106.

SEC. 11. Section 1607 of the Business and Professions Code is amended to read:

1607. The board shall meet regularly once each year in the San Francisco Bay area and once each year in southern California, and at such other times and places as the board may designate, for the purpose of transacting its business.

SEC. 12. Section 1611.3 of the Business and Professions Code is amended to read:

1611.3. The board shall require that the notice required under Section 138 includes a provision that the board is the entity that regulates dentists and dental assistants and provides the telephone number and internet website of the board. The board shall require the notice to be posted in a conspicuous location accessible to public view and accessible electronically for patients receiving dental services through telehealth.

SEC. 13. Section 1616.5 of the Business and Professions Code is amended to read:

1616.5. (a) The board, by and with the approval of the director, may appoint a person exempt from civil service who shall be designated as an

executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in the executive officer by this chapter.

(b) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 14. Section 1616.6 of the Business and Professions Code is amended to read:

1616.6. There is hereby established within the board a full-time management level staff position, under the direction of the executive officer, whose responsibilities shall include the management of matters related to dental assisting, including, but not limited to, education, examination, licensure, and enforcement.

SEC. 15. Section 1618 of the Business and Professions Code is amended to read:

1618. (a) The original books, records, and papers of the board shall be kept at the office of the executive officer, which shall be at such place as may be designated by the board.

(b) The executive officer shall furnish to any person making application a copy of any part thereof, certified by the executive officer as executive officer, upon payment of the fee specified in Section 163. The fee shall be deposited in the State Dentistry Fund.

SEC. 16. Section 1619 of the Business and Professions Code is amended to read:

1619. All examination documentation of any applicant shall be preserved by the board for a period of no less than one year from the date of final successful examination, after which time the documentation shall be destroyed. Prior to destruction, examination documentation shall be open to inspection only by members of the board, by the applicant or by someone appointed by the latter to inspect them, by a court of competent jurisdiction in a proceeding where the question of the contents of the papers is properly involved, or by the director in accordance with Section 110 or 153.

SEC. 17. Section 1620.1 of the Business and Professions Code is repealed.

SEC. 18. Section 1621 of the Business and Professions Code is amended to read:

1621. The board shall utilize in the administration of its licensure examinations only examiners whom it has appointed and who meet the following criteria:

(a) Possession of a valid license to practice dentistry in this state or possession of a valid license in one of the registered dental assistant categories licensed under this chapter.

(b) Practice as a licensed dentist or in a licensure category described in subdivision (a) for at least five years preceding the examiner's appointment.

(c) Hold no position as an officer or faculty member at any college, school, or institution that provides instruction in the same licensure category as that held by the examiner. This subdivision shall not apply to a portfolio examiner.

SEC. 19. Section 1625 of the Business and Professions Code is amended to read:

1625. Dentistry is the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures; and such diagnosis or treatment may include all necessary related procedures as well as the use of drugs, anesthetic agents, and physical evaluation. Without limiting the foregoing, a person practices dentistry within the meaning of this chapter who does any one or more of the following:

(a) By card, circular, pamphlet, newspaper, internet website, social media, or in any other way advertises themselves or represents themselves to be a dentist.

(b) Performs, or offers to perform, an operation or diagnosis of any kind, or treats diseases or lesions of the human teeth, alveolar process, gums, jaws, or associated structures, or corrects malposed positions thereof.

(c) In any way indicates that the person will perform by themselves or their agents or servants any operation upon the human teeth, alveolar process, gums, jaws, or associated structures, or in any way indicates that the person will construct, alter, repair, or sell any bridge, crown, denture, or other prosthetic appliance or orthodontic appliance.

(d) Makes, or offers to make, an examination of, with the intent to perform or cause to be performed any operation on the human teeth, alveolar process, gums, jaws, or associated structures.

(e) Manages or conducts as manager, proprietor, conductor, lessor, or otherwise, a place where dental operations are performed.

SEC. 20. Section 1625.1 of the Business and Professions Code is amended to read:

1625.1. (a) Any of the following entities may employ licensees and dental assistants and charge for the professional services they render, and shall not be deemed to be practicing dentistry within the meaning of Section 1625:

(1) A primary care clinic that is licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code.

(2) A primary care clinic that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code.

(3) A clinic owned or operated by a public hospital or health system.

(4) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(b) The entities described in subdivision (a) shall not interfere with, control, or otherwise direct the professional judgment of a licensee or dental assistant lawfully acting within the licensee's or dental assistant's scope of practice as defined in this chapter. A requirement that licensees shall constitute all or a percentage of the governing body of the entity shall not be applicable to these entities.

SEC. 21. Section 1625.2 of the Business and Professions Code is amended to read:

1625.2. (a) For purposes of subdivision (e) of Section 1625, the ownership or management, by a tax-exempt nonprofit corporation supported and maintained in whole or in substantial part by donations, bequests, gifts, grants, government funds, or contributions, that may be in the form of money, goods, or services, of a place where dental operations are performed, shall not be construed to be the unlicensed practice of dentistry, as long as all of the following apply:

(1) The entity obtains the board's approval to offer dental services pursuant to regulations adopted by the board.

(2) The entity does nothing to interfere with, control, or otherwise direct the professional judgment of or provision of dental services by a licensee or dental assistant lawfully acting within the licensee's or dental assistant's scope of practice as defined in this chapter.

(3) The licensees and dental assistants of the entity providing services are in compliance with all applicable provisions of this chapter.

(4) The entity is otherwise in compliance with this chapter and all other applicable provisions of state and federal law.

(b) This section does not apply to any of the following entities:

(1) A primary care clinic that is licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code.

(2) A primary care clinic that is exempt from licensure pursuant to subdivision (b), (c), or (h) of Section 1206 of the Health and Safety Code.

(3) A clinic owned or operated by a public hospital or health system.

(4) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

SEC. 22. Section 1625.3 of the Business and Professions Code is amended to read:

1625.3. (a) Notwithstanding any other provision of law, upon the incapacity or death of a dentist, if the requirements of Section 1625.4 are met, any of the following persons may employ licensees and dental assistants and charge for the professional services they render for a period not to exceed 12 months from the date of the dentist's death or incapacity without being deemed to be practicing dentistry within the meaning of Section 1625:

(1) The legal guardian, conservator, or authorized representative of an incapacitated dentist.

(2) The executor or administrator of the estate of a dentist who is deceased.

(3) The named trustee or successor trustee of a trust or subtrust that owns assets consisting only of the incapacitated or deceased dentist's dental practice and that was established solely for the purpose of disposition of the dental practice upon the dentist's incapacity or death.

(b) The persons described in subdivision (a) shall not interfere with, control, or otherwise direct the professional judgment of a licensee or dental assistant lawfully acting within licensee's or dental assistant's scope of practice as defined in this chapter.

SEC. 23. Section 1625.4 of the Business and Professions Code is amended to read:

1625.4. (a) Where the dental practice of an incapacitated or deceased dentist is a sole proprietorship or where an incapacitated or deceased dentist is the sole shareholder of a professional dental corporation, a person identified in subdivision (a) of Section 1625.3 may enter into a contract with one or more dentists licensed in the state to continue the operations of the incapacitated or deceased dentist's dental practice for a period of no more than 12 months from the date of death or incapacity, or until the practice is sold or otherwise disposed of, whichever occurs first, if all of the following conditions are met:

(1) The person identified in subdivision (a) of Section 1625.3 delivers to the board a notification of death or incapacity that includes all of the following information:

(A) The name and license number of the deceased or incapacitated dentist.

(B) The name and address of the dental practice.

(C) If the dentist is deceased, the name, address, and tax identification number of the estate or trust.

(D) The name and license number of each dentist who will operate the dental practice.

(E) A statement that the information provided is true and correct, and that the person identified in subdivision (a) of Section 1625.3 understands that any interference by the person or by the person's assignee with the contracting dentist's or dentists' practice of dentistry or professional judgment is grounds for immediate termination of the operations of the dental practice without a hearing. The statement shall also provide that if the person required to make this notification willfully states as true any material fact that the person knows to be false, the person shall be subject to a civil penalty of up to ten thousand dollars (\$10,000) in an action brought by any public prosecutor. A civil penalty imposed under this subparagraph shall be enforced as a civil judgment.

(2) The dentist or dentists who will operate the practice shall be licensed by the board and that license shall be current, valid, and shall not be suspended, restricted, or otherwise the subject of discipline.

(3) Within 30 days after the death or incapacity of a dentist, the person identified in subdivision (a) of Section 1625.3 or the contracting dentist or dentists shall send notification of the death or incapacity by mail to the last known address of each current patient of record with an explanation of how copies of the patient's records may be obtained. This notice may also contain any other relevant information concerning the continuation of the dental practice. The failure to comply with the notification requirement within the 30-day period shall be grounds for terminating the operation of the dental practice under subdivision (b). The contracting dentist or dentists shall obtain a form signed by the patient, or the patient's guardian or legal representative, that releases the patient's confidential dental records to the contracting dentist or dentists prior to use of those records.

(b) The board may order the termination of the operations of a dental practice operating pursuant to this section if the board determines that the practice is operating in violation of this section. The board shall provide written notification at the address provided pursuant to subparagraph (B) of paragraph (1) of subdivision (a). If the board does not receive a written appeal of the determination that the practice is operating in violation of this section within 10 days of receipt of the notice, the determination to terminate the operations of the dental practice shall take effect immediately. If an appeal is received in a timely manner by the board, the executive officer of the board, or the officer's designee, shall conduct an informal hearing. The decision of the executive officer or the executive officer's designee shall be mailed to the practice no later than 10 days after the informal hearing, is the final decision in the matter, and is not subject to appeal under the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(c) Notwithstanding subdivision (b), if the board finds evidence that the person identified in subdivision (a) of Section 1625.3, or the person's assignee, has interfered with the practice or professional judgment of the contracting dentist or dentists or otherwise finds evidence that a violation of this section constitutes an immediate threat to the public health, safety, or welfare, the board may immediately order the termination of the operations of the dental practice without an informal hearing.

(d) A notice of an order of immediate termination of the dental practice without an informal hearing, as referenced in subdivision (b), shall be served by certified mail on the person identified in subdivision (a) of Section 1625.3 at the address provided pursuant to subparagraph (B) or (C) of paragraph (1) of subdivision (a), as appropriate, and on the contracting dentist or dentists at the address of the dental practice provided pursuant to subparagraph (B) of paragraph (1) of subdivision (a).

(e) A person receiving notice of an order of immediate termination pursuant to subdivision (d) may petition the board within 30 days of the date of service of the notice for an informal hearing before the executive officer or the executive officer's designee, which shall take place within 30 days of the filing of the petition.

(f) A notice of the decision of the executive officer or the executive officer's designee following an informal hearing held pursuant to subdivision (b) shall be served by certified mail on the person identified in subdivision (a) of Section 1625.3 at the address provided pursuant to subparagraph (B) or (C) of paragraph (1) of subdivision (a), as appropriate, and on the contracting dentist or dentists at the address of the dental practice provided pursuant to subparagraph (B) of paragraph (1) of subdivision (a).

(g) The board may require the submission to the board of any additional information necessary for the administration of this section.

SEC. 24. Section 1626 of the Business and Professions Code is amended to read:

1626. It is unlawful for any person to engage in the practice of dentistry in the state, either privately or as an employee of a governmental agency or

political subdivision, unless the person has a valid, unexpired license or special permit from the board.

The following practices, acts and operations, however, are exempt from the operation of this chapter:

(a) The practice of oral surgery by a physician and surgeon licensed under the Medical Practice Act.

(b) The operations, in dental schools approved by the board, of bona fide students of dentistry or dental hygiene in the school's clinical departments or laboratories or in a dental extension program approved by the board or in an advanced dental education program accredited by the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the board.

(c) The practice of dentistry by licensed dentists of other states or countries while appearing and operating as bona fide clinicians or instructors in dental colleges approved by the Dental Board of California.

(d) The practice of dentistry by licensed dentists of other states or countries in conducting or making a clinical demonstration before any bona fide dental or medical society, association, or convention; provided, however, the consent of the Dental Board of California to the making and conducting of the clinical demonstration shall be first had and obtained.

(e) The construction, making, verification of shade taking, alteration or repairing of bridges, crowns, dentures, or other prosthetic appliances, or orthodontic appliances, when the casts or impressions for this work have been made or taken by a licensed dentist, but a written authorization signed by a licensed dentist shall accompany the order for the work or it shall be performed in the office of a licensed dentist under the dentist's supervision. The burden of proving written authorization or direct supervision is upon the person charged with the violation of this chapter.

It is unlawful for any person acting under the exemption of this subdivision to represent or hold out to the public in any manner that the person will perform or render any of the services exempted by this subdivision that are rendered or performed under the provisions of this chapter by a licensed dentist, including the construction, making, alteration or repairing of dental prosthetic or orthodontic appliances.

(f) The manufacture or sale of wholesale dental supplies.

(g) The practice of dentistry or dental hygiene by applicants during a licensing examination conducted in this state by the licensing agency of another state which does not have a dental school; provided, however, that the consent of the board to the conducting of the examination shall first have been obtained and that the examination shall be conducted in a dental college accredited by the board.

(h) The practice by personnel of the Air Force, Army, Coast Guard, Navy, or Marine Corps or employees of the United States Public Health Service, Veterans' Administration, or Bureau of Indian Affairs when engaged in the discharge of official duties.

SEC. 25. Section 1626.2 of the Business and Professions Code is amended to read:

1626.2. An individual licensed to practice dentistry under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care practitioner subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.

SEC. 26. Section 1626.6 of the Business and Professions Code is amended to read:

1626.6. (a) (1) In addition to the exemptions set forth in Section 1626, the practice of dentistry by a final year student rendered or performed without compensation or expectation of compensation under the supervision of a licensed dentist with a clinical faculty appointment at a sponsored event, is exempt from the operation of this chapter.

(2) The practice of dentistry exempted by paragraph (1) only includes those operations, approved by the board, that are rendered or performed under the same conditions as operations exempt under subdivision (b) of Section 1626.

(b) For purposes of this section, all of the following shall apply:

(1) "Final year student" means a student of dentistry in the student's final year of completion at a dental school approved by the board. "Final year student" also includes a dental student enrolled in an advanced dental program.

(2) "Licensed dentist" means a dentist licensed pursuant to this chapter.

(3) "Patient" means a dental patient or, in the case of a minor, the patient's representative.

(4) "Sponsored event" means an event, not to exceed 10 calendar days, administered by a sponsoring entity or a local governmental entity, or both, through which health care is provided to the public without compensation, or expectation of compensation.

(5) "Sponsoring dental school" means a dental school that sanctions student and clinical faculty participation at a sponsored event.

(6) "Sponsoring entity" means a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code, or a community-based organization.

(c) The volunteer practice of dentistry by students pursuant to this section shall comply with all of the following requirements:

(1) Each patient shall be sufficiently informed that a dental student may be providing some of the treatment that the patient will be receiving.

(2) Any information provided to the patient to give informed consent shall offer the patient the option to decline to be treated by the student.

(3) The volunteer practice of a student shall be supervised by clinical faculty from the dental school in which the student is enrolled.

(4) Each volunteer student shall wear an identification badge that clearly identifies the student as a dental student. The identification badge shall display the student's name, the name of the student's dental school, and the name and the telephone number of the Dental Board of California. That information shall be displayed in 14-point font, at minimum.

(5) Supervision ratios and student oversight shall be at least as stringent as the standards set for the procedure being performed by the student and



the age of the patient, in accordance with the standards at the sponsoring dental school's clinical department, laboratory, or dental extension program operated pursuant to subdivision (b) of Section 1626.

(6) The student shall perform only those procedures in which the student is credentialed or those procedures the student is permitted to perform in the school's clinical department, laboratory, or dental extension program operated pursuant to subdivision (b) of Section 1626.

(d) The student or the student's sponsoring dental school shall ensure liability insurance coverage is obtained that covers all services provided by the student, including diagnosis, treatment, and evaluation.

(e) The sponsoring entity of the sponsored event shall provide the Dental Board of California with a list of the names of the students practicing dentistry exempted by this section at the sponsored event, the name of the school of enrollment of those students, and the name and license number of the supervising licensed dentist.

SEC. 27. Section 1627.5 of the Business and Professions Code is amended to read:

1627.5. (a) A person licensed under this chapter, who in good faith renders emergency care at the scene of an emergency occurring outside the place of that person's practice, or who, upon the request of another person so licensed, renders emergency care to a person for a complication arising from prior care of another person so licensed, shall not be liable for any civil damages as a result of any acts or omissions by that person in rendering the emergency care.

(b) A person licensed under this chapter who voluntarily and without compensation or expectation of compensation, and consistent with the dental education and emergency training that the person has received, provides emergency medical care to a person during a state of emergency declared pursuant to a proclamation issued pursuant to Section 8588, 8625, or 8630 of the Government Code or a declaration of health emergency issued pursuant to Section 101080 of the Health and Safety Code shall not be liable in negligence for any personal injury, wrongful death, or property damage caused by the licensee's good faith but negligent act or omission. This subdivision shall not provide immunity for acts or omissions of gross negligence or willful misconduct. This subdivision does not limit any immunity provided under subdivision (a).

(c) Notwithstanding any other provision of law, for the duration of a declared state of emergency, pursuant to a proclamation of emergency issued pursuant to Section 8625 of the Government Code, the board may suspend compliance with any provision of this chapter or regulation adopted thereunder that would adversely affect a licensee's ability to provide emergency services.

SEC. 28. Section 1628 of the Business and Professions Code is amended to read:

1628. Any person over 18 years of age is eligible to take an examination before the board upon making application therefor and meeting all of the following requirements:

(a) Paying the fee for applicants for examination provided by this chapter.

(b) Furnishing satisfactory evidence of having graduated from a dental college approved by the board or by the Commission on Dental Accreditation of the American Dental Association and presenting satisfactory evidence of having completed at dental school or schools the full number of academic years of undergraduate courses required for graduation. For purposes of this article, “dental college approved by the board” or “approved dental school” include a foreign dental school accredited by a body that has a reciprocal accreditation agreement with any commission or accreditation organization whose findings are accepted by the board.

(c) Furnishing the satisfactory evidence of financial responsibility or liability insurance for injuries sustained or claimed to be sustained by a dental patient in the course of the examination as a result of the applicant’s actions.

(d) If the applicant has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school, the applicant shall furnish all of the following documentary evidence to the board:

(1) That the applicant has completed, in a dental school or schools approved by the board pursuant to Section 1636.4, a resident course of professional instruction in dentistry for the full number of academic years of undergraduate courses required for graduation.

(2) Subsequent thereto, the applicant has been issued by the dental school a dental diploma or a dental degree, as evidence of the successful completion of the course of dental instruction required for graduation.

(e) Any applicant who has been issued a dental diploma from a foreign dental school that has not, at the time of the applicant’s graduation from the school, been approved by the board pursuant to Section 1636.4 shall not be eligible for examination until the applicant has successfully completed a minimum of two academic years of education at a dental college approved by the board pursuant to Article 1 (commencing with Section 1024) of Chapter 2 of Division 10 of Title 16 of the California Code of Regulations and has been issued a degree of doctor of dental medicine or doctor of dental surgery or its equivalent. This subdivision shall not apply to applicants who have successfully completed the requirements of Section 1636 as it read before it was repealed on January 1, 2004, on or before December 31, 2003, or who have successfully completed the requirements of Section 1628.2 on or before December 31, 2008. An applicant who has successfully completed the requirements of Section 1636 as it read before it was repealed on January 1, 2004, on or before December 31, 2003, or who has successfully completed the requirements of Section 1628.2 on or before December 31, 2008, shall be eligible to take the examination required by Section 1632, subject to the limitations set forth in subdivisions (b) and (c) of Section 1633.

(f) Subdivisions (d) and (e) do not apply to a person who has been issued a degree of doctor of dental medicine or doctor of dental surgery by a foreign dental school accredited by a body that has a reciprocal accreditation agreement with any commission or accreditation organization whose findings are accepted by the board.

SEC. 29. Section 1628.5 of the Business and Professions Code is amended to read:

1628.5. The board may deny an application to take an examination for licensure as a dentist or dental auxiliary or an application for registration as a dental corporation, or, at any time prior to licensure, the board may deny the issuance of a license to an applicant for licensure as a dentist or dental auxiliary, if the applicant has been convicted of a crime or subject to formal discipline pursuant to Section 480.

SEC. 30. Section 1629 of the Business and Professions Code is amended to read:

1629. (a) Any member of the board may inquire of any applicant for examination concerning the applicant's qualifications or experience and may take testimony of anyone in regard thereto, under oath, which the member is hereby empowered to administer.

(b) Each applicant for licensure under this chapter shall furnish either fingerprint cards or a copy of a completed Live Scan form for submission to state and federal criminal justice agencies, including, but not limited to, the Federal Bureau of Investigation, in order to establish the identity of the applicant and in order to determine whether the applicant has a record of any criminal convictions in this state or in any other jurisdiction, including foreign countries. The information obtained as a result of the fingerprinting of the applicant shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure pursuant to Division 1.5 (commencing with Section 475) or Section 1628.5. The board shall request the subsequent arrest notification service for all applicants pursuant to Section 11105.2 of the Penal Code.

(c) Each applicant for licensure to practice dentistry shall furnish a signed release allowing disclosure of information from the National Practitioner Data Bank and verification of registration status with the federal Drug Enforcement Administration within the United States Department of Justice. The board shall review this information to determine if it presents sufficient evidence of a violation of Article 4 (commencing with Section 1670) to warrant the submission of additional information from the applicant or the denial of the application for licensure.

SEC. 31. Section 1630 of the Business and Professions Code is amended to read:

1630. The examination of applicants for a license to practice dentistry in this state, as described in Section 1632, shall be sufficiently thorough to test the fitness of the applicant to practice dentistry, and shall include assessing competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry. Both questions and answers shall be written in the English language.

SEC. 32. Section 1632 of the Business and Professions Code is amended to read:

1632. (a) The board shall require each applicant to successfully complete the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations.

(b) The board shall require each applicant to successfully complete an examination in California law and ethics developed and administered by the board. The board shall provide a separate application for this examination. The board shall ensure that the law and ethics examination reflects current law and regulations, and ensure that the examinations are randomized. Applicants shall submit this application and required fee to the board in order to take this examination. In addition to the aforementioned application, the only other requirement for taking this examination shall be certification from the dean of the qualifying dental school or the dean's delegate attended by the applicant that the applicant has graduated, or will graduate, or is expected to graduate. Applicants who submit completed applications and certification from the dean at least 15 days prior to a scheduled examination shall be scheduled to take the examination. Successful results of the examination shall, as established by board regulation, remain valid for two years from the date that the applicant is notified of having passed the examination.

(c) Except as otherwise provided in Section 1632.5, the board shall require each applicant to have taken and received a passing score on one of the following:

(1) (A) A portfolio examination of the applicant's competence to enter the practice of dentistry. This examination shall be conducted while the applicant is enrolled in a dental school program at a board-approved school located in California. This examination shall utilize uniform standards of clinical experiences and competencies, as approved by the board pursuant to Section 1632.1. The applicant shall pass a final assessment of the submitted portfolio at the end of the applicant's dental school program. Before any portfolio assessment may be submitted to the board, the applicant shall remit the required fee to the board to be deposited into the State Dentistry Fund, and a letter of good standing signed by the dean of the applicant's dental school or the dean's delegate stating that the applicant has graduated or will graduate with no pending ethical issues.

(B) The board shall provide a report on how many other states have recognized licensure by portfolio examination at the time of its sunset review pursuant to subdivision (d) of Section 1601.1. The report shall be submitted in compliance with Section 9795 of the Government Code.

(2) Either one of the following examinations:

(A) A clinical and written examination administered by the Western Regional Examining Board within five years prior to the date of their application for a license under this section.

(B) The clinical and written examination developed by the American Board of Dental Examiners, Inc., within five years prior to the date of their application for a license under this section.

(d) Notwithstanding subdivision (b) of Section 1628, the board is authorized to do either of the following:

(1) Approve an application for examination from, and to examine an applicant who is enrolled in, but has not yet graduated from, a reputable dental school approved by the board.

(2) Accept the results of an examination described in paragraph (2) of subdivision (c) submitted by an applicant who was enrolled in, but had not graduated from, a reputable dental school approved by the board at the time the examination was administered.

In either case, the board shall require the dean of that school or the dean's delegate to furnish satisfactory proof that the applicant will graduate within one year of the date the examination was administered or as provided in paragraph (1) of subdivision (c).

(e) The board may determine the testing format, as related to patients, for the examination provided pursuant to subparagraph (B) of paragraph (2) of subdivision (c).

SEC. 33. Section 1633 of the Business and Professions Code is amended to read:

1633. (a) When an applicant for a license has received a grading of 85 percent or above in any given subject, the applicant shall be exempt from reexamination on that subject in subsequent examinations before the board within two years after the examination on which the applicant received the exemption.

(b) Notwithstanding Section 135, an applicant who fails to pass the examination required by Section 1632 after three attempts shall not be eligible for further reexamination until the applicant has successfully completed a minimum of 50 hours of education for each subject which the applicant failed in the applicant's last unsuccessful examination. The coursework shall be taken at a dental school approved by either the Commission on Dental Accreditation or a comparable organization approved by the board, and shall be completed within a period of one year from the date of notification of the applicant's third failure.

(c) The coursework described in subdivision (b) shall be required once for every three unsuccessful examination attempts. When the applicant applies for reexamination, the applicant shall furnish proof satisfactory to the board that the applicant has successfully completed the requirements of this section.

SEC. 34. Section 1634.1 of the Business and Professions Code is amended to read:

1634.1. Notwithstanding Section 1634, the board may grant a license to practice dentistry to an applicant who submits all of the following to the board:

(a) A completed application form and all fees required by the board.

(b) Satisfactory evidence of having graduated from a dental school approved by a national accrediting body approved by the board or by the Commission on Dental Accreditation of the American Dental Association.

(c) Satisfactory evidence of having completed a clinically based advanced education program in general dentistry or an advanced education program in general practice residency that is, at minimum, one year in duration and is accredited by either the Commission on Dental Accreditation of the American Dental Association or a national accrediting body approved by the board. The advanced education program shall include a certification of

clinical residency program completion approved by the board, to be completed upon the resident's successful completion of the program in order to evaluate the resident's competence to practice dentistry in the state. The certification shall be within two years prior to the date of the resident's application for a license under this section. Completion of the program shall be within two years prior to the date of their application for a license under this section.

(d) Satisfactory evidence of having successfully completed the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations.

(e) Satisfactory evidence of having successfully completed an examination in California law and ethics.

(f) Proof that the applicant has not failed the examination for licensure to practice dentistry under this chapter within five years prior to the date of the resident's application for a license under this chapter.

SEC. 35. Section 1636.4 of the Business and Professions Code is amended to read:

1636.4. (a) The Legislature recognizes the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares their students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges. It is the purpose of this section to provide for the evaluation of foreign dental schools and the approval of those foreign dental schools that provide an education that is equivalent to that of similar accredited institutions in the United States and that adequately prepare their students for the practice of dentistry.

(b) The board shall be responsible for the approval of foreign dental schools based on standards established pursuant to subdivision (d). The board may contract with outside consultants or a national professional organization to survey and evaluate foreign dental schools. The consultant or organization shall report to the board regarding its findings in the survey and evaluation.

(c) (1) The board shall establish a technical advisory group to review and comment upon the survey and evaluation of a foreign dental school contracted for pursuant to subdivision (b), prior to any final action by the board regarding certification of the foreign dental school. The technical advisory group shall be selected by the board and shall consist of four dentists, two of whom shall be selected from a list of five recognized United States dental educators recommended by the foreign school seeking approval. None of the members of the technical advisory group shall be affiliated with the school seeking certification.

(2) If the board does not contract for the evaluation pursuant to subdivision (b), no technical advisory group shall be established and the evaluation team for the schoolsite shall provide its report directly to the board.

(d) Any foreign dental school that wishes to be approved pursuant to this section shall make application to the board for this approval, which shall be based upon a finding that the educational program of the foreign dental school is equivalent to that of similar accredited institutions in the United States and adequately prepares its students for the practice of dentistry. Curriculum, faculty qualifications, student attendance, plant and facilities, and other relevant factors shall be reviewed and evaluated. The board, with the cooperation of the technical advisory group, shall identify by rule the standards and review procedures and methodology to be used in the approval process consistent with this subdivision. The board shall not grant approval if deficiencies found are of such magnitude as to prevent the students in the school from receiving an educational base suitable for the practice of dentistry.

(e) Periodic surveys and evaluations of all approved schools shall be made to ensure continued compliance with this section. Approval shall include provisional and full approval. The provisional form of approval shall be for a period determined by the board, not to exceed three years, and shall be granted to an institution, in accordance with rules established by the board, to provide reasonable time for the school seeking permanent approval to overcome deficiencies found by the board. Prior to the expiration of a provisional approval and before the full approval is granted, the school shall be required to submit evidence that deficiencies noted at the time of initial application have been remedied. A school granted full approval shall provide evidence of continued compliance with this section. In the event that the board denies approval or reapproval, the board shall give the school a specific listing of the deficiencies that caused the denial and the requirements for remedying the deficiencies, and shall permit the school, upon request, to demonstrate by satisfactory evidence, within 90 days, that it has remedied the deficiencies listed by the board.

(f) A school shall pay a registration fee established by rule of the board, not to exceed one thousand dollars (\$1,000), at the time of application for approval and shall pay all reasonable costs and expenses the board incurs for the conduct of the approval survey.

(g) The board shall renew approval upon receipt of a renewal application, accompanied by a fee not to exceed five hundred dollars (\$500). Each fully approved institution shall submit a renewal application every seven years. Any approval that is not renewed shall automatically expire.

(h) (1) Beginning January 1, 2020, the board shall not accept new applications for schools seeking approval as a foreign dental school and shall instead require the applicant to successfully complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the board.

(2) An application submitted under this section must be deemed a complete application pursuant to the rules promulgated by the board prior to January 1, 2020, in order to be accepted.

(3) Notwithstanding any other law, a school required to submit a renewal application after January 1, 2020, shall not submit that application and shall be deemed approved until January 1, 2024, subject to the continued compliance of the school as described in subdivision (e).

(i) By January 1, 2024, in order to remain an approved foreign dental school in the state, all schools previously approved by the board as a foreign dental school shall have successfully completed the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the board. Graduates of a foreign dental school whose programs were approved at the time of graduation shall be eligible for licensure pursuant to Section 1628.

(j) This section shall remain in effect only until January 1, 2024, and as of that date is repealed.

SEC. 36. Section 1636.4 is added to the Business and Professions Code, to read:

1636.4. (a) The Legislature recognizes the need to ensure that graduates of foreign dental schools who have received an education that is equivalent to that of accredited institutions in the United States and that adequately prepares the students for the practice of dentistry shall be subject to the same licensure requirements as graduates of approved dental schools or colleges. It is the purpose of this section to provide for the evaluation of foreign dental schools and the approval of those foreign dental schools that provide an education that is equivalent to that of similar accredited institutions in the United States and that adequately prepare their students for the practice of dentistry.

(b) Beginning January 1, 2024, a school seeking approval as a foreign dental school shall be required to have successfully completed the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association or a comparable accrediting body approved by the board. Graduates of a foreign dental school whose programs were approved at the time of graduation shall be eligible for licensure pursuant to Section 1628.

(c) This section shall become operative on January 1, 2024.

SEC. 37. Section 1636.6 of the Business and Professions Code is repealed.

SEC. 38. Section 1645 of the Business and Professions Code is amended to read:

1645. (a) (1) All holders of licenses under this chapter shall continue their education after receiving a license as a condition to the renewal thereof, and shall obtain evidence satisfactory to the board that they have, during the preceding two-year period, obtained continuing education relevant to developments in the practice of dentistry and dental assisting consistent with regulations established by the board.

(2) The board shall adopt regulations providing for the suspension of the licenses at the end of the two-year period until compliance with this section is accomplished.



(b) The board may also, as a condition of license renewal, require licensees to successfully complete a portion of the required continuing education hours in specific areas adopted in regulations by the board. The board may prescribe this mandatory coursework within the general areas of patient care, health and safety, law and ethics, and the risks of addiction associated with the use of Schedule II drugs. The mandatory coursework prescribed by the board shall not exceed 15 hours per renewal period for dentists, and 7.5 hours per renewal period for dental auxiliaries. Any mandatory coursework required by the board shall be credited toward the continuing education requirements established by the board pursuant to subdivision (a).

(c) For a retired dentist who provides only uncompensated care, the board shall not require more than 60 percent of the hours of continuing education that are required of other licensed dentists. Notwithstanding subdivision (b), all of the hours of continuing education as described in this subdivision shall be gained through courses related to the actual delivery of dental services to the patient or the community, as determined by the board. Nothing in this subdivision shall be construed to reduce any requirements imposed by the board pursuant to subdivision (b).

SEC. 39. Section 1645.1 of the Business and Professions Code is amended to read:

1645.1. (a) A person who applies for licensure as a registered dental assistant shall provide evidence of having successfully completed board-approved courses in infection control, the Dental Practice Act, basic life support, radiation safety and coronal polishing. The length and content of the courses shall be governed by applicable board regulations. Failure to comply with this section shall result in automatic suspension of the license, which shall be reinstated upon the receipt of evidence that the licensee has successfully completed the required courses. Completion of the courses may be counted toward fulfillment of the continuing education requirements governed by Section 1645.

(b) The holder of an inactive registered dental assistant license is only required to comply with subdivision (a) as a condition of returning the holder's license to active status.

SEC. 40. Section 1658 of the Business and Professions Code is amended to read:

1658. (a) (1) When a licensee desires to have more than one place of practice, the licensee shall, prior to the opening of the additional office, apply to the board, pay the fee required by this chapter, and receive permission in writing from the board to have the additional place of practice.

(2) "Place of practice" means any dental office where any act of dentistry is practiced as defined by Section 1625, and includes a place of practice in which the applicant holds any proprietary interest of any nature whatsoever, or in which the licensee holds any right to participate in the management or control thereof. A dentist who is the lessor of a dental office shall not be deemed to hold a proprietary interest in that place of practice, unless the

dentist is entitled to participate in the management or control of the dentistry practiced there.

(b) This section shall not apply to a licensee who practices dentistry outside the licensee's registered place of practice in any of the following places:

- (1) Facilities licensed by the State Department of Public Health.
- (2) Licensed health facilities as defined in Section 1250 of the Health and Safety Code.
- (3) Clinics that are licensed under subdivision (a) of Section 1204 of, or that are exempt from licensure under subdivision (b), (c), or (h) of Section 1206 of, the Health and Safety Code.
- (4) Licensed community care facilities as defined in Section 1502 of the Health and Safety Code.
- (5) Schools of any grade level, whether public or private.
- (6) Public institutions, including, but not limited to, federal, state, and local penal and correctional facilities.
- (7) Mobile units that are operated by a public or governmental agency or a nonprofit or charitable organization and are approved by the board, provided that the mobile units meet all statutory or regulatory requirements.
- (8) The home of a nonambulatory patient when a physician or registered nurse has provided a written note that the patient is unable to visit a dental office.

SEC. 41. Section 1673 is added to the Business and Professions Code, to read:

1673. (a) On and after July 1, 2020, except as otherwise provided in subdivision (c), the board shall require a licensee to provide to a patient or the patient's guardian or health care surrogate a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet website. The disclosure shall be provided before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2020, in any of the following circumstances:

- (1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:
  - (A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.
  - (B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.
  - (C) Criminal conviction directly involving harm to patient health.
  - (D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendere or other similar compromise that does not include any prima facie showing or admission of guilt or fact, but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following apply:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2020, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's license information internet website.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation, along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and the probation end date.

(5) All practice restrictions placed on the license by the board.

SEC. 42. Section 1680 of the Business and Professions Code is amended to read:

1680. Unprofessional conduct by a person licensed under this chapter is defined as, but is not limited to, any one of the following:

(a) The obtaining of any fee by fraud or misrepresentation.

(b) The employment directly or indirectly of any student or suspended or unlicensed dentist to practice dentistry as defined in this chapter.

(c) The aiding or abetting of any unlicensed person to practice dentistry.

(d) The aiding or abetting of a licensed person to practice dentistry unlawfully.

(e) The committing of any act or acts of sexual abuse, misconduct, or relations with a patient that are substantially related to the practice of dentistry.

(f) The use of any false, assumed, or fictitious name, either as an individual, firm, corporation, or otherwise, or any name other than the name under which the person is licensed to practice, in advertising or in any other manner indicating that the person is practicing or will practice dentistry, except that name as is specified in a valid permit issued pursuant to Section 1701.5.

(g) The practice of accepting or receiving any commission or the rebating in any form or manner of fees for professional services, radiograms, prescriptions, or other services or articles supplied to patients.

(h) The making use by the licensee or any agent of the licensee of any advertising statements of a character tending to deceive or mislead the public.

(i) The advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This subdivision shall not prohibit advertising permitted by subdivision (h) of Section 651.

(j) The employing or the making use of solicitors.

(k) The advertising in violation of Section 651.

(l) The advertising to guarantee any dental service, or to perform any dental operation painlessly. This subdivision shall not prohibit advertising permitted by Section 651.

(m) The violation of any of the provisions of law regulating the procurement, dispensing, or administration of dangerous drugs, as defined in Chapter 9 (commencing with Section 4000) or controlled substances, as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code.

(n) The violation of any of the provisions of this division.

(o) The permitting of any person to operate dental radiographic equipment who has not met the requirements of Section 1656.

(p) The clearly excessive prescribing or administering of drugs or treatment, or the clearly excessive use of diagnostic procedures, or the clearly excessive use of diagnostic or treatment facilities, as determined by the customary practice and standards of the dental profession.

Any person who violates this subdivision is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars (\$100) or more than six hundred dollars (\$600), or by imprisonment for a term of not less than 60 days or more than 180 days, or by both a fine and imprisonment.

(q) The use of threats or harassment against any patient or licensee for providing evidence in any possible or actual disciplinary action, or other legal action; or the discharge of an employee primarily based on the employee's attempt to comply with the provisions of this chapter or to aid in the compliance.

(r) Suspension or revocation of a license issued, or discipline imposed, by another state or territory on grounds that would be the basis of discipline in this state.

(s) The alteration of a patient's record with intent to deceive.

(t) Unsanitary or unsafe office conditions, as determined by the customary practice and standards of the dental profession.

(u) The abandonment of the patient by the licensee, without written notice to the patient that treatment is to be discontinued and before the patient has ample opportunity to secure the services of another dentist, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions and provided the health of the patient is not jeopardized.

(v) The willful misrepresentation of facts relating to a disciplinary action to the patients of a disciplined licensee.

(w) Use of fraud in the procurement of any license issued pursuant to this chapter.

(x) Any action or conduct that would have warranted the denial of the license.

(y) The aiding or abetting of a licensed dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to practice dentistry in a negligent or incompetent manner.

(z) (1) The failure to report to the board in writing within seven days any of the following: (A) the death of the licensee's patient during the performance of any dental or dental hygiene procedure; (B) the discovery of the death of a patient whose death is related to a dental or dental hygiene procedure performed by the licensee; or (C) except for a scheduled hospitalization, the removal to a hospital or emergency center for medical treatment of any patient to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, or any patient as a result of dental or dental hygiene treatment. With the exception of patients to whom oral conscious sedation, conscious sedation, or general anesthesia was administered, removal to a hospital or emergency center that is the normal or expected treatment for the underlying dental condition is not required to be reported. Upon receipt of a report pursuant to this subdivision the board may conduct an inspection of the dental office if the board finds that it is necessary. A dentist shall report to the board all deaths occurring in the licensee's practice with a copy sent to the Dental Hygiene Board of California if the death was the result of treatment by a registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. A registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions shall report to the Dental Hygiene Board of California all deaths occurring as the result of dental hygiene treatment, and a copy of the notification shall be sent to the board.

(2) The report required by this subdivision shall be on a form or forms approved by the board. The form or forms approved by the board shall require the licensee to include, but not be limited to, the following information for cases in which patients received anesthesia: the date of the procedure; the patient's age in years and months, weight, and sex; the patient's American Society of Anesthesiologists (ASA) physical status; the patient's primary diagnosis; the patient's coexisting diagnoses; the procedures performed; the sedation setting; the medications used; the monitoring equipment used; the category of the provider responsible for sedation oversight; the category of the provider delivering sedation; the category of the provider monitoring the patient during sedation; whether the person supervising the sedation performed one or more of the procedures; the planned airway management; the planned depth of sedation; the complications that occurred; a description of what was unexpected about the airway management; whether there was transportation of the patient during sedation; the category of the provider conducting resuscitation measures; and the resuscitation equipment utilized. Disclosure of individually identifiable patient information shall be consistent with applicable law. A report required by this subdivision shall not be admissible in any action brought by a patient of the licensee providing the report.

(3) For the purposes of paragraph (2), categories of provider are: General Dentist, Pediatric Dentist, Oral Surgeon, Dentist Anesthesiologist, Physician Anesthesiologist, Dental Assistant, Registered Dental Assistant, Dental Sedation Assistant, Registered Nurse, Certified Registered Nurse Anesthetist, or Other.

(4) The form shall state that this information shall not be considered an admission of guilt, but is for educational, data, or investigative purposes.

(5) The board may assess a penalty on any licensee who fails to report an instance of an adverse event as required by this subdivision. The licensee may dispute the failure to file within 10 days of receiving notice that the board had assessed a penalty against the licensee.

(aa) Participating in or operating any group advertising and referral services that are in violation of Section 650.2.

(ab) The failure to use a fail-safe machine with an appropriate exhaust system in the administration of nitrous oxide. The board shall, by regulation, define what constitutes a fail-safe machine.

(ac) Engaging in the practice of dentistry with an expired license.

(ad) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of bloodborne infectious diseases from dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions to patient, from patient to patient, and from patient to dentist, dental assistant, registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental

hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, guidelines, and regulations pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other bloodborne pathogens in health care settings. The board shall review infection control guidelines, if necessary, on an annual basis and proposed changes shall be reviewed by the Dental Hygiene Board of California to establish a consensus. The hygiene board shall submit any recommended changes to the infection control guidelines for review to establish a consensus. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians, to encourage appropriate consistency in the implementation of this subdivision.

The board shall seek to ensure that all appropriate dental personnel are informed of the responsibility to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of bloodborne infectious diseases.

(ae) The utilization by a licensed dentist of any person to perform the functions of any registered dental assistant, registered dental assistant in extended functions, dental sedation assistant permitholder, orthodontic assistant permitholder, registered dental hygienist, registered dental hygienist in alternative practice, or registered dental hygienist in extended functions who, at the time of initial employment, does not possess a current, valid license or permit to perform those functions.

(af) The prescribing, dispensing, or furnishing of dangerous drugs or devices, as defined in Section 4022, in violation of Section 2242.1.

(ag) Using water, or other methods used for irrigation, that are not sterile or that do not contain recognized disinfecting or antibacterial properties when performing dental procedures on exposed dental pulp.

(ah) The failure by the treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or initial use of orthodontic appliances, to perform an examination pursuant to subdivision (b) of Section 1684.5, including the review of the patient's most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia. New radiographs or other equivalent bone imaging shall be ordered if deemed appropriate by the treating dentist.

SEC. 43. Section 1683.1 is added to the Business and Professions Code, to read:

1683.1. (a) Any individual, partnership, corporation, or other entity that provides dental services through telehealth shall make available the name, telephone number, practice address, and California state license number of

any dentist who will be involved in the provision of services to a patient prior to the rendering of services and when requested by a patient.

(b) A violation of this section shall constitute unprofessional conduct.

SEC. 44. Section 1683.2 is added to the Business and Professions Code, to read:

1683.2. A provider of dental services shall not require a patient to sign an agreement that limits the patient's ability to file a complaint with the board.

SEC. 45. Section 1718.3 of the Business and Professions Code is amended to read:

1718.3. (a) A license that is not renewed within five years after its expiration shall not be renewed, restored, reinstated, or reissued thereafter, but the holder of the license may apply for and obtain a new license if the following requirements are satisfied:

(1) No fact, circumstance, or condition exists which would justify denial of licensure under Section 480.

(2) The licenseholder pays all of the fees that would be required if the licenseholder were then applying for the license for the first time and all renewal and delinquency fees that have accrued since the date on which the licenseholder last renewed the license.

(3) The licenseholder takes and passes the examination, if any, that would be required if the licenseholder were then applying for the license for the first time, or otherwise establishes to the satisfaction of the board that with due regard for the public interest, the licenseholder is qualified to practice the profession or activity in which the licenseholder again seeks to be licensed.

(4) The licenseholder applies for licensure, as a new applicant, through one of the available licensing pathways under this division and meets all the requirements for licensure outlined therein.

(b) The board may impose conditions on any license issued pursuant to this section, as it deems necessary.

(c) The board may by regulation provide for the waiver or refund of all or any part of the examination fee in those cases in which a license is issued without an examination under this section.

SEC. 46. Section 1721 of the Business and Professions Code is amended to read:

1721. Except as provided in Sections 1944 and 1945, all funds received by the Treasurer under the authority of this chapter shall be placed in the State Dentistry Fund. Expenditure of those funds shall be subject to appropriation by the Legislature in the annual Budget Act. Subject to that appropriation, and except as provided in Sections 1944 and 1945, all disbursements by the board made in the transaction of its business and in the enforcement of this chapter shall be paid out of the fund upon claims against the state.

SEC. 47. Section 1721.5 of the Business and Professions Code is amended to read:



1721.5. All funds received by the Treasurer pursuant to Section 1725 shall be placed in the State Dentistry Fund for the purposes of administering this chapter as it relates to dental assistants, registered dental assistants, registered dental assistants in extended functions, dental sedation assistant permitholders, and orthodontic assistant permitholders. Expenditure of these funds shall be subject to appropriation by the Legislature in the annual Budget Act.

SEC. 48. Section 1725 of the Business and Professions Code is amended to read:

1725. The amount of the fees prescribed by this chapter that relate to the licensing and permitting of dental assistants shall be established by regulation and subject to the following limitations:

(a) The application fee for an original license shall not exceed two hundred dollars (\$200).

(b) The fee for examination for licensure as a registered dental assistant shall not exceed the actual cost of the examination.

(c) The fee for application and for the issuance of an orthodontic assistant permit or a dental sedation assistant permit shall not exceed two hundred dollars (\$200).

(d) The fee for the written examination for an orthodontic assistant permit or a dental sedation assistant permit shall not exceed the actual cost of the examination.

(e) The fee for the Registered Dental Assistant Combined Written and Law and Ethics Examination for a registered dental assistant shall not exceed the actual cost of the examination.

(f) The fee for examination for licensure as a registered dental assistant in extended functions shall not exceed the actual cost of the examination.

(g) The biennial renewal fee for a registered dental assistant license, registered dental assistant in extended functions license, dental sedation assistant permit, or orthodontic assistant permit shall not exceed two hundred dollars (\$200).

(h) The delinquency fee shall be 50 percent of the renewal fee for the license or permit in effect on the date of the renewal of the license or permit.

(i) The fee for issuance of a duplicate registration, license, permit, or certificate to replace one that is lost or destroyed, or in the event of a name change, shall not exceed one hundred dollars (\$100).

(j) The fee for each curriculum review and site evaluation for educational programs for registered dental assistants that are not accredited by a board-approved agency, or the Chancellor's office of the California Community Colleges shall not exceed seven thousand five hundred dollars (\$7,500).

(k) The fee for review of each approval application or reevaluation for a course that is not accredited by a board-approved agency or the Chancellor's office of the California Community Colleges shall not exceed two thousand dollars (\$2,000).

(l) Fees collected pursuant to this section shall be deposited in the State Dentistry Fund.

SEC. 49. Section 1740 of the Business and Professions Code is amended to read:

1740. It is the intention of the Legislature by enactment of this article to permit the full utilization of dental assistants in order to meet the dental care needs of all the state's citizens. The Legislature further intends that the classifications of dental assistants established pursuant to this article permit the continual advancement of persons to successively higher levels of licensure with additional education and training. The Legislature further intends that the Dental Board of California, in implementing this article, give specific consideration to the recommendations of the Dental Assisting Council, established pursuant to Section 1742.

SEC. 50. Section 1742 of the Business and Professions Code is amended to read:

1742. (a) There is hereby created a Dental Assisting Council of the Dental Board of California, which shall consider all matters relating to dental assistants in this state, on its own initiative or upon the request of the board, and make appropriate recommendations to the board and the standing committees of the board, including, but not limited to, the following areas:

(1) Requirements for dental assistant examination, licensure, permitting, and renewal.

(2) Standards and criteria for approval of dental assisting educational programs, courses, and continuing education.

(3) Allowable dental assistant duties, settings, and supervision levels.

(4) Appropriate standards of conduct and enforcement for dental assistants.

(5) Requirements regarding infection control.

(b) (1) The members of the council shall be appointed by the board and shall include the registered dental assistant member of the board, another member of the board, and five registered dental assistants, representing as broad a range of dental assisting experience and education as possible, who meet the requirements of paragraph (2).

(2) The board shall consider, in its appointments of the five registered dental assistant members, recommendations submitted by any incorporated, nonprofit professional society, association, or entity whose membership is comprised of registered dental assistants within the state. Two of those members shall be employed as faculty members of a registered dental assisting educational program approved by the board, and shall have been so employed for at least the prior five years. Three of those members, which shall include one registered dental assistant in extended functions, shall be employed clinically in private dental practice or public safety net or dental health care clinics. All five of those members shall have possessed a current and active registered dental assistant or registered dental assistant in extended functions license for at least the prior five years, and shall not be employed by a current member of the board.

(c) No council appointee shall have served previously on the dental assisting forum or have any financial interest in any registered dental assistant school. All final candidate qualifications and applications for

board-appointed council members shall be made available in the published board materials with final candidate selection conducted during the normal business of the board during public meetings.

(d) A vacancy occurring during a term shall be filled by appointment by the board for the unexpired term, according to the criteria applicable to the vacancy within 90 days after it occurs.

(e) Each member shall comply with conflict of interest requirements that apply to board members.

(f) The council may meet in conjunction with other board committees, and at other times as deemed necessary.

(g) Each member shall serve for a term of four years, except that, of the initial appointments of the nonboard members, one of the members shall serve a term of one year, one member shall serve a term of two years, two members shall serve a term of three years, and one member shall serve a term of four years, as determined by the board. No member shall serve more than two full terms.

(h) Recommendations by the council pursuant to this section shall be approved, modified, or rejected by the board within 120 days of submission of the recommendation to the board during full board business. In the event the board rejects, postpones, refers the matter back to the council for any reason, or significantly modifies the intent or scope of the recommendation, the board shall provide its reasons in writing for rejecting or significantly modifying the recommendation, which shall be provided by the board within 30 days.

(i) The council shall select a chair who shall establish the agendas of the council and shall serve as the council's liaison to the board, including the reporting of the council's recommendations to the board.

SEC. 51. Section 1749.1 of the Business and Professions Code is amended to read:

1749.1. In addition to any other examination required by this article, the board may require applicants for licensure under this article to successfully complete the Registered Dental Assistant Combined Written and Law and Ethics Examination.

SEC. 52. Section 1752.1 of the Business and Professions Code is amended to read:

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

(1) Graduation from an educational program in registered dental assisting approved by the board, and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(2) For individuals applying prior to January 1, 2010, evidence of completion of satisfactory work experience of at least 12 months as a dental assistant in California or another state and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(3) For individuals applying on or after January 1, 2010, evidence of completion of satisfactory work experience of at least 15 months as a dental assistant in California or another state and satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board.

(b) For purposes of this section, “satisfactory work experience” means performance of the duties specified in Section 1750.1 in a competent manner as determined by the employing dentist, who shall certify to such satisfactory work experience in the application.

(c) The board shall give credit toward the work experience referred to in this section to persons who have graduated from a dental assisting program in a postsecondary institution approved by the Department of Education or in a secondary institution, regional occupational center, or regional occupational program, that are not, however, approved by the board pursuant to subdivision (a). The credit shall equal the total weeks spent in classroom training and internship on a week-for-week basis. The board, in cooperation with the Superintendent of Public Instruction, shall establish the minimum criteria for the curriculum of nonboard-approved programs. Additionally, the board shall notify those programs only if the program’s curriculum does not meet established minimum criteria, as established for board-approved registered dental assistant programs, except any requirement that the program be given in a postsecondary institution. Graduates of programs not meeting established minimum criteria shall not qualify for satisfactory work experience as defined by this section.

(d) In addition to the requirements specified in subdivision (a), each applicant for registered dental assistant licensure shall provide evidence of having successfully completed board-approved courses in radiation safety and coronal polishing as a condition of licensure. The length and content of the courses shall be governed by applicable board regulations.

(e) In addition to the requirements specified in subdivisions (a) and (d), individuals applying for registered dental assistant licensure on or after January 1, 2010, shall demonstrate satisfactory performance on the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board and shall provide written evidence of successful completion within five years prior to application of all of the following:

- (1) A board-approved course in the Dental Practice Act.
- (2) A board-approved course in infection control.
- (3) A course in basic life support offered by an instructor approved by the American Red Cross or the American Heart Association, or any other course approved by the board as equivalent.

(f) A registered dental assistant may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by submitting written evidence of the following:

- (1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of the Registered Dental Assistant Combined Written and Law and Ethics Examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(g) A registered dental assistant with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an “RDA with orthodontic assistant permit,” or “RDA with dental sedation assistant permit,” as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(h) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirements for the permit or permits.

(i) The board shall, in consultation with the Office of Professional Examination Services, conduct a review to determine whether a practical examination is necessary to demonstrate competency of registered dental assistants, and if so, how this examination should be developed and administered. The board shall submit its review and determination to the appropriate policy committees of the Legislature on or before July 1, 2017.

(j) Notwithstanding any other law, if the review conducted by the Office of Professional Examination Services pursuant to subdivision (i) concludes that the practical examination is unnecessary or does not accurately measure the competency of registered dental assistants, the board may vote to suspend the practical examination. The suspension of the practical examination shall commence on the date the board votes to suspend the practical examination.

(k) The Registered Dental Assistant Combined Written and Law and Ethics Examination required by this section shall comply with Section 139.

SEC. 53. Section 1752.3 of the Business and Professions Code is repealed.

SEC. 54. Section 2096 of the Business and Professions Code, as added by Section 49 of Chapter 775 of the Statutes of 2017, is amended to read:

2096. (a) In addition to other requirements of this chapter, before a physician’s and surgeon’s license may be issued, each applicant, including an applicant applying pursuant to Article 5 (commencing with Section 2100), shall show by evidence satisfactory to the board that the applicant has successfully completed at least 36 months of board-approved postgraduate training.

(b) The postgraduate training required by this section shall include at least four months of general medicine and shall be obtained in a postgraduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), or the College of Family Physicians of Canada (CFPC).

(c) An applicant who has completed at least 36 months of board-approved postgraduate training, not less than 24 months of which was completed as part of an oral and maxillofacial surgery postgraduate training program as a resident after receiving a medical degree from a combined dental and medical degree program accredited by the Commission on Dental

Accreditation (CODA) or approved by the board, shall be eligible for licensure. Oral and maxillofacial surgery residency programs accredited by CODA shall be approved as postgraduate training required by this section if the applicant attended the program as part of a combined dental and medical degree program accredited by CODA. These applicants shall not have to comply with subdivision (b).

(d) This section shall become operative on January 1, 2020.

SEC. 55. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site without the presence of the patient.

(2) “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) “Health care provider” means either of the following:

(A) A person who is licensed under this division.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.

(4) “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Prior to the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) Nothing in this section shall preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to that patient's medical information shall apply to telehealth interactions.

(g) All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license shall apply to that health care provider while providing telehealth services.

(h) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(i) (1) Notwithstanding any other provision of law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

SEC. 55.5. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means either of the following:

(A) A person who is licensed under this division.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate

the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) This section does not preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of a health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to the patient's medical information shall apply to telehealth interactions.

(g) All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license shall apply to that health care provider while providing telehealth services.

(h) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(i) (1) Notwithstanding any other law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

SEC. 56. (a) Section 1.1 of this bill incorporates amendments to Section 144 of the Business and Professions Code proposed by both this bill and Assembly Bill 496. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2020, (2) each bill amends Section 144 of the Business and Professions Code, and (3) Senate Bill 608 is not enacted or as enacted does not amend that section,



and (4) this bill is enacted after Assembly Bill 496, in which case Sections 1, 1.2, and 1.3 of this bill shall not become operative.

(b) Section 1.2 of this bill incorporates amendments to Section 144 of the Business and Professions Code proposed by both this bill and Senate Bill 608. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2020, (2) each bill amends Section 144 of the Business and Professions Code, (3) Senate Bill 608 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Senate Bill 608 in which case Sections 1, 1.1, and 1.3 of this bill shall not become operative.

(c) Section 1.3 of this bill incorporates amendments to Section 144 of the Business and Professions Code proposed by this bill, Assembly Bill 496, and Senate Bill 608. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2020, (2) all three bills amend Section 144 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 496 and Senate Bill 608, in which case Sections 1, 1.1, and 1.2 of this bill shall not become operative.

SEC. 57. Section 3.5 of this bill incorporates Section 205 of the Business and Professions Code proposed to be added by both this bill and Assembly Bill 896. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2020, (2) each bill adds Section 205 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 896, in which case Section 3 of this bill shall not become operative.

SEC. 58. Section 55.5 of this bill incorporates amendments to Section 2290.5 of the Business and Professions Code proposed by both this bill and Assembly Bill 744. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2020, (2) each bill amends Section 2290.5 of the Business and Professions Code, and (3) this bill is enacted after Assembly Bill 744, in which case Section 55 of this bill shall not become operative.

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## MEMORANDUM

<b>DATE</b>	October 14, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Enforcement Chief
<b>SUBJECT</b>	<b>Agenda Item 10(a):</b> Enforcement Statistics and Trends

The following are the Enforcement Division statistics for the first quarter (July 1, 2019 to September 30, 2019) of Fiscal Year 2019-2020. Trends over the last three fiscal years and the last three quarters are included, along with Charts 1-3 for reference.

### Complaints & Compliance

#### **Complaints Received: 1103**

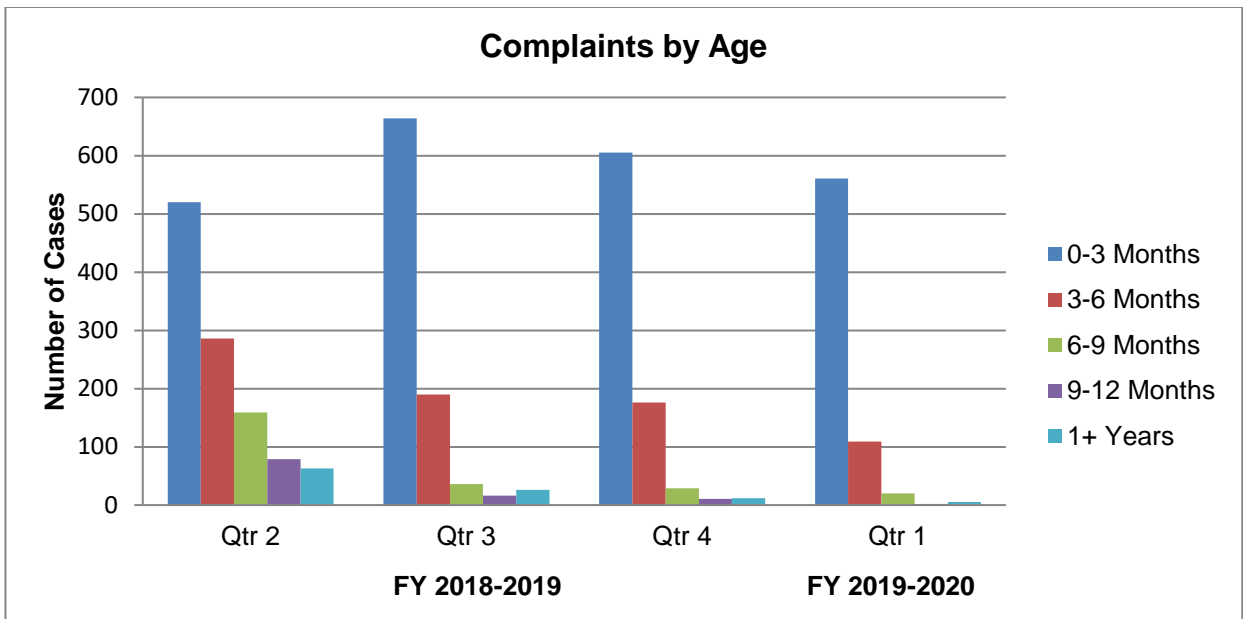
During quarter one, a total of 1103 complaints were received. Complaints received have increased by approximately **152** cases from the last quarter. The monthly average of complaints received for quarter one was **368**.

#### **Complaint Cases Open: 697**

A total of 697 complaint cases are pending as of October 11, 2019. The Complaint cases open have significantly decreased by 136 from fourth quarter of FY 2018-2019 to first quarter of FY 2019-2020. The average caseload per Consumer Services Analyst (CSA) during the first quarter of FY 2019-2020 was **155**.

Complaint Age	FY 2018-2019			FY 2019-2020	
	Q2 Cases	Q3 Cases	Q4 Cases	Q1 Cases	Q1%
0 – 3 Months	520	664	605	<b>561</b>	<b>80%</b>
3 – 6 Months	286	190	176	<b>109</b>	<b>16%</b>
6 – 9 Months	159	36	29	<b>20</b>	<b>3%</b>
9 – 12 Months	79	16	11	<b>2</b>	<b>0.3%</b>
1+ Years	63	26	12	<b>5</b>	<b>0.7%</b>
<b>Total</b>	<b>1107</b>	<b>932</b>	<b>833</b>	<b>697</b>	<b>100%</b>

Agenda Item 10(a): Enforcement Statistics and Trends  
 Dental Board of California Meeting  
 November 14-15, 2019



**Complaint Cases Closed: 821**

During quarter one, there were 821 total complaint cases closed. The average cases closed per month was **182**. A complaint took an average of **88** days to close which is approximately seven days faster than during the previous quarter.

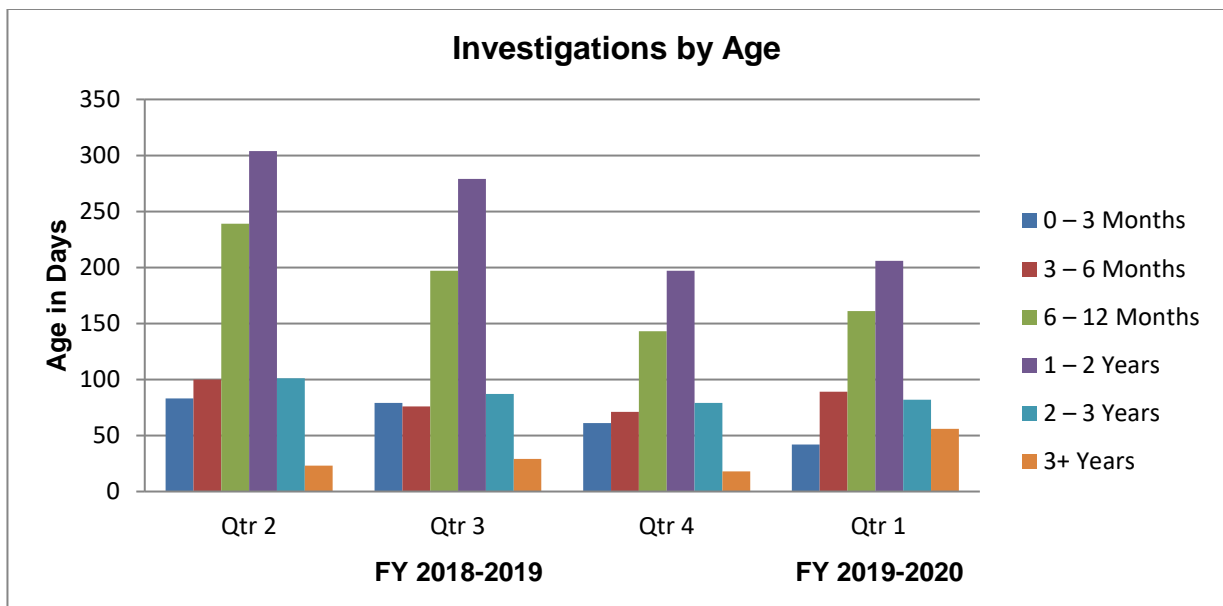
Chart 1 displays the average complaint closure age over the previous four fiscal years through the current quarter.

**Investigations**

**Investigation Cases Open: 636**

At the end of quarter one, there were approximately 636 open investigative cases and **59** open inspection cases.

Investigation Age	FY 2018-2019			FY 2019-2020	
	Q2 Cases	Q3 Cases	Q4 Cases	Q1 Cases	Q1 %
0 – 3 Months	83	79	61	<b>42</b>	<b>7%</b>
3 – 6 Months	100	76	71	<b>89</b>	<b>14%</b>
6 – 12 Months	239	197	143	<b>161</b>	<b>25%</b>
1 – 2 Years	304	279	197	<b>206</b>	<b>32%</b>
2 – 3 Years	101	87	79	<b>82</b>	<b>13%</b>
3+ Years	23	29	18	<b>56</b>	<b>9%</b>
<b>Total</b>	<b>850</b>	<b>747</b>	<b>569</b>	<b>636</b>	<b>100%</b>



Comparing this quarter to the last, there has been a 11% increase in open investigation cases.

### Investigation Cases Closed: 172

During quarter one, there were 172 total investigation cases closed. The average cases closed per month was **57**. The total number of investigation cases closed, filed with the Office of the Attorney General (OAG), or filed with the District/City Attorney during the first quarter was **19** (an average of **6** per month).

The average number of days to complete an investigation during the first quarter was **541** days (see [Chart 1](#)). This is seventy-seven days slower than during the previous quarter.

### Administrative and Disciplinary Action:

A total of **60 citations** were issued during the first quarter, an decrease from the total of 80 that were issued in the previous quarter.

A total of **12 accusations** were filed during the first quarter, an increase from the total of 18 that were filed during the previous quarter.

A total of **19 cases were referred to the OAG** with a total of **130** cases pending as of October 16, 2019.

There were approximately **215 open probation cases** at the end of the first quarter. The three-month average for a disciplinary case to be completed was **1302** days.

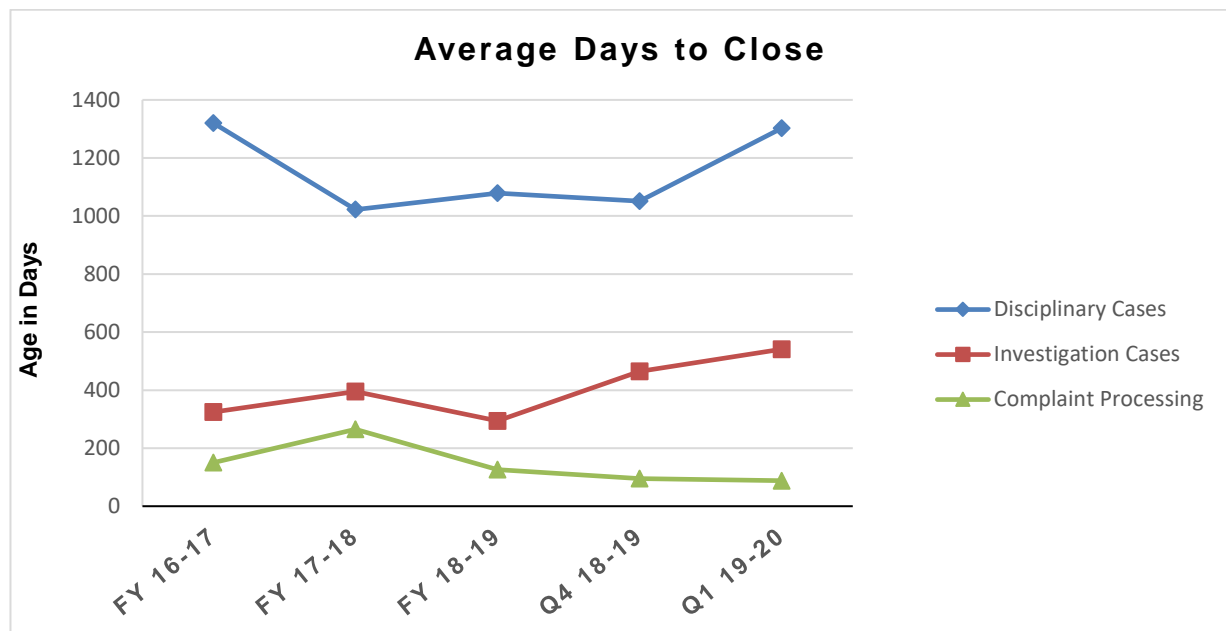
**Total number of probationers (168) and probationers tolling (47) are as follows:**

**Sacramento Enforcement Office: 35** active probationers, **16** probationers tolling

**Orange Enforcement Office: 96** active probationers, **20** probationers tolling

**Investigative Analysis Unit: 37** active probationers, **11** probationers tolling

Chart 1 below displays the average closure age over the last four fiscal years through the second and third quarter for complaint, investigation, and disciplinary cases.



**Chart 1:**

Average Days to Close	FY 16-17	FY 17-18	FY 18-19	Q4 FY 18-19	Q1 FY 19-20
Complaint Processing	150	265	126	95	<b>88</b>
Investigation Cases	324	395	294	464	<b>541</b>
Disciplinary Cases	1320	1022	1079	1051	<b>1302</b>

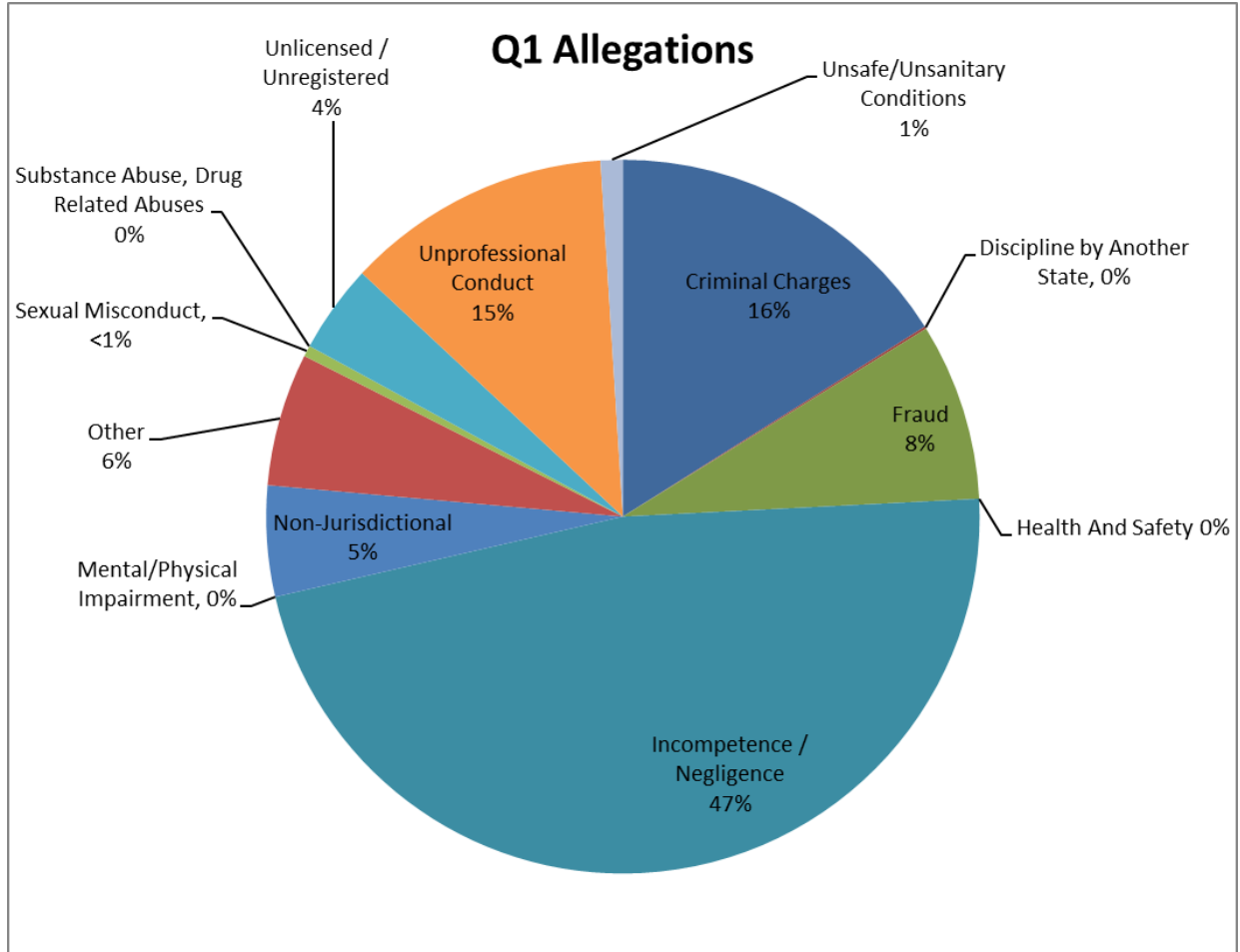
**Chart 2:**

<b>ENFORCEMENT STATISTICS</b>	<b>FY 16-17</b>	<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 18-19</b>	<b>FY 19-20</b>
				<b>Q4</b>	<b>Q1</b>
<b>COMPLAINTS</b>					
Total Intake Received	3591	3552	4129	<b>1141</b>	<b>1103</b>
<i>Complaints Received</i>	3283	3068	3492	<b>977</b>	<b>935</b>
<i>Convictions/Arrests Received</i>	308	484	637	<b>164</b>	<b>168</b>
Total Complaints Closed	2625	2642	3562	<b>971</b>	<b>821</b>
Pending at end of period	1375	1248	833	<b>833</b>	<b>697</b>
<b>INVESTIGATIONS</b>					
Cases Opened	828	1006	929	<b>180</b>	<b>176</b>
Cases Closed	830	932	1433	<b>300</b>	<b>172</b>
Referred to AG	173	197	143	<b>23</b>	<b>19</b>
Referred for Criminal	20	14	50	<b>18</b>	<b>3</b>
Pending at end of period	985	834	569	<b>569</b>	<b>636</b>
Citations Issued	56	64	186	<b>80</b>	<b>60</b>
<b>Office of the Attorney General</b>					
Cases Pending at AG	152	158	137	<b>137</b>	<b>130</b>
<b>Administrative Actions:</b>					
Accusation	94	75	96	<b>19</b>	<b>12</b>
Statement of Issues	7	12	4	<b>2</b>	<b>1</b>
Petition to Revoke Probation	4	5	6	<b>2</b>	<b>3</b>
<b>Licensee Disciplinary Actions:</b>					
Revocation	17	16	13	<b>5</b>	<b>4</b>
Probation	62	71	44	<b>5</b>	<b>17</b>
Suspension/Probation	2	3	0	<b>0</b>	<b>6</b>
License Surrendered	11	12	14	<b>8</b>	
Public Reprimand	34	21	24	<b>3</b>	<b>4</b>
Other Action (e.g. exam required, education course, etc.)	28	2	1	<b>1</b>	<b>0</b>
Accusation Withdrawn	10	12	2	<b>0</b>	<b>1</b>
Accusation Declined	4	0	3	<b>1</b>	<b>0</b>
Accusation Dismissed	2	2	2	<b>0</b>	<b>0</b>
Total, Licensee Discipline	160	139	103	<b>17</b>	<b>35</b>
<b>Other Legal Actions:</b>					
Interim Suspension Order Issued	3	0	1	<b>0</b>	<b>1</b>
PC 23 Order Issued	3	0	4	<b>0</b>	<b>2</b>

**Complaint Allegations**

Charts 3a and 3b below list the types of allegations made for all complaints received for the current quarter, along with their corresponding percentages.

**Chart 3a:**



**Chart 3b:**

<b>ALLEGATIONS</b>	<b>FISCAL YEAR COUNTS</b>				<b>2019-2020</b>	
	<b>2015-16*</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>Q1</b>	<b>Q1 %</b>
Criminal Charges	459	293	484	637	<b>171</b>	<b>16%</b>
Discipline by Another State	15	3	5	0	<b>0</b>	<b>0%</b>
Fraud	261	149	144	193	<b>85</b>	<b>8%</b>
Health and Safety	4	9	1	7	<b>0</b>	<b>0%</b>
Incompetence / Negligence	1961	2059	1839	2038	<b>521</b>	<b>47%</b>
Mental/Physical Impairment	3	6	1	2	<b>0</b>	<b>0%</b>
Non-Jurisdictional	271	404	286	261	<b>50</b>	<b>5%</b>
Other	180	241	252	314	<b>65</b>	<b>6%</b>
Sexual Misconduct	9	11	5	18	<b>3</b>	<b>&lt;1%</b>
Substance Abuse, Drug Related Abuses	26	40	3	14	<b>0</b>	<b>0%</b>
Unlicensed / Unregistered	148	157	88	93	<b>44</b>	<b>4%</b>
Unprofessional Conduct	187	181	398	495	<b>119</b>	<b>12%</b>
Unsafe/Unsanitary Conditions	38	38	46	57	<b>14</b>	<b>1%</b>
<b>Total</b>	<b>3562</b>	<b>3591</b>	<b>3552</b>	<b>4129</b>	<b>1103</b>	<b>100%</b>





# MEMORANDUM

<b>DATE</b>	October 9, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Bernal Vaba, Chief of Regulatory Compliance and Discipline Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 11(a):</b> Diversion Program Report and Statistics

The Diversion Evaluation Committee (DEC) program statistics for quarter ending September 30, 2019, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

<b>Intake Referrals</b>	<b>July</b>	<b>August</b>	<b>September</b>
Self-Referral	0	0	0
Enforcement Referral	0	1	0
Probation Referral	0	0	0
Closed Cases	2	1	0
<b>Active Participants</b>	14	13	12

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	October 11, 2019
<b>TO</b>	Members of the Dental Board of California Dental Board of California
<b>FROM</b>	Ryan Blonien, Supervising Investigator Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 11(b):</b> Update on Controlled Substance Utilization Review and Evaluation Systems (CURES) Report

### Background:

The Controlled Substance Utilization Review and Evaluation System (CURES 2.0) is a database of Schedule II, III, and IV controlled substance and prescriptions dispensed in California. The goal of the CURES 2.0 system is the reduction of prescription drug abuse and diversion without affecting the legitimate medical practice or patient care.

Prescribers were required to submit an application before July 1, 2016, or upon receipt of a federal Drug Enforcement Administration (DEA) registration, whichever occurs later. Registration requirements are not based on dispensing, prescribing, or administering activities but, rather, on possession of a Drug Enforcement Administration Controlled Substance Registration Certificate and valid California licensure as a Dentist, or other prescribing medical provider. The Dental Board of California currently has 34,698 active licensed dentists. The Drug Enforcement Administration has 24,633 California dentists licensed to prescribe.

### Current Status:

The CURES registration statistics for the Dental Board of California are:

July 2017:	7882 Registered DDS /DMD
October 2017:	8064 Registered DDS/DMD
January 2018:	8370 Registered DDS/DMD
April 2018:	9662 Registered DDS/DMD
November 2018:	14,229 Registered DDS/DMD
February 2019:	14,856 Registered DDS/DMD
June 2019:	15,156 Registered DDS/DMD
July 2019:	15,232 Registered DDS/DMD
August 2019:	15,320 Registered DDS/DMD
September 2019	15,385 Registered DDS/DMD

Agenda Item 11(b): Update on (CURES)  
 Dental Board of California Meeting  
 November 14-15, 2019

CURES usage July 2019:

**6,630** Patient Activity reports searched in the time frame.  
(PAR) Checked a patient's prescription history.  
**5,211** Times system was accessed.  
**157** Help desk requests.

CURES usage August 2019:

**6,734** Patient Activity reports searched in the time frame.  
(PAR) Checked a patient's prescription history.  
**4,923** Times system was accessed.  
**90** Help desk requests.

CURES usage September 2019:

**5,834** Patient Activity Reports searched in the time frame.  
(PAR) Checked a patient's prescription history.  
**4,395** Times system was accessed  
**102** Help desk requests

**Number of Prescriptions filled by Schedule:**

	<u>July</u>	<u>August</u>	<u>September</u>
Schedule II	1,349,578	1,241,508	1,338,287
Schedule III	269,531	246,315	266,250
Schedule IV	1,349,192	1,226,121	1,338,434
Schedule V	55,849	47,503	57,935
R	12,633	11,555	13,088
Over Counter product	26,986	24,861	28,852

R: Not classified under controlled substance act; includes all other prescriptions drugs.

# CURES 2.0

## July 2019 Statistics

Registered Users		
		JULY
<b>Total Registered Users</b>		<b>216,852</b>
<b>Clinical Roles</b>		
Prescribers		163,379
Pharmacists		43,998
<b>Sub-Total A</b>		<b>207,377</b>
<b>License Type</b>		
Doctor of Dental Surgery/Dental Medicine		15,232
Doctor of Optometry		681
Doctor of Podiatric Medicine		1,429
Doctor of Veterinary Medicine		3,027
Medical Doctor		108,926
Naturopathic Doctor		353
Osteopathic Doctor		7,102
Physician Assistant		10,145
Registered Nurse Practitioner/Nurse Midwife		15,920
(Out of State) Prescribers		564
Pharmacists		43,505
(Out of State) Pharmacists		493
<b>Sub-Total B</b>		<b>207,377</b>
<b>Other Roles</b>		
LEAs		1,411
Delegates		7,810
DOJ Administrators		16
DOJ Analysts		73
Regulatory Board		165
<b>Sub-Total C</b>		<b>9,475</b>
<b>NOTE:</b>		
1. Subtotal A = Subtotal B		
2. Subtotal A + Subtotal C = Total Registered Users		
3. Stats are from the 1st of the month to the last day of the month		

# CURES 2.0

## July 2019 Statistics

Number of PARs Ran			
			JULY
Total PARs Search Counts			2,876,200
Clinical Roles			
	App PAR Searches	IEWS PAR Searches*	TOTALS
Prescribers	1,191,606	810,147	2,001,753
Pharmacists	872,236	381	872,617
<b>Sub-Total A</b>	<b>2,063,842</b>	<b>810,528</b>	<b>2,874,370</b>
License Type			
Doctor of Dental Surgery/Dental Medicine	6,613	17	6,630
Doctor of Optometry	0	1,658	1,658
Doctor of Podiatric Medicine	4,607	4,129	8,736
Doctor of Veterinary Medicine	84	0	84
Medical Doctor	791,797	676,650	1,468,447
Naturopathic Doctor	1,066	0	1,066
Osteopathic Doctor	89,806	62,071	151,877
Physician Assistant	129,765	28,989	158,754
Registered Nurse Practitioner/Nurse Midwife	165,507	36,632	202,139
(Out of State) Prescribers	2,361	1	2,362
Pharmacists	869,831	381	870,212
(Out of State) Pharmacists	2,405	0	2,405
<b>Sub-Total B</b>	<b>2,063,842</b>	<b>810,528</b>	<b>2,874,370</b>
Other Roles			
LEAs	259	0	259
DOJ Administrators	359	0	359
DOJ Analysts	77	0	77
Regulatory Board	1,135	0	1,135
<b>Sub-Total C</b>	<b>1,830</b>	<b>0</b>	<b>1,830</b>
Delegate Initiated Searches			
Delegates	37,854	0	37,854

**NOTE:**

1. Subtotal A = Subtotal B

2. Subtotal A + Subtotal C = Total PARs Ran

3. Stats are from the 1st of the month to the last day of the month

\*The Monthly Report will now include the Information Exchange Web Service (IEWS) counts.

# CURES 2.0

## July 2019 Statistics

Times System was Accessed			
			<b>JULY</b>
<b>Total Times System was Accessed</b>			<b>1,042,244</b>
<b>Clinical Roles</b>			
	Prescribers		617,520
	Pharmacists		407,561
	<b>Sub-Total A</b>		<b>1,025,081</b>
<b>License Type</b>			
	Doctor of Dental Surgery/Dental Medicine		5,211
	Doctor of Optometry		52
	Doctor of Podiatric Medicine		1,851
	Doctor of Veterinary Medicine		234
	Medical Doctor		424,819
	Naturopathic Doctor		492
	Osteopathic Doctor		48,510
	Physician Assistant		60,212
	Registered Nurse Practitioner/Nurse Midwife		74,871
	(Out of State) Prescribers		1,268
	Pharmacists		405,895
	(Out of State) Pharmacists		1,666
	<b>Sub-Total B</b>		<b>1,025,081</b>
<b>Other Roles</b>			
	Delegates		15,292
	LEAs		447
	DOJ Administrators		177
	DOJ Analysts		810
	Regulatory Board		437
	<b>Sub-Total C</b>		<b>17,163</b>

**NOTE:**

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Times System was Accessed
3. Stats are from the 1st of the month to the last day of the month

# CURES 2.0

## July 2019 Statistics

Number of CURES Help Desk Requests			
			JULY
Emails [Note: Email requests are not included in the breakdown below]			1,729
<b>Total Phone Calls</b>			
			<b>3,176</b>
<b>Clinical Roles</b>			
	Prescribers		2,468
	Pharmacists		567
	<b>Sub-Total A</b>		<b>3,035</b>
<b>License Type</b>			
	Doctor of Dental Surgery/Dental Medicine		157
	Doctor of Optometry		4
	Doctor of Podiatric Medicine		33
	Doctor of Veterinary Medicine		39
	Medical Doctor		1,546
	Naturopathic Doctor		20
	Osteopathic Doctor		104
	Physician Assistant		211
	Registered Nurse Practitioner/Nurse Midwife		354
	Pharmacists		567
	Other (Non-Specific License Type)		0
	<b>Sub-Total B</b>		<b>3,035</b>
<b>Other Roles</b>			
	LEAs		57
	Delegates		73
	DOJ Administrators		0
	DOJ Analysts		0
	Regulatory Board		11
	<b>Sub-Total C</b>		<b>141</b>
<b>NOTE:</b>			
1. Subtotal A = Subtotal B			
2. Subtotal A + Subtotal C = Total Help Desk Phone Calls			

# CURES 2.0

## July 2019 Statistics

			JULY
<b>Number of Distinct Prescriptions</b>			<b>3,063,060</b>
<b>Number of Prescriptions Filled by Schedule</b>			
Schedule II			1,349,578
Schedule III			269,531
Schedule IV			1,349,192
Schedule V			55,849
R			12,633
Over-the-counter product			26,986
<b>TOTAL</b>			<b>3,063,769</b>

**NOTE:**

1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count
2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules
2. R = Not classified under the Controlled Substances Act; includes all other prescription drugs
3. Over-the-counter product



# CURES 2.0

## August 2019 Statistics

Registered Users		
		AUGUST
<b>Total Registered Users</b>		<b>217,737</b>
<b>Clinical Roles</b>		
Prescribers		164,303
Pharmacists		44,053
<b>Sub-Total A</b>		<b>208,356</b>
<b>License Type</b>		
Doctor of Dental Surgery/Dental Medicine		15,320
Doctor of Optometry		682
Doctor of Podiatric Medicine		1,441
Doctor of Veterinary Medicine		3,056
Medical Doctor		109,411
Naturopathic Doctor		359
Osteopathic Doctor		7,192
Physician Assistant		10,212
Registered Nurse Practitioner/Nurse Midwife		16,060
(Out of State) Prescribers		570
Pharmacists		43,554
(Out of State) Pharmacists		499
<b>Sub-Total B</b>		<b>208,356</b>
<b>Other Roles</b>		
LEAs		1,427
Delegates		7,701
DOJ Administrators		18
DOJ Analysts		70
Regulatory Board		165
<b>Sub-Total C</b>		<b>9,381</b>

**NOTE:**

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Registered Users
3. Stats are from the 1st of the month to the last day of the month

# CURES 2.0

## August 2019 Statistics

Number of PARs Ran			
			AUGUST
Total PARs Search Counts			3,707,843
<b>Clinical Roles</b>			
		<b>App PAR Searches</b>	<b>IEWS PAR Searches*</b>
			<b>TOTALS</b>
	Prescribers	1,174,358	1,658,871
	Pharmacists	872,788	577
	Sub-Total A	<b>2,047,146</b>	<b>1,659,448</b>
<b>License Type</b>			
	Doctor of Dental Surgery/Dental Medicine	6,666	68
	Doctor of Optometry	0	4,592
	Doctor of Podiatric Medicine	4,495	10,881
	Doctor of Veterinary Medicine	125	0
	Medical Doctor	777,826	1,357,390
	Naturopathic Doctor	1,097	0
	Osteopathic Doctor	91,739	107,303
	Physician Assistant	125,188	79,492
	Registered Nurse Practitioner/Nurse Midwife	165,029	99,145
	(Out of State) Prescribers	2,193	0
	Pharmacists	870,075	577
	(Out of State) Pharmacists	2,713	0
	Sub-Total B	<b>2,047,146</b>	<b>1,659,448</b>
<b>Other Roles</b>			
	LEAs	219	0
	DOJ Administrators	147	0
	DOJ Analysts	23	0
	Regulatory Board	860	0
	Sub-Total C	<b>1,249</b>	<b>0</b>
<b>Delegate Initiated Searches</b>			
	Delegates	<b>36,643</b>	<b>0</b>
<b>NOTE:</b>			
1. Subtotal A = Subtotal B			
2. Subtotal A + Subtotal C = Total PARs Ran			
3. Stats are from the 1st of the month to the last day of the month			
*The Monthly Report will now include the Information Exchange Web Service (IEWS) counts.			

# CURES 2.0

## August 2019 Statistics

Times System was Accessed			
			<b>AUGUST</b>
<b>Total Times System was Accessed</b>			<b>1,035,624</b>
<b>Clinical Roles</b>			
	Prescribers		610,476
	Pharmacists		408,876
	<b>Sub-Total A</b>		<b>1,019,352</b>
<b>License Type</b>			
	Doctor of Dental Surgery/Dental Medicine		4923
	Doctor of Optometry		49
	Doctor of Podiatric Medicine		1,732
	Doctor of Veterinary Medicine		207
	Medical Doctor		419,858
	Naturopathic Doctor		560
	Osteopathic Doctor		48,545
	Physician Assistant		58854
	Registered Nurse Practitioner/Nurse Midwife		74,501
	(Out of State) Prescribers		1,247
	Pharmacists		407,321
	(Out of State) Pharmacists		1,555
	<b>Sub-Total B</b>		<b>1,019,352</b>
<b>Other Roles</b>			
	LEAs		426
	Delegates		14,480
	DOJ Administrators		152
	DOJ Analysts		785
	Regulatory Board		429
	<b>Sub-Total C</b>		<b>16,272</b>

**NOTE:**

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Times System was Accessed
3. Stats are from the 1st of the month to the last day of the month

# CURES 2.0

## August 2019 Statistics

Number of CURES Help Desk Requests			
			AUGUST
Emails [Note: Email requests are not included in the breakdown below]			1,272
<b>Total Phone Calls</b>			<b>2,487</b>
<b>Clinical Roles</b>			
Prescribers			1,904
Pharmacists			457
Sub-Total A			<b>2,361</b>
<b>License Type</b>			
Doctor of Dental Surgery/Dental Medicine			90
Doctor of Optometry			0
Doctor of Podiatric Medicine			8
Doctor of Veterinary Medicine			23
Medical Doctor			1310
Naturopathic Doctor			4
Osteopathic Doctor			62
Physician Assistant			135
Registered Nurse Practitioner/Nurse Midwife			272
Pharmacists			457
Other (Non-Specific License Type)			0
Sub-Total B			<b>2,361</b>
<b>Other Roles</b>			
LEAs			43
Delegates			63
DOJ Administrators			0
DOJ Analysts			0
Regulatory Board			20
Sub-Total C			<b>126</b>
<b>NOTE:</b>			
1. Subtotal A = Subtotal B			
2. Subtotal A + Subtotal C = Total Help Desk Phone Calls			

# CURES 2.0

## August 2019 Statistics

			AUGUST
<b>Number of Distinct Prescriptions</b>			<b>2,797,863</b>
<b>Number of Prescriptions Filled by Schedule</b>			
Schedule II			1,241,508
Schedule III			246,315
Schedule IV			1,226,121
Schedule V			47,503
R			11,555
Over-the-counter product			24,861
<b>TOTAL</b>			<b>2,797,863</b>

**NOTE:**

1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count
2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules
2. R = Not classified under the Controlled Substances Act; includes all other prescription drugs
3. Over-the-counter product

# CURES 2.0

## September 2019 Statistics

Registered Users		SEPTEMBER
<b>Total Registered Users</b>		<b>217,335</b>
<b>Clinical Roles</b>		
Prescribers		165,143
Pharmacists		44,152
<b>Sub-Total A</b>		<b>209,295</b>
<b>License Type</b>		
Doctor of Dental Surgery/Dental Medicine		15,385
Doctor of Optometry		683
Doctor of Podiatric Medicine		1,452
Doctor of Veterinary Medicine		3,097
Medical Doctor		109,824
Naturopathic Doctor		363
Osteopathic Doctor		7,254
Physician Assistant		10,277
Registered Nurse Practitioner/Nurse Midwife		16,231
(Out of State) Prescribers		577
Pharmacists		43,649
(Out of State) Pharmacists		503
<b>Sub-Total B</b>		<b>209,295</b>
<b>Other Roles (Non-Licensed Users)</b>		
LEAs		1,435
Delegates		6,349
DOJ Administrators		17
DOJ Analysts		70
Regulatory Board		169
<b>Sub-Total C</b>		<b>8,040</b>

**NOTE:**

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Registered Users
3. Stats are from the 1st of the month to the last day of the month

# CURES 2.0

## September 2019 Statistics

Number of PARs Ran			
			SEPTEMBER
Total PARs Search Counts			2,957,036
<b>Clinical Roles</b>			
		<b>App PAR Searches</b>	<b>IEWS PAR Searches*</b>
		<b>TOTALS</b>	
Prescribers		799,123	444
Pharmacists		1,096,569	1,059,324
	<b>Sub-Total A</b>	<b>1,895,692</b>	<b>1,059,768</b>
<b>License Type</b>			
	Doctor of Dental Surgery/Dental Medicine	5,802	32
	Doctor of Optometry	0	1,900
	Doctor of Podiatric Medicine	4,580	4,711
	Doctor of Veterinary Medicine	75	0
	Medical Doctor	719,236	879,274
	Naturopathic Doctor	1,019	0
	Osteopathic Doctor	86,982	71,185
	Physician Assistant	123,676	44,495
	Registered Nurse Practitioner/Nurse Midwife	153,067	57,723
	(Out of State) Prescribers	2,132	4
	Pharmacists	796,540	444
	(Out of State) Pharmacists	2,583	0
	<b>Sub-Total B</b>	<b>1,895,692</b>	<b>1,059,768</b>
<b>Other Roles</b>			
	LEAs	264	0
	DOJ Administrators	241	0
	DOJ Analysts	14	0
	Regulatory Board	1,057	0
	<b>Sub-Total C</b>	<b>1,576</b>	<b>0</b>
<b>Delegate Initiated Searches</b>			
	Delegates	34,612	0
			34,612
<b>NOTE:</b>			
1. Subtotal A = Subtotal B			
2. Subtotal A + Subtotal C = Total PARs Ran			
3. Stats are from the 1st of the month to the last day of the month			
*The Monthly Report will now include the Information Exchange Web Service (IEWS) counts.			

# CURES 2.0

## September 2019 Statistics

Times System was Accessed			SEPTEMBER
<b>Total Times System was Accessed</b>			<b>951,583</b>
<b>Clinical Roles</b>			
Prescribers			565,904
Pharmacists			371,446
<b>Sub-Total A</b>			<b>937,350</b>
<b>License Type</b>			
Doctor of Dental Surgery/Dental Medicine			4395
Doctor of Optometry			38
Doctor of Podiatric Medicine			1,564
Doctor of Veterinary Medicine			246
Medical Doctor			388,474
Naturopathic Doctor			509
Osteopathic Doctor			44,409
Physician Assistant			55,564
Registered Nurse Practitioner/Nurse Midwife			69,532
(Out of State) Prescribers			1,173
Pharmacists			370,004
(Out of State) Pharmacists			1,442
<b>Sub-Total B</b>			<b>937,350</b>
<b>Other Roles</b>			
LEAs			326
Delegates			12,742
DOJ Administrators			160
DOJ Analysts			641
Regulatory Board			364
<b>Sub-Total C</b>			<b>14,233</b>

**NOTE:**

1. Subtotal A = Subtotal B
2. Subtotal A + Subtotal C = Total Times System was Accessed
3. Stats are from the 1st of the month to the last day of the month



# CURES 2.0

## September 2019 Statistics

Number of CURES Help Desk Requests			
			SEPTEMBER
Emails [Note: Email requests are not included in the breakdown below]			1,113
<b>Total Phone Calls</b>			<b>2,330</b>
<b>Clinical Roles</b>			
Prescribers			1,793
Pharmacists			447
Sub-Total A			<b>2,240</b>
<b>License Type</b>			
Doctor of Dental Surgery/Dental Medicine			102
Doctor of Optometry			4
Doctor of Podiatric Medicine			10
Doctor of Veterinary Medicine			28
Medical Doctor			1,199
Naturopathic Doctor			6
Osteopathic Doctor			64
Physician Assistant			133
Registered Nurse Practitioner/Nurse Midwife			247
Pharmacists			447
Other (Non-Specific License Type)			0
Sub-Total B			<b>2,240</b>
<b>Other Roles</b>			
Delegates			43
LEA'S			37
DOJ Administrators			0
DOJ Analysts			0
Regulatory Board			10
Sub-Total C			<b>90</b>
<b>NOTE:</b>			
1. Subtotal A = Subtotal B			
2. Subtotal A + Subtotal C = Total Help Desk Phone Calls			

# CURES 2.0

## September 2019 Statistics

			SEPTEMBER
<b>Number of Distinct Prescriptions</b>			<b>3,042,060</b>
<b>Number of Prescriptions Filled by Schedule</b>			
Schedule II			1,338,287
Schedule III			266,250
Schedule IV			1,338,434
Schedule V			57,935
R			13,088
Over-the-counter product			28,852
<b>TOTAL</b>			<b>3,042,846</b>

**NOTE:**

1. Each component of a compound is submitted as a separate prescription record. The number of distinct prescriptions rolls compound prescriptions into a single count
2. The number of distinct prescriptions and the number of prescriptions filled by schedule will not be equal because a compound can consist of multiple drugs with varying schedules
2. R = Not classified under the Controlled Substances Act; includes all other prescription drugs
3. Over-the-counter product



## MEMORANDUM

<b>DATE</b>	October 1, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Carlos Alvarez, Chief of Enforcement Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 11(c):</b> Update Regarding the August 27, 2019 and November 05, 2019, Statewide Opioid Safety Workgroup Meeting

I attended the Statewide Opioid Safety (SOS) Workgroup meeting on August 27, 2019.

The California Department of Public Health, in collaboration with the Statewide Opioid Safety (SOS) workgroup, finalized and released a two-page fact sheet responding to a fentanyl overdose. The fact sheet provides a brief synopsis which California has seen increasing number of fentanyl / fentanyl analog-related overdoses. It also addresses the following:

- American College of Medical Toxicology (ACMT) and the American Academy of Clinical Toxicology (AACT) position statement detailing scientific information for first responders.
- Signs, Symptoms, and Management of a suspected Fentanyl overdoses.
- Aftercare for overdose victims.
- If you need Naloxone in your agency / Community.
- Frequently asked questions.

The California Department of Public Health, in collaboration with the Statewide Opioid Safety (SOS) workgroup, also finalized and released a two-page health alert letter "Don't Drop Your Patient". The letter offers support and resources to healthcare providers and prescribers with treating patients whom may be opioid dependent or struggle with possible substance addiction symptoms.

The two page fact sheet, responding to fentanyl overdoses and Don't drop your patients letter have been posted on the Dental Board website with a direct link to the California Department of Public Health.

International overdose awareness week: August 26-31, 2019

International awareness day: August 31, 2019

International Overdose Awareness Day is a global event held on the 31 of August each year and aims to raise awareness of overdose and reduce the stigma of a drug-related death. It also acknowledges the grief felt by families and friends remembering those who have died or had a permanent injury as a result of drug overdose.

International Overdose Awareness Day spreads the message that the tragedy of overdose death is preventable. During that week people were asked to share and post social media messages with partners. Examples of social media messages to share and post were:

- Find a proven Medication Assisted Treatment (MAT) option for treatment of opioid addiction that's right for you. Visit: //chooseamat.org.
- Got naloxone? Talk to your doctor or pharmacist and learn more about this life saving medication.
- Opioid overdose deaths are occurring in every California community. Get involved with a local opioid safety coalition. Visit //Californiaopiodissafetynetwork.org/about-the-network.

Substance use trends among youth aged 12-17.

- Alcohol: During 2014-2017, the annual average prevalence of past months alcohol use in California was 9.8%, similar to both the regional average 9.9% (Arizona, California, Hawaii and Nevada) and the national average of 10.1%.
- Tabaco (e-cigs): During 2014-2017, the annual average prevalence of past month cigarette use in California was 2.7%, similar to the regional average 2.9% but lower than the national average 3.9%.
- Marijuana (smoking & e-vaping): During 2014-2017, the annual average prevalence of past month marijuana use in California was 7.5%, similar to both regional average 7.5% and the national average 6.8.

Opioid related overdose deaths, preliminary 2018.

Age group 15-19: 51  
Age group 25-29: 313

Fentanyl related overdose deaths, preliminary 2018

Age group 15-19: 39  
Age group 25-29: 143

Substance Use Disorder Prevention and Treatment Service Capacity for Youth in California.

Agenda Item 11(c): Update Regarding the August 27, 2019 and November 05, 2019, Statewide Opioid Safety Workgroup Meeting  
Dental Board of California Meeting  
November 14-15, 2019

- The major funding source for substance use disorder (SUD) primary services for youth in California is the Substance Abuse Prevention and Treatment Block Grant (SABG).
- Approximately \$40 Million of California” SABG funds are disbursed to 58 counties.
- Under contract, each county receiving primary prevention funding must conduct a needs assessment and use those data to inform their development of a strategic prevent plan.
- Other youth prevention funding includes, but not limited to the following:  
Drug free Communities Grants  
Sober Truth on Underage drinking (Stop Act) Grants  
Foundations and other local funding.

Services modalities for youth treatment include:

- Early intervention
- Outpatient drug free
- Intensive outpatient treatment
- Case Management
- Residential
- Recovery support
- Narcotic treatment
- 193 beds for youth
- 21 Department of Social Services licensed group homes located in 11 counties  
82 beds for girls  
74 beds for boys  
27 beds for co-ed

Strategic Prevention Framework Partnership for success (SPF-PFS) Grant.

- Department Health Care Services received a \$5.9 Million-dollar five-year grant from Substance Abuse and Mental Health Services.
- The purpose of the grant is to combat prescription drug misuse among adolescents and youth adults aged 12-25.
- The grant supports the eight most impacted rural and small metro counties in California.
- The work of the SPF PFS utilizes SAMHASA’s five step SPF process.
  1. Fentanyl facts
  2. Dangers of mixing Opioids and Alcohol
  3. Reducing access through the medicine cabinet
  4. Prevention use-misuse after wisdom teeth removal
  5. Student athlete with a Sports injury
  6. Kellie’s story

Opioid Prevention & Education website:

<https://www.rxsafetuolumne.org/>

Agenda Item 11(c): Update Regarding the August 27, 2019 and November 05, 2019, Statewide Opioid Safety Workgroup Meeting  
Dental Board of California Meeting  
November 14-15, 2019

SOS Meeting November 5, 2019:  
Verbal presentation

Action Requested:  
No action requested.

## Responding to a Fentanyl Overdose: What California First Responders Need to Know

---

California has seen an increasing number of fentanyl/fentanyl analog-related overdoses. Preliminary 2018 data report 743 fentanyl-related overdose deaths (an increase of 72% from 2017).<sup>1</sup> With fentanyl in our drug supply, first responders (e.g., emergency medical services and law enforcement) are likely to encounter it on the job and may have safety concerns. To address these concerns, the American College of Medical Toxicology (ACMT) and the American Academy of Clinical Toxicology (AACT) released a position statement for first responders.<sup>2</sup>



**The risk of clinically significant exposure to emergency responders is extremely low.**

### According to the ACMT and AACT Position Statement:

- Incidental skin absorption is unlikely to cause clinical signs of toxicity.
- Nitrile gloves provide sufficient protection for routine handling.
- Simple washing with soap and water is adequate to remove fentanyl from contaminated skin. *Hand sanitizers and cleaning agents may increase fentanyl absorption and should not be used.*
- If drug particles are suspended in the air, a fit-tested N95 respirator provides reasonable protection.



**Assisted ventilation and naloxone administration is the standard first aid response to opioid overdose.**

### Signs, Symptoms, and Management of a Suspected Fentanyl Overdose:

- Fentanyl produces characteristic opioid overdose signs and symptoms including decreased level of consciousness, slowed breathing, lack of response to stimulation, and constricted pupils.
- Peak respiratory depression can occur in 5 minutes or less. A rapid response is imperative.<sup>3</sup>
- Naloxone administration and assisted ventilation are the most critical interventions.
- California Poison Control System can assist in the management of a suspected fentanyl overdose. They can be reached at 1-800-222-1222.

### Aftercare for Overdose Victims:

First responders can be critical liaisons linking those suffering from opioid use disorder with treatment and follow-up care. When possible, people who have experienced overdose should be linked to care based on their individual circumstances:

- Harm reduction and syringe services programs provide a variety of health and social services for people who use drugs and often serve as trusted entry points to other parts of the health system. Click here to [find a harm reduction provider near you](https://tinyurl.com/y5jkmgul) (<https://tinyurl.com/y5jkmgul>).
- Medications used to treat opioid use disorder reduce the risk of overdose. Click here to find [local substance use disorder treatment in your community](https://choosemat.org) (<https://choosemat.org>).

### If You Need Naloxone in Your Agency/Community:

A [list of naloxone access options in California](https://tinyurl.com/yyt2busc) (<https://tinyurl.com/yyt2busc>) is available from the California Health Care Foundation. Community members can also [access naloxone through local harm reduction services](https://tinyurl.com/y5jkmgul) (<https://tinyurl.com/y5jkmgul>).

## Frequently Asked Questions



**I have heard news reports about first responders developing toxicity from just entering the room where someone has overdosed. Should I be concerned?**

Mass media reports of fentanyl toxicity by first responders through passive contact in their job duties are more myth than fact. In order to create clinically significant toxicity, an adequate dose of fentanyl must be absorbed into the blood stream and enter the central nervous system. Simply being in a room where fentanyl is present will not result in toxicity or overdose.



**If I see white powder on the scene next to an overdose victim, do I need to wear a mask?**

An undisturbed white powder is unlikely to be an inhalation risk to first responders. Even in industrial settings at the highest airborne concentration, it would take 200 minutes of exposure to achieve a dose of 100mcg of fentanyl.<sup>2</sup> However, if drug particles are suspended in the air, a fit-tested N95 respirator is suggested.



**Can I experience opioid toxicity if I get fentanyl on my skin?**

It would be highly unlikely to experience opioid toxicity from incidental dermal exposure. Absorption of fentanyl from transdermal patches designed to deliver the drug systemically requires hours to produce a therapeutic serum level. To prevent the possibility of absorption, immediate cleansing with soap and water should follow any inadvertent contact.



**Will assisted ventilation with a bag-valve-mask or barrier mask put me at risk for inhaling fentanyl from an overdose victim?**

Fentanyl and other opioids are not exhaled or excreted through sweat or the skin; therefore, first responders are not at risk of toxicity when providing assisted ventilation.



**Do I need to administer more doses of naloxone to reverse a fentanyl overdose?**

Fentanyl overdoses are responsive to naloxone like other opioids. Standard naloxone dosing should be implemented with repeated administration every 2-3 minutes until respiratory function is restored. Early and concurrent introduction of ventilatory support should always be a priority.<sup>4</sup>



**I see the same patients for an opioid overdose multiple times. What can I do as a first responder to stop this cycle?**

Individuals who have experienced an overdose are at the highest risk of experiencing a subsequent overdose. Linking patients to local harm reduction and substance use disorder treatment programs that provide medications for opioid use disorder are the most critical interventions to prevent future overdoses. First responders should also ensure that survivors of an overdose have naloxone on hand for themselves and others.





SUSAN FANELLI  
Acting Director

# State of California—Health and Human Services Agency California Department of Public Health



GAVIN NEWSOM  
Governor

## Statewide Opioid Safety Workgroup Member Agencies\*

- Board of State and Community Corrections
- CA Board of Podiatry Medicine
- CA Board of Registered Nursing
- CA Conference of Local Health Officers
- CA Department of Aging
- CA Department of Consumer Affairs
- CA Department of Corrections and Rehabilitation
- CA Department of Health Care Services
- CA Department of Industrial Relations
- CA Department of Justice
- CA Department of Managed Health Care
- CA Department of Motor Vehicles
- CA Department of Public Health
- CA Department of Social Services
- CA Health and Human Services Agency
- CA Health Care Foundation
- CA Naturopathic Medicine Committee
- CA Public Employees' Retirement System – CalPERS
- CA State Board of Pharmacy
- California Rural Indian Health Board, Inc.
- California Society of Addiction Medicine
- California State Assembly
- Center for Health Leadership and Practice
- County Health Executives Association of CA - CHEAC
- Covered California
- Dental Board of CA
- Emergency Medical Services Authority
- Health Management Associates  
Medical Board of CA
- Office of Statewide Health Planning and Development-OSHDP
- Office of Traffic Safety
- Osteopathic Medical Board of CA
- UC Davis Medical Center
- US Drug Enforcement Administration
- Veterinary Medical Board of CA

\*Agencies listed for information only

August 27, 2019

Dear Provider,

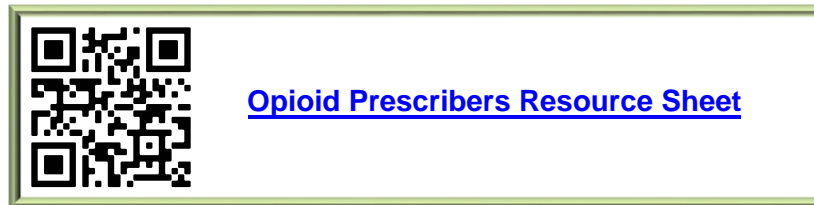
Health care providers are essential partners in ending the opioid epidemic in California. Working together, we want to ensure that providers have access to resources and support to help improve patient pain management, while avoiding opioid overdose and dependence.

One of the most challenging situations reported by prescribers is how to respond to patients already on high doses of opioids (> 90 MMEs) or with possible addiction symptoms. These patients are at higher risk and may need your assistance more than ever. Recent concerns about over-prescribing of opioids has led to some misinterpretation resulting in abruptly terminating the use of opioids, which can cause health risks for patients. I want to stress that some pain management situations may involve the use of opioid medications if alternative approaches are not available or effective. It is my hope that we can offer resources to support you as you continue your clinical relationship with your patients to ensure their overall well-being.

On behalf of the Statewide Opioid Safety (SOS) Workgroup and partners, I am contacting you to offer resources to assist you in addressing these critical treatment issues with your patients:

- Consider all pain management options before starting patients on opioids.
- Recognize when and understand how to taper patients at risk.
- Offer medication assisted treatment (MAT) to your patients.
- Provide patient referrals to MAT and addiction recovery programs.

Please visit the link or access the QR code to find resources on each of these topics. Summary information on each topic is included below.



### Consider All Pain Management Options before Starting Patients on Opioids

The Centers for Disease Control and Prevention (CDC) recommends exploring multiple treatment options (including non-pharmaceutical alternatives) to address chronic pain management before starting patients on opioids. Speak with your patients' health plans to find out what alternatives are available.



### **Recognize When and Understand How to Taper Patients on Opioids**

Health care professionals should not abruptly discontinue opioids in a patient who is physically dependent on opioids, nor should they implement rapid tapers in patients with long-term dependence. Safe tapers may take months to years to accomplish. Ensure patients understand the risks and benefits of dose maintenance versus dose tapering and develop an individualized plan in collaboration with patients.

The CDC recently clarified that its 2016 guidelines only recommended dose limits for new patients. The CDC does not recommend applying arbitrary dose limits to patients dependent on long-term opioids, as there is insufficient data supporting this practice. In a recent study in the *Journal of Substance Abuse Treatment*, after an abrupt taper almost half (49%) of people had an opioid-related hospitalization or emergency department visit.<sup>1</sup>

### **Offer Medication Assisted Treatment (MAT)**

For patients experiencing opioid use disorder, the use of some MAT, such as buprenorphine, has been shown to be highly safe and effective in lowering overdose risk, decreasing HIV and hepatitis C occurrences, and increasing retention in treatment. If you are not yet certified to prescribe buprenorphine, consider obtaining X-waiver certification. There are several short online MAT training programs available as well as additional MAT treatment resources for X-waivered health care professionals on our resource list.

Additional support on MAT and other substance use disorder questions for clinicians is available through the California Substance Use Line – Staffed 24/7 in collaboration between addiction experts at the UCSF Clinicians Consultation Center and California Poison Control:

**(844) 326-2626.**

### **Provide Referrals to MAT and Addiction Recovery Programs ([Locator Tool](#))**

If you are unable to provide MAT, refer patients to a drug or recovery program within your community. Use the treatment locator tools on the Opioid Prescribers Resource sheet to find local MAT and addiction recovery services.

For patients who use opioids or other drugs non-medically, harm reduction programs provide a range of supportive, nonjudgmental services to prevent disease transmission and overdose, offer substance use counseling, and help people connect to and stay engaged with health care. A directory of harm reduction programs in California is available on the Opioid Prescribers Resource sheet.

**Thank you for providing quality medical care to your patients.**

Sincerely,



Charity Dean, M.D., M.P.H.  
Acting State Public Health Officer

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<sup>1</sup> Tami L. Mark and William Parish, *Journal of Substance Abuse Treatment*, <https://doi.org/10.1016/j.jsat.2019.05.001>



## MEMORANDUM

<b>DATE</b>	October 4, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 12:</b> Report on the October 19-21, 2019, American Association of Dental Boards (AADB) Meeting in Las Vegas, Nevada

Background:

Dr. Steven Morrow, DDS, MS will provide a verbal report.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	October 9, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Sarah Wallace, Assistant Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 13:</b> Discussion and Possible Action Regarding Requiring Licensees to Complete Renewals Online in the Future

Background:

In an effort to streamline the licensing and permits renewal process, the Dental Board of California (Board) staff have researched transitioning to online only renewals. Currently the Board issues 18 different licenses and permits to dental professionals which require the maintenance of approximately 55,000 license renewals annually. Licensees are required to renew biennially and currently have the option to renew by mail or online using the BreEZe system.

Licensees who choose to renew by mail may experience delays of four to six weeks for processing of their payment and renewal form, while a licensee who renews online can be approved within minutes of completing the online transaction. In Fiscal Year (FY) 2018/19, the number of renewals submitted online was 62%. In FY 19/20, the number of online renewals has increased to 65%. The deficiency rate for renewals submitted by mail is also greater. In FY 18/19, an average of 26% of renewals submitted by mail were held for deficiencies (incomplete renewals), while renewals submitted online had a deficiency rate of 6%.

Staff has examined the cost savings in transitioning to an online only renewal. In FY 18/19, 55,450 renewal notices were mailed at a cost of \$47,174.62. Printing of the renewal notices are completed by an outside vendor who is contracted with the Department of Consumer Affairs for the Breeze system. The cost for printing of renewal notices was \$24,994.62, and the cost of postage was \$22,180.00.

If the Board decides to move to an online renewal, each licensee would receive a postcard directing the licensee to renew online approximately 90 days prior to their expiration date. The estimated cost for mailing of a postcard renewal notice is \$18,259.69 per fiscal year



which is an estimated savings of \$28,914.93. A draft sample of the renewal postcard has been included on page 3 of this memo.

Currently the Board of Registered Nursing, Board of Occupational Therapy, Board of Veterinary Medicine, California Board of Optometry, Board of Psychology, and the Board of Vocational Nurses and Psychiatric Technicians offer their licensees an online only renewal.

Action Requested:

Board staff is requesting the Board discuss and consider directing staff to implement online only renewals for licenses and permits for the purposes of increasing efficiency, reducing the number of deficient renewals, and cost savings. Board staff recommends implementing online only renewals beginning in January 2021. This will allow staff time to provide adequate notice and outreach to Board licensees and permit holders to prepare for this transition. Outreach would include ongoing alerts on the Board's website, and notification emails and letters sent to all license and permit holders. In addition, staff would begin to review and make any necessary changes to the Breeze system in anticipation of the transition.

FRONT OF POSTCARD

 <p>STATE OF CALIFORNIA <b>dca</b> DEPARTMENT OF CONSUMER AFFAIRS</p>	<p>BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR <b>DENTAL BOARD OF CALIFORNIA</b> 2005 Evergreen St., Suite 1550, Sacramento, CA 95815 P (916) 263-2300   F (916) 263-2140   www.dbc.ca.gov</p>	
LICENSEE NAME	LICENSE NO	EXPIRATION DATE
XXXXXXXXXXXXXXXXXXXX	XXXXXX	XX/XX/XXXX
<b><i>This is to notify you that you Dental License is up for renewal.</i></b>		
Please go to <a href="http://www.breeze.ca.gov">www.breeze.ca.gov</a> and log into your Breeze account to renew. If you do not have an account, you can register as a new user.		
Fee for Renewal postmarked by expiration date: \$662.00		
Fee for Delinquent Renewal postmarked 30 days after expiration date: \$987.00		

BACK OF POSTCARD

DENTAL BOARD OF CALIFORNIA  
P.O. BOX 942511  
SACRAMENTO CA 94258-0511

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## MEMORANDUM

<b>DATE</b>	October 2, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 15:</b> Executive Officer's Report

Background:

The Executive Officer, Karen Fischer, of the Dental Board of California will provide a verbal report.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	October 29, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Daniel Yoon, Licensing Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16(a):</b> Update on the Portfolio Pathway to Licensure

At the August 2019 Board meeting, Dental Board of California (Board) staff reported receiving four Portfolio applications for 2019. Three of the applications were submitted by the University of California, San Francisco and one was submitted by Loma Linda University. All four Portfolio applicants have been issued their dental licenses.

Board staff has continued to offer informational workshops to meet with 1<sup>st</sup>, 2<sup>nd</sup> year, and any interested dental students about the Portfolio pathway to licensure. Board staff scheduled visits to Loma Linda University in Loma Linda, CA, the University of Southern California in Los Angeles, CA, and the University of the Pacific in San Francisco, CA in October 2019.

On October 10, 2019, Board staff traveled to Loma Linda University and met with 1<sup>st</sup> year dental students to present the Portfolio pathway to licensure. Fifty (50) students attended this event. During the presentation, Board staff asked the students if they intended to stay in California or if they would be leaving the State. Almost three-quarters of the students intended on staying in California. Informational Portfolio brochures were distributed to all students who were interested in the Portfolio pathway.

On October 11, 2019, Board staff traveled to the University of Southern California and met with 1<sup>st</sup> and 2<sup>nd</sup> year students to present the Portfolio pathway to licensure. Fifty-two (52) students attended this event. When asked how many students planned to stay in California, more than half the students raised their hands. After the presentation concluded, informational Portfolio brochures were distributed to interested students.

On October 21, 2019, Board staff traveled to the University of the Pacific and met with 1<sup>st</sup> and 2<sup>nd</sup> year students to present the Portfolio pathway to licensure. Fifty-seven (57) students attended this event. When asked how many students planned to stay in California, almost all students raised their hands. When asked how many have heard about the Portfolio pathway to licensure, only about half-dozen students raised their hand. After the presentation concluded, informational Portfolio brochures were distributed to all interested students.



Additionally, Board staff invited Dr. Stephanie Sayegh, who obtained her dental license through the Portfolio pathway in 2018 from Loma Linda University, to come and share her experiences about the Portfolio pathway to licensure. Dr. Sayegh accepted the invitation and was present for both presentations at Loma Linda University and the University of Southern California. Because Dr. Sayegh also took a clinical examination, she was able to share her unique experiences for both examinations and encouraged students to strongly consider the Portfolio pathway to licensure. Dr. Sayegh answered many Portfolio related questions from the dental students.

For the Portfolio presentation at the University of the Pacific, Board staff invited Dr. Moid Khan, who obtained his dental license through the Portfolio pathway in 2017 from the University of the Pacific, to come and share his experiences about the Portfolio pathway to licensure. Dr. Khan accepted the invitation and was able to share his experiences about the Portfolio. Dr. Khan offered many helpful tips and suggestions to the dental students and answered many Portfolio related questions from the dental students.

Board staff is planning to offer more informational workshops to help dental students become more aware of the Portfolio pathway to licensure. Board staff is working on scheduling visits to the other dental schools in 2019 and early 2020.

**Action Requested:**

No action requested, informational only.



## MEMORANDUM

<b>DATE</b>	October 16, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16(b):</b> Western Regional Examination Board (WREB) Report

Background:

Drs. Ross Lai and Huong Le will give a verbal report on the DERB meeting held on November 8, 2019.

Action Requested:

No action requested.



## MEMORANDUM

<b>DATE</b>	September 5, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Karen M. Fischer, MPA – Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 16(c):</b> Discussion and Possible Action Regarding Implementation of the ADEX Examination

Background:

At the August 2019 meeting, the Office of Professional Examination Services (OPES) reported on its comprehensive evaluation of the American Board of Dental Examiners (ADEX) examination. The purpose of the OPES review was to evaluate the suitability of the ADEX dental examination series for use in California licensure. OPES found that the procedures used to establish and support the validity and defensibility of the ADEX dental examination series meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (2014) (Standards)* and California Business and Professions Code (B&P) section 139. The Board voted to accept the OPES Report.

Also at the August meeting, representatives from ADEX provided an overview of the examination, referred to as the Patient Centered Curriculum Integrated Format (PC-CIF), which is comprised of five components: Restorative, prosthodontics, endodontics, DSE OSCE, and periodontal scaling. ADEX has provided a written overview of its dental licensure examination which follows this memo; and representative from ADEX will be available at the meeting to answer any additional questions.

Action Requested: At this time, staff is requesting the board vote to accept the ADEX examination in its current format, provided all outstanding costs for the occupational analysis and the OPES study of the ADEX examination for compliance with state standards have been paid in full. Should the Board vote to accept the ADEX examination in its current format for licensure in California, staff believes we can begin working on Breeze implementation and acceptance of the ADEX examination prior to regulations being promulgated.



**AMERICAN BOARD OF DENTAL EXAMINERS, INC.**

**William Pappas, D.D.S., President**  
**Jeffery Hartsog, D.M.D., Vice-President**  
**Conrad McVea, III, D.D.S., Secretary**  
**Renee McCoy-Collins, D.D.S., Treasurer**  
**Bruce Barrette, D.D.S., Past President**

## American Board of Dental Examiners Initial Dental Licensure Examination Overview

The ADEX licensure examination consists of 5 components in order to satisfy the 2018 national occupational analysis. The components are:

1. Restorative dentistry
  - a. Anterior Class III Composite Restoration
  - b. Posterior Class II Restoration
2. Prosthodontics
  - a. Anterior all Porcelain Crown
  - b. Posterior Porcelain to Metal Crown
  - c. Posterior Full Gold Crown
    - i. b & c are done as a 3-Unit Bridge
3. Endodontics
  - a. Anterior full treatment
  - b. Posterior access opening, chamber debridement and canal identification
4. DSE OSCE Examination
  - a. All KSJs in the occupational analysis not covered by the performance examinations. e.g.: medical considerations, applied pharmacology, oral surgery, post-op complications, periodontal evaluation, diagnosis and treatment planning, etc.
5. Periodontal Scaling

The content, scoring and criteria are uniform and remain identical at every examination controlled by an IT platform that also serves as an onsite QA process that assures uniformity in examination administration at every examination site.

Examination security is identical at every examination. Examination security in the candidate clinic is monitored by Clinic Floor Examiners. Only credentialed candidates, assistants, and interpreters are allowed in the candidate clinic to ensure independent work by the candidates. In addition, all electronic devices, including cell phones, are prohibited from use by the candidates and patients.

The grading clinic is separate from the candidate clinic so that examiner anonymity is preserved. Only the patient and examiners are allowed in the grading area, even examiners assistants are restricted to either the grading area or candidate clinic. Clinic Floor Examiners are not allowed to interact with the graders or be in the grading clinic. Graders are distributed for grading by the IT platform on a first in first out logic. Secondary logic distributes graders so that each grader will grade with every other grader equally by the end of the exam, so that accurate inter-rater performance can be evaluated. In addition, all grading is done by 3 independent graders who may not communicate with each other.

The administrative format is the Patient Centered Curriculum Integrated Format (PC-CIF), the successor and essentially an enhancement to the CIF format. The PC-CIF Format was developed to allow dental schools to implement certain institutional guidelines for the patient being treated within their school by their students during an examination. Some schools wanted the ability when appropriate, to implement portions of their patient treatment planning, care sequencing, and patient follow-up protocols for their patients. A format was collaboratively developed to implement certain patient protocols, but the independent third-party examination process is preserved. The host dental school has the ability to choose which of the PC-CIF options to implement and if it fits within their school. Some schools have not implemented any of the options as they are comfortable with the patient treatment in their school during the examination process

In the PC-CIF, at all schools, all portions of the assessment are available at multiple times within each institution during dental school, to ensure that patient care is accomplished within an appropriate treatment plan and to allow candidates to remediate and retake any portions of the assessment which they have not successfully completed. This helps to eliminate the need for expensive travel to complete the examination by candidates. To accomplish this goal the school may choose some or all of the following administrative options:

- An examination may be scheduled as often as every 3 weeks at the dental school
- The dental school may populate the exams up to 48 hrs. prior to the start; can either add or remove candidates based on the patients who have been treatment planned, remediation or student progress in school
- Candidates complete the patients they had treatment planned that fulfilled the examination components within the ADEX guidelines.

At schools that choose to do so, CODA competencies may be completed by faculty, after examiner grading is completed, during the examination and school patient records can be updated and care reviewed by faculty during the examination but again only after all examiner grading is completed.

The PC-CIF patient options that can be considered by the school are:

- *Approval of the lesion to be treated so that school remineralization and treatment plan timing is followed*
- *Follow up care*
  - *When the post-operative care is performed*
  - *Faculty supervision of required post-operative care*
- *Care review after grading is completed*
  - *Preparations*
  - *Restorations*
- *CODA Competencies evaluations*
- *Informing candidates of the outcomes*
- *Approving candidate retakes*

Whether all PC-CIF options are chosen or none, the examination itself, all protocols, content, scoring, and criteria, are identical. Schools have chosen all possible permutations of the options which is why the PC-CIF process is really a continuum, rather than a discrete process, designed to help to ensure that the patient is treated within the dental school's protocols, as long as the treatment meets ADEX guidelines. It is not substantively different than the former CIF process which many schools feel meets their patient care guidelines. The PC-CIF process allows for the variable patient care issues that the different dental schools may want to address in the examination process. *Therefore, it is not possible to define a PC-CIF process other than to say that a school is offered options on patient qualification and follow-up care.*

The Traditional format is an examination format that is for dentists that have graduated dental school and are challenging the ADEX examination for licensure in a state that they are not currently licensed. They are not affiliated with a dental school, but as they are already graduates, the patients being treated during the examination are most often their own. Treatment planning and follow-up care should not be an issue as they are the treating dentist.

Prepared by:

Guy Champagne, DDS

William Pappas, DDS

Jeffery Hartsog, DMD



## MEMORANDUM

<b>DATE</b>	October 03, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Mirela Taran, Licensing Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 17(a):</b> Review of Dental Licensure and Permit Statistics

The Dental Board of California (Board) oversees dental licensees in California. All dentists are initially licensed as active. When licensees renew their license, they may either keep their license in active or inactive status.

Licensees with an active status can actively practice dentistry in the state of California. To renew and keep one's license in an active status, the Board requires submission of renewal fee, furnishing a set of fingerprints to the Department of Justice (DOJ), certification of fifty (50) units of continuing education, and disclosing whether he/she has been convicted of any violation in the prior renewal cycle.

Licensees with an inactive status cannot engage in the practice of dentistry in the state of California. To renew and keep one's license in an inactive status, the Board requires submission of the renewal fee and a fully completed renewal form. The holder thereof need not comply with any continuing education requirement for a renewal of an inactive license.

Licensees with an inactive status who would like to re-activate their license must submit the Application to Activate License form and evidence of completing fifty (50) units of continuing education within the last two (2) years, as required by the Dental Practice Act.

### A. Following are statistics of current license/permits by type as of October 02, 2019

Dental License (DDS) Status	Licensee Population
<b>Active</b>	34,698
<b>Inactive</b>	1,809
<b>Retired</b>	1,693
<b>Disabled</b>	114
<b>Renewal in Process</b>	351
<b>Delinquent</b>	5,445
<b>Total Cancelled Since Licensing was required</b>	16,992

\* Active: Current and can practice without restrictions (BPC §1625)

Inactive: Current but cannot practice, continuing education not required (CCR §1017.2)

Retired: Current, has practiced over 20 years, eligible for Social Security and can practice with restrictions (BPC §1716.1a)

Disabled: Current with disability but cannot practice (BPC §1716.1b)

Renewal in Process: Renewal fee paid with deficiency (CCR §1017)

Delinquent: Renewal fee not paid within one month after expiration date (BPC §163.5)

Cancelled: Renewal fee not paid 5 years after its expiration and may not be renewed (BPC §1718.3a)

Agenda Item 17(a): Review of Dental Licensing and Permit Statistics

Dental Board of California Meeting MATERIALS Page 403 of 458

November 14-15, 2019

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Dental Licenses Issued via Pathway	Total Issued in 2019	Total Issued in 2018	Total Issued in 2017	Total Issued to Date	Date Pathway Implemented
WREB Exam	747	877	758	10,390	January 1, 2006
Licensure by Residency	124	147	161	2,103	January 1, 2007
Licensure by Credential	129	177	181	3,656	July 1, 2002
(LBC Clinic Contract)	3	11	10	63	July 1, 2002
(LBC Faculty Contract)	1	7	4	31	July 1, 2002
Portfolio	4	8	20	80	November 5, 2014
<b>Total</b>	<b>1,004</b>	<b>1,209</b>	<b>1,120</b>		

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Permit was Required
Additional Office Permit	2,644	881	6,719
Conscious Sedation	534	39	524
Continuing Education Registered Provider Permit	938	757	2,138
Elective Facial Cosmetic Surgery Permit	29	4	1
Extramural Facility Registration*	207	N/A	N/A
Fictitious Name Permit	6,972	1,696	6,458
General Anesthesia Permit	898	29	986
Mobile Dental Clinic Permit	43	47	43
Medical General Anesthesia	94	28	191
Oral Conscious Sedation Certification (Adult Only 1,160; Adult & Minors 1,243)	2,397	667	844
Oral & Maxillofacial Surgery Permit	92	7	21
Referral Service Registration*	161	N/A	N/A
Special Permits	40	11	176

\*Current population for Extramural Facilities and Referral Services are approximated because they are not automated programs

### Active Licensees by County as of October 03, 2019

County	DDS	Population	Population per DDS
Alameda	1,486	1,645,359	1,107
Alpine	1	1,151	1,151
Amador	21	38,382	1,827
Butte	139	226,404	1,628
Calaveras	16	45,168	2,823
Colusa	5	22,043	4,408
Contra Costa	1,109	1,139,513	1,027
Del Norte	13	27,124	2,086
El Dorado	166	185,062	1,114
Fresno	616	995,975	1,616
Glenn	9	28,731	3,192
Humboldt	68	136,953	2,014
Imperial	40	188,334	4,708
Inyo	13	18,619	1,432
Kern	344	895,112	2,602
Kings	64	149,537	2,336
Lake	47	64,945	1,381



Lassen	23	30,918	1,344
Los Angeles	8,432	10,241,278	1,214
Madera	48	156,492	3,260
Marin	313	263,604	842
Mariposa	7	18,148	2,592
Mendocino	53	89,134	1,681
Merced	91	274,665	3,018
Modoc	4	9,580	2,395
Mono	2	13,713	6,856
Monterey	267	442,365	1,656
Napa	113	142,408	1,260
Nevada	85	98,828	1,162
Orange	3,919	3,194,024	815
Placer	469	382,837	816
Plumas	14	19,819	1,415
Riverside	1,081	2,384,783	2,206
Sacramento	1,122	1,514,770	1,350
San Benito	22	56,854	2,584
San Bernardino	1,365	2,160,256	1,582
San Diego	2,753	3,316,192	1,204
San Francisco	1,253	874,228	697
San Joaquin	379	746,868	1,970
San Luis Obispo	237	280,101	1,181
San Mateo	876	770,203	879
Santa Barbara	324	450,663	1,390
Santa Clara	2,300	1,938,180	842
Santa Cruz	182	276,603	1,519
Shasta	111	178,605	1,609
Sierra	1	3,207	3,207
Siskiyou	24	44,688	1,862
Solano	276	436,023	1,579
Sonoma	400	505,120	1,262
Stanislaus	281	548,057	1,950
Sutter	54	96,956	1,795
Tehama	29	63,995	2,206
Trinity	3	13,628	4,542
Tulare	225	471,842	2,097
Tuolumne	49	54,707	1,116
Ventura	668	857,386	1,283
Yolo	113	218,896	1,937
Yuba	10	74,577	
Out of State/Country	2,563		
<b>TOTAL</b>	<b>34,698</b>	<b>39,523,613</b>	

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

\*The counties with the highest Population per DDS are:

1. Yuba County (1:7,457)
2. Mono County (1:6,856)
3. Imperial County (1:4,708)
4. Trinity County (1:4,542)
5. Colusa County (1:4,408)

The counties with the lowest Population per DDS are:

1. San Francisco County (1:697)
2. Orange County (1:815)
3. Placer County (1:816)
4. Santa Clara County (1:842)
5. Marin County (1:842)

\*The counties with the biggest increase in active licensed dentists as of October 03, 2019 were Los Angeles, with 90 additional dentists, Orange, with 29 additional dentists, and Santa Clara, with 27 additional dentists. Madera had a decrease of 5 dentists and Mendocino had a decrease of 3 dentists.

**B. Following are monthly dental statistics by pathway as of October 01, 2019**

Dental Applications Received by Month (2019)													Total Apps:
1,059	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	41	30	31	71	142	278	110	61	24				788
Residency	4	3	7	11	10	20	64	8	7				134
Credential	18	13	23	13	13	22	16	9	6				133
Portfolio	0	0	0	0	0	4	0	0	0				4
<b>Total</b>	<b>63</b>	<b>46</b>	<b>61</b>	<b>95</b>	<b>162</b>	<b>324</b>	<b>190</b>	<b>78</b>	<b>37</b>				<b>1,059</b>
Dental Applications Approved by Month (2019)													% of All Apps: 94%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	39	25	19	31	55	163	250	121	52				755
Residency	5	4	5	1	8	6	45	35	11				120
Credential	10	12	15	10	20	13	16	13	11				120
Portfolio	0	0	0	0	0	0	3	1	0				4
<b>Total</b>	<b>54</b>	<b>41</b>	<b>39</b>	<b>42</b>	<b>83</b>	<b>182</b>	<b>314</b>	<b>170</b>	<b>74</b>				<b>999</b>
Dental Licenses Issued by Month (2019)													% of All Apps: 95%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	40	33	19	28	51	155	246	123	52				747
Residency	8	5	6	2	8	5	42	39	9				124
Credential	18	13	15	11	17	14	15	15	11				129
Portfolio	0	0	0	0	0	0	3	1	0				4
<b>Total</b>	<b>66</b>	<b>51</b>	<b>40</b>	<b>41</b>	<b>76</b>	<b>174</b>	<b>306</b>	<b>178</b>	<b>72</b>				<b>1,004</b>
Cancelled Dental Applications by Month (2019)													% of All Apps: 9%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	3	2	6	5	12	7	23	6	1				65
Residency	0	0	0	1	0	1	12	3	1				18
Credential	0	2	0	0	2	0	1	1	2				8
Portfolio	0	0	0	0	0	0	0	0	0				0
<b>Total</b>	<b>3</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>14</b>	<b>8</b>	<b>36</b>	<b>10</b>	<b>4</b>				<b>91</b>
Withdrawn Dental Applications by Month (2019)													% of All Apps: 3%
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	2	1	3	4	0	4	4	1	3				22
Residency	0	0	1	0	1	0	1	0	0				3
Credential	1	0	0	0	1	2	1	1	0				6
Portfolio	0	0	0	0	0	0	0	0	0				0

<b>Total</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>3</b>				<b>31</b>
<b>Denied Dental Applications by Month (2019)</b>												<b>% of All Apps: &lt;1%</b>	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	<b>Totals</b>
WREB	0	0	1	0	0	0	0	0	0				<b>1</b>
Residency	0	0	0	0	0	0	0	0	0				<b>0</b>
Credential	0	0	0	0	0	0	0	0	0				<b>0</b>
Portfolio	0	0	0	0	0	0	0	0	0				<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>				<b>1</b>

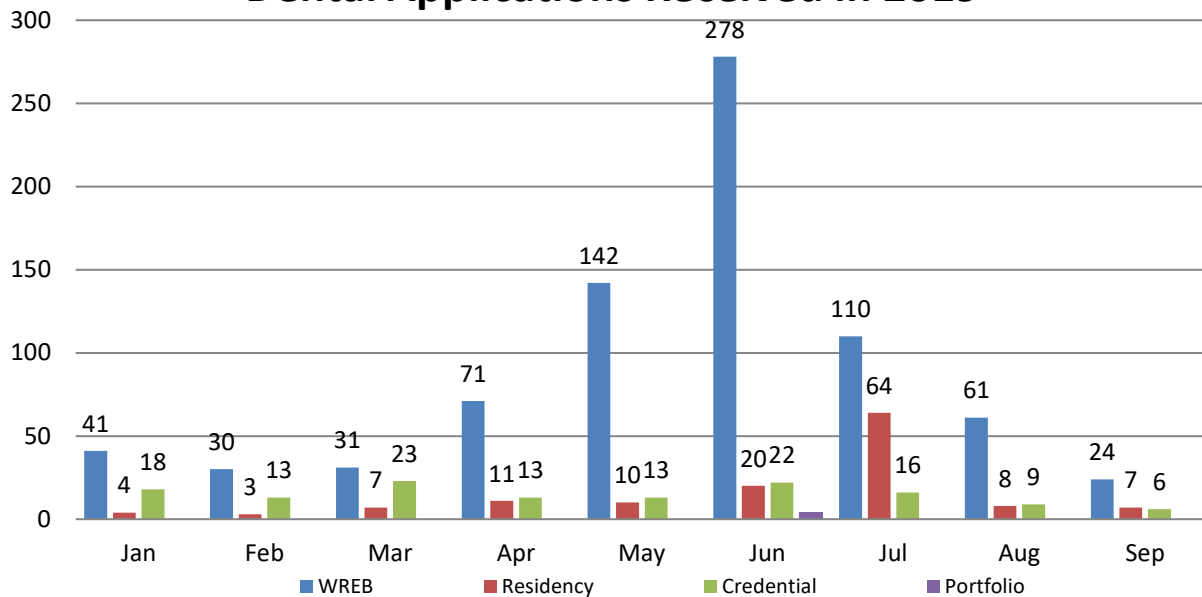
\*Deficient Applications by pathway: WREB – 64, Residency – 10, Credential – 33, Portfolio – 0, **Total – 107**

### Application Definitions

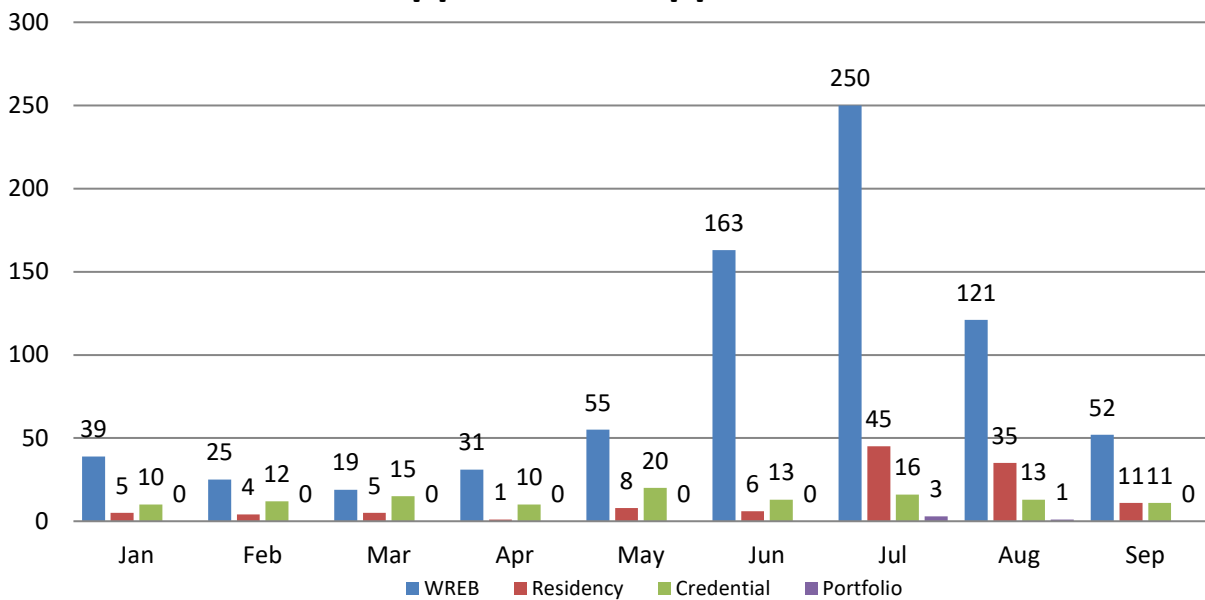
<b>Received</b>	Application submitted in physical form or digitally through Breeze system.
<b>Approved</b>	Application for eligibility of licensure processed with all required documentation.
<b>License Issued</b>	Application processed with required documentation and paid prorated fee for initial license.
<b>Cancelled</b>	Board requests staff to remove application (i.e. duplicate).
<b>Withdrawn</b>	Applicant requests Board to remove application
<b>Denied</b>	Applicant fails to provide requirements for licensure (BPC 1635.5)
<b>Deficient</b>	Application processed lacking one or more requirements

C. Following are graphs of monthly Dental statistics as of October 01, 2019

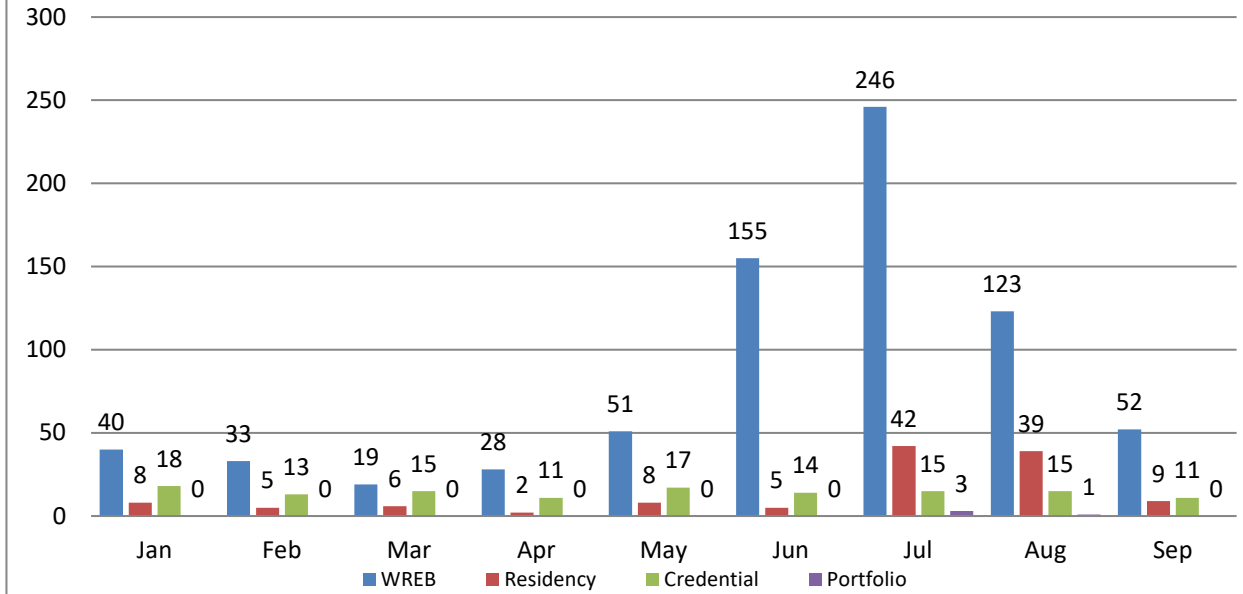
## Dental Applications Received in 2019



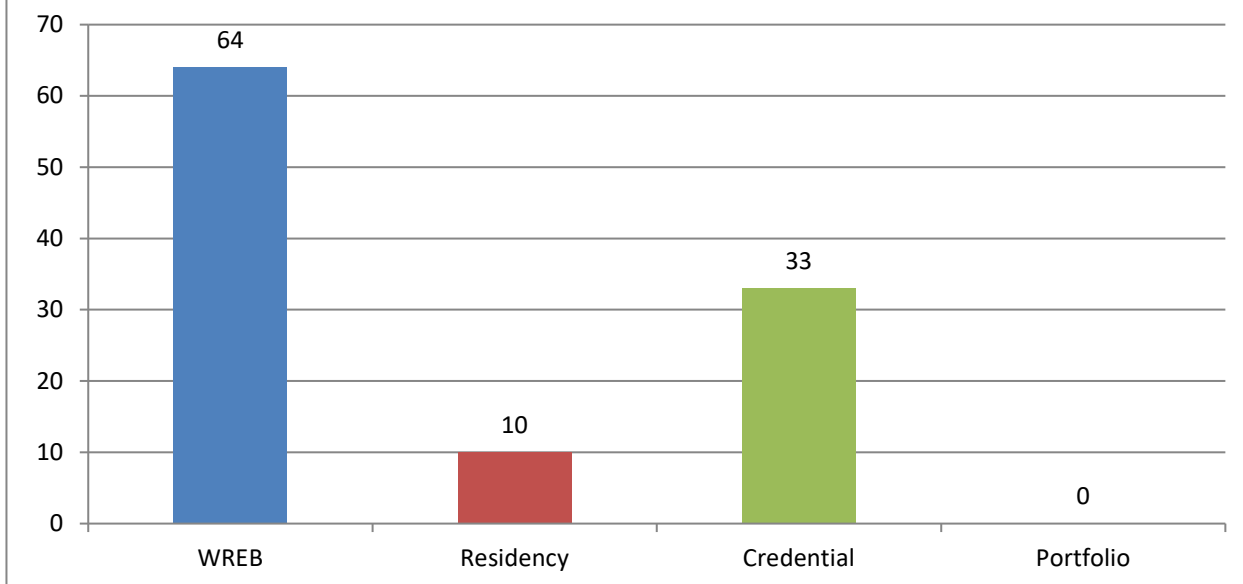
## Dental Applications Approved in 2019



## Dental Licenses Issued in 2019

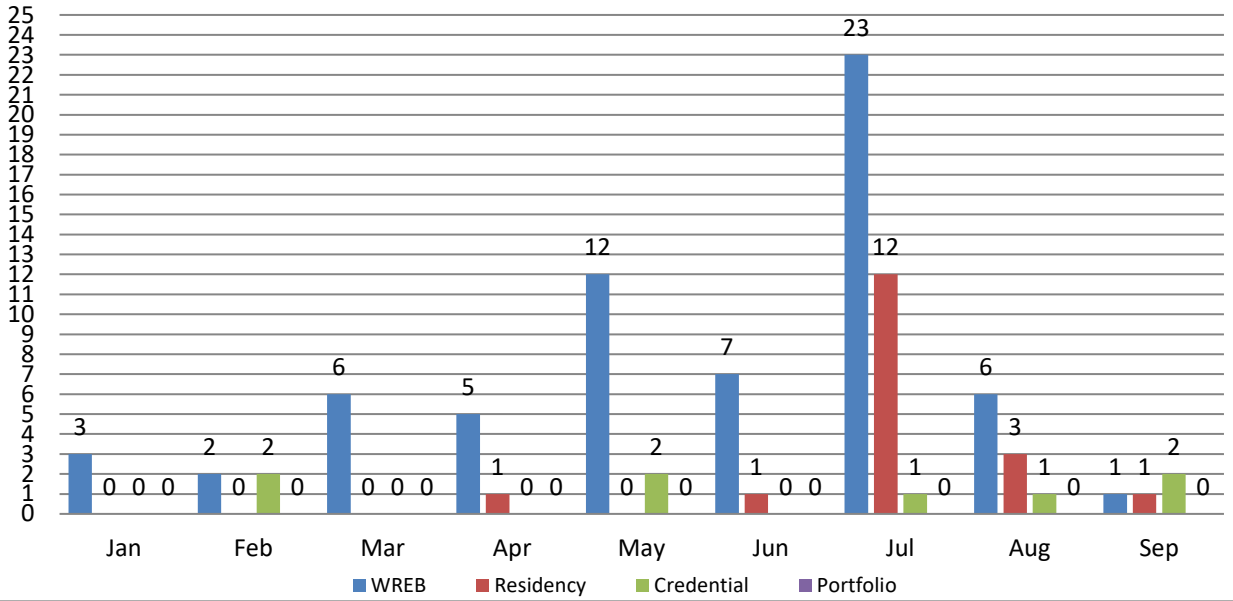


## Deficient Applications as of October 02, 2019

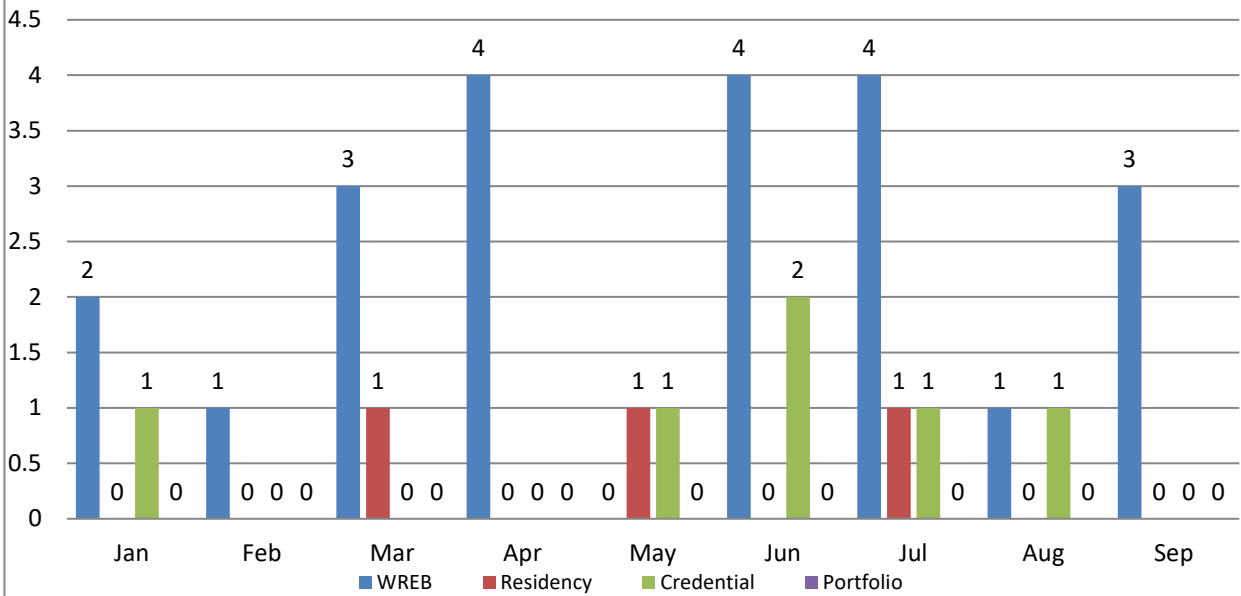


\*Deficient: Pending with one or more requirements missing in application

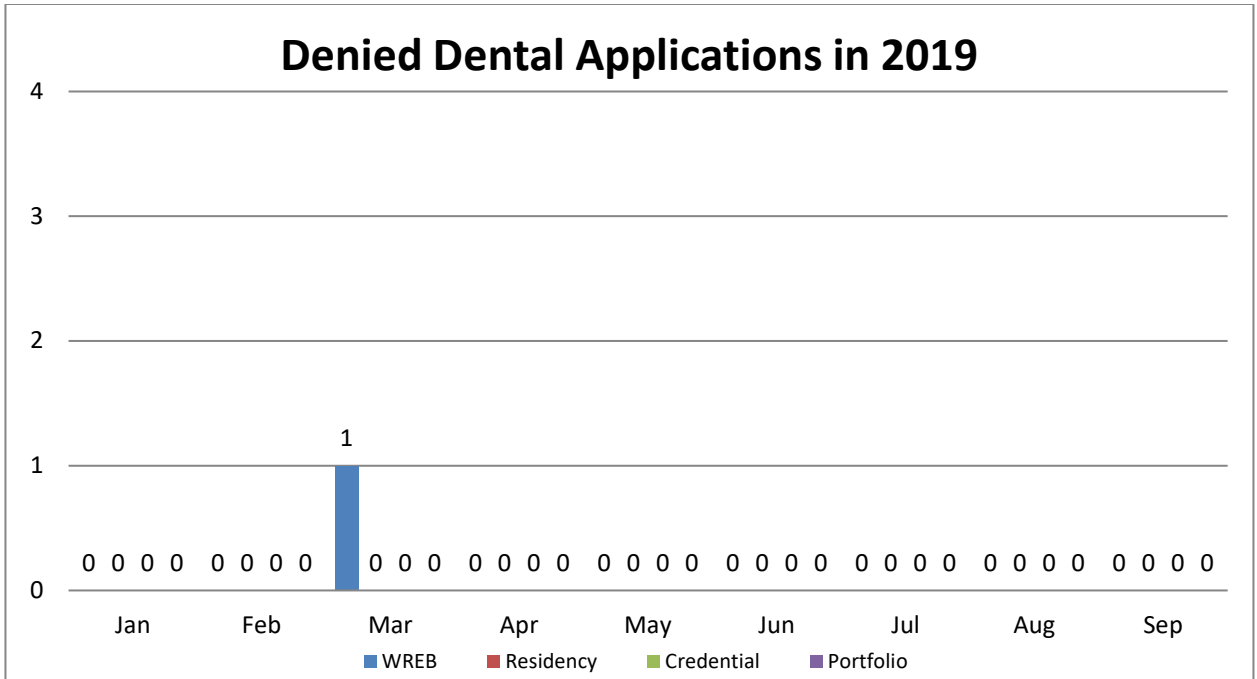
## Cancelled Dental Applications in 2019



## Withdrawn Dental Applications in 2019



## Denied Dental Applications in 2019





## MEMORANDUM

<b>DATE</b>	October 09, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Jessica Olney, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 17(b):</b> General Anesthesia and Conscious Sedation Permit Evaluation Statistics

### 2018-2019 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

#### General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
<b>Sept 2018</b>	13	0	1	1	3	3
<b>Oct 2018</b>	11	1	2	2	2	4
<b>Nov 2018</b>	12	0	0	0	2	3
<b>Dec 2018</b>	6	0	1	2	2	3
<b>Jan 2019</b>	16	0	1	1	3	1
<b>Feb 2019</b>	11	0	4	1	2	1
<b>Mar 2019</b>	14	0	1	1	2	3
<b>April 2019</b>	15	0	0	2	5	1
<b>May 2019</b>	18	1	2	2	1	0
<b>June 2019</b>	11	0	1	1	3	3
<b>July 2019</b>	10	0	0	1	3	1
<b>Aug 2019</b>	11	0	3	0	0	4
<b>Sept 2019*</b>	15	0	0	0	1	2
<b>Oct 2019*</b>	22	0	0	0	1	1
<b>Total</b>	<b>185</b>	<b>2</b>	<b>16</b>	<b>14</b>	<b>30</b>	<b>30</b>

\*Approximate schedule for September, and October 2019.



## Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
<b>Sept 2018</b>	5	0	2	1	0	2
<b>Oct 2018</b>	6	1	1	1	0	2
<b>Nov 2018</b>	10	1	1	2	1	0
<b>Dec 2018</b>	3	0	1	0	0	0
<b>Jan 2019</b>	5	0	3	0	2	0
<b>Feb 2019</b>	5	0	2	0	1	0
<b>Mar 2019</b>	5	0	2	1	1	1
<b>April 2019</b>	6	1	0	0	2	2
<b>May 2019</b>	6	2	4	0	2	3
<b>June 2019</b>	3	2	1	0	2	3
<b>July 2019</b>	4	0	1	2	1	0
<b>Aug 2019</b>	10	0	1	0	1	3
<b>Sept 2019*</b>	8	0	0	0	2	1
<b>Oct 2019*</b>	9	0	0	0	2	1
<b>Total</b>	<b>85</b>	<b>7</b>	<b>19</b>	<b>7</b>	<b>17</b>	<b>18</b>

\*Approximate schedule for September, and October 2019.

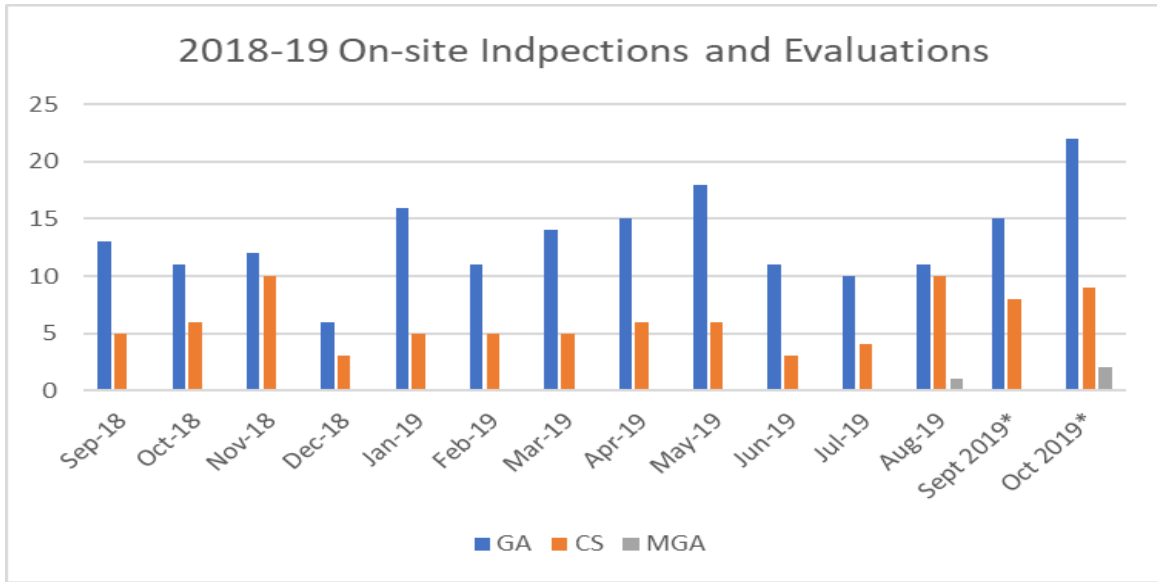
**There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.**

## Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postpone no evaluators	Postpone by request	Permit Canc by Request
<b>Sept 2018</b>	0	0	0	0	0	1
<b>Oct 2018</b>	0	0	0	0	0	2
<b>Nov 2018</b>	0	0	2	0	0	2
<b>Dec 2018</b>	0	0	2	0	0	2
<b>Jan 2019</b>	0	0	4	0	0	0
<b>Feb 2019</b>	0	0	3	1	0	0
<b>March 2019</b>	0	0	1	1	0	0
<b>April 2019</b>	0	0	2	0	0	0
<b>May 2019</b>	0	0	2	0	0	0
<b>June 2019</b>	0	0	1	0	0	0
<b>July 2019</b>	0	0	0	1	0	0
<b>Aug 2019</b>	1	0	0	0	0	0
<b>Sept 2019*</b>	0	0	2	0	0	0
<b>Oct 2019*</b>	2	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>0</b>	<b>16</b>	<b>2</b>	<b>0</b>	<b>8</b>

\*Approximate schedule for September, and October 2019.

## Completed evaluations per month



**Current Evaluators per Region**

Region	GA	CS	MGA
Northern California	132	71	7
Southern California	160	97	8

Action Requested:

No action requested, data provided is informational only.



## MEMORANDUM

<b>DATE</b>	October 4, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Karen Fischer, Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 17(c):</b> Discussion and Possible Action Regarding Application for Dental Board Approval from Qingdao University School of Stomatology, China

Background:

On February 8, 2019, the Board received a Foreign Dental School Application for Dental Board of California (Board) Approval from Qingdao University School of Stomatology (School) in China. I completed an initial review of the documentation that was submitted and determined that sections of the submittal were in Chinese. The School was notified that these sections would need to be translated into English before the review could continue. On June 13, 2019, the Board received a new package of documents along with correspondence from the School asking the Board to disregard the previous documentation that had been submitted.

President Burton appointed a two-person subcommittee to review the application to determine if the Board should deem it complete. Dr. Steven Morrow and Ms. Joanne Pacheco received the application and supporting documentation around July 12, 2019 and began to independently review the submittal. On September 11, members of the subcommittee and I met in Fresno to discuss the findings. A number of deficiencies were identified and discussed.

On September 24, 2019, I notified the School that the board's subcommittee had conducted a comprehensive review of the School's application and supporting documentation; and had deemed it incomplete. The deficiencies are identified in the attached report that was sent to the School.

Action Requested:

No action requested.

**DENTAL BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | [www.dbc.ca.gov](http://www.dbc.ca.gov)



September 24, 2019

**DELIVERED VIA EMAIL**

Mr. Liang Wenyi  
Qingdao University – School of Stomatology  
No. 308 Ningxia Road, Shinan District  
Qingdao, Shandong, CHINA

RE: Foreign Dental School Application (Qingdao University) – Dental Board of California –  
Additional Documentation Required

Dear Mr. Wenyi:

A subcommittee of the Dental Board of California (Board) has conducted a comprehensive review of the application and supporting documentation submitted by Qingdao University – School of Stomatology (School) for Board approval and has deemed it incomplete. The additional information needed is detailed in red in the following report.

If you have any questions, please feel free to contact me at 916-263-2188 or  
[Karen.Fischer@dca.ca.gov](mailto:Karen.Fischer@dca.ca.gov).

Sincerely,

A handwritten signature in blue ink that reads "Karen M. Fischer".

Karen M. Fischer, MPA  
Executive Officer

# DENTAL BOARD OF CALIFORNIA (BOARD)

## Report on Deficiencies Identified in the Application for Board Approval

Submitted by Qingdao University School of Stomatology (School)

September 2019

### Documentation of Compliance with Standards

The Subcommittee of the Board has reviewed the Application and Supporting Documents submitted by the School and has determined that the application is incomplete. The Deficiencies appear in red.

#### (1) Institutional Mission, Purposes, and Objectives

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

(b) The institution shall have a formal and ongoing outcomes assessment process, including measures of student achievement based on the institution's mission/purpose, goals and objectives. **The narrative submitted describes the outcomes assessment of academic components but does not include measures of pre-clinical and clinical assessment of student achievement. Provide a description of the process of measuring achievement of mission, goals and objectives related to patient care, research and service to the community**

#### Supporting Documentation

##### 1. Table 1 – Examples of Approach to Outcomes Assessment

**The table submitted is not the same table provided with the Board application and therefore the table submitted does not provide the requested information and/or data. Submit Table 1 as provided in application materials.**

(c) The institution shall have an ongoing planning process, which is broad-based and systematic, for the evaluation and improvement of educational quality. **The narrative submitted adequately describes the institution's future goals (2016-2020). However, it does not describe the process (actions) by which these goals will be achieved and the level of achievement that has been experienced to date. Provide a description of the "ongoing planning process" by which the outcomes will be assessed.**

**Additional Supporting Documentation Required - Provide the outcomes of the previous five year Strategic Plan (2011-2015) and the outcomes of the current Strategic Plan (2016-2020).**

## **(2) Educational Program (Admissions Policy)**

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

Much of narrative is repeated and does not give a clear description of admission requirements. For example, page 6 states "Students will take the National University Entrance Examination". Page 12 states "Candidates for a degree program who satisfy entrance requirements will be required to take the standard entrance examination for their disciplines and attend an interview." What is the difference between these examinations? Does entry into the School of Stomatology require applicants to take both of these examinations?

### **Supporting Documentation**

1. Application form and/or packet
2. Enrollment and attrition data for past 10 years

### **Additional Supporting Documentation Required:**

- Admissions principles specific for stomatology program
- Sample of Chinese high school transcript with courses completed and units of credit translated into English.
- Provide content of discipline specific entrance examination for School of Stomatology.

## **(3) Educational Program (Curriculum)**

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

### **Supporting Documentation**

1. Dental School Catalogue (See Standard 10). This appears to be a Student Handbook and not a Catalogue. Submit a copy (either hard copy or electronic copy in English) of the School of Stomatology Catalogue for the current academic year 2019-2020. See Standard 10 for what should be included in the Catalogue.
2. Current Schedule of Courses by Class Year (Table 2: Schedule of Courses)
3. Academic Schedules (each year) for current Academic Year

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

### **Supporting Documentation**

1. Document listing competencies

(c) The institution's curriculum shall ensure an in-depth understanding of the biomedical principles, consisting of a core of information on the fundamental structures, functions, and interrelationships of the body system. The narrative submitted is minimal and does not adequately describe how compliance with this substandard is met. Provide a narrative description of how the curriculum meets



compliance with this substandard.

(d) The curriculum shall provide biomedical, behavioral, and clinical knowledge that is integrated and is of sufficient depth and scope for graduates to apply advances in modern biology to clinical practice and to integrate new medical knowledge and therapies relevant to oral health care. The narrative submitted does not adequately describe how the curriculum meets compliance with this substandard. The curriculum is weak in behavioral sciences. Table 5 courses listed do not meet narrative response for Standard 3d-e. Provide a narrative description of how the curriculum meets compliance with this substandard.

**Supporting Documentation**

1. Course Syllabi for all courses (On-site only)
2. Tables 3-5: Departmental Course Offerings Table 5: Departmental Course Offerings – Behavioral Sciences does not give the requested information. Most courses mentioned are not Behavioral Science courses. Submit Table 5 listing Behavioral Sciences courses only.

(e) The educational program shall be designed to ensure that graduates are at a minimum competent in the following four areas. The narrative submitted does not adequately describe how these four (4) areas of competence are assessed to ensure compliance with this substandard. The narrative response should identify how it is determined that graduates are competent in these four (4) areas. Provide a narrative description of how the educational program ensures that graduates are competent in these four (4) areas.

- (1) Behavioral sciences
- (2) Practice management
- (3) Ethics and professionalism
- (4) Information management and critical thinking

**Additional Supporting Documentation Required:** Provide results of students' assessment of competency in Behavioral Sciences, Practice Management, Ethics and Professionalism, and Information Management and Critical Thinking.

(f) The educational program shall be designed to ensure that graduates are at a minimum competent in providing all of the following types of oral health care within the scope of general dentistry to all types of patients. The Narrative describes how knowledge in these fourteen areas is assessed but does not adequately describe how the preclinical and clinical skills are assessed for these fourteen competencies. Provide a narrative description of how preclinical and clinical competency in the fourteen identified types of oral health care are ensured before student are graduated.

- (1) Patient assessment and diagnosis
- (2) Comprehensive treatment planning
- (3) Health promotion and disease prevention
- (4) Informed consent
- (5) Anesthesia, sedation and pain and anxiety control
- (6) Restoration of teeth
- (7) Replacement of teeth



- (8) Periodontal therapy
- (9) Pulpal therapy
- (10) Oral mucosal disorders
- (11) Hard and soft tissue surgery
- (12) Dental emergencies
- (13) Malocclusion and space management
- (14) Evaluation of the outcomes of treatment

**Additional Supporting Documentation Required:** Provide copies of completed grade sheets (in English) for the following 19 graduates that support achievement of competency in each of the following: (1) Patient Assessment and Diagnosis, (2) Comprehensive Treatment Planning, (6) Restoration of teeth, (7) Replacement of teeth, (8) Periodontal therapy, (9) Pulpal therapy, (11) Hard and soft tissue surgery, (12) Dental emergencies, and (14) Evaluation of the outcomes of treatment. (The students listed below were selected randomly from Table 6: Number of Clinical Dental Procedures Completed by Students in the Past Three Graduating Classes).

1. Zhuang Yuan
2. Deng Jie
3. Shan Ziaoyang
4. Jin Haowei
5. He Zijing
6. Bei Weina
7. Li Jie
8. Qiu Xiaohui
9. Tian Yihong
10. Wang Xiaoting
11. Yin Yin
12. Zhu Ye
13. Feng Xi
14. Li Xinping
15. Qu Renfei
16. Wang Zhihao
17. Zhan Xinxin
18. Zhou Jia
19. Kan Zhaojun

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

**Supporting Documentation**

1. Course Syllabi of all courses (Onsite only)

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

**Supporting Documentation**

1. Criteria used to determine if students have successfully achieved competency. **Not provided. Provide requested information regarding criteria used to determine if students, prior to graduation, have achieved competency in the required competencies.**

(i) The institution shall have a system of ongoing curriculum review and evaluation, including a curriculum management plan that assures evaluation of all courses relative to competency objectives, elimination of outdated, unnecessary material, and incorporation of emerging information. **The narrative submitted provides a description of the school's focus "for the next few years" which will be "on students and to further adjust and improve the system of curriculum to meet the national standards for professional training quality of the Ministry of Education". The teaching content of a course is approved by the teaching Steering Committee. Provide a narrative description of the School of Stomatology's curriculum review and management plans.**

**Supporting Documentation**

1. Current Curriculum Management Plan **Not provided – please provide documentation.**
2. Curriculum/Course Review Schedule **Not provided – please provide documentation.**
3. Course Evaluation Forms (Peer/Student)

(j) The institution shall ensure that students have adequate patient experiences to achieve the institution's stated goals and competencies within a reasonable time. **The School's submittal indicates that the required clinical experiences for Cariology is 9 – yet none of the 97 students met this minimum requirement. Provide a narrative justification for students ability to demonstrate clinical competency with the low number of clinical experiences during the five year program.**

**Supporting Documentation**

1. Table 6: Number of Clinical Dental Procedures Completed by Students in the Past Five Graduating Classes **Table 6 required data for the previous five (5) graduating classes but data was submitted for only three (3) graduating classes. Provide data for the additional two (2) graduating classes.**

**(4) Faculty and Staff**

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

**Supporting Documentation**

1. Table 7: Alphabetical Listing of Full-Time Faculty
2. Table 8: Alphabetical Listing of Part-Time Faculty
3. Table 9: Summary of Departmental Faculty

**Additional Supporting Documentation Required: Submit a copy of the "Employment Policy" and "Terms of Employment" in English.**

(b) The institution shall have a form of governance that allows the faculty to

participate in the institution's decision making process. A narrative description of how the faculty participate in the institutional decision making processes was not provided. However, an Organizational Chart was provided that identifies the Chain of Command. Provide a narrative description of how faculty participate in the decision making process and indicate who makes a final decision.

**Supporting Documentation**

1. Minutes of faculty meetings for the last 3 years
2. Table 10: Committee Membership

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

**Additional Supporting Documentation Required:** Provide an attendance record of the faculty at the Young Faculty Teaching Ability Improvement Training for the previous three (3) academic years.

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

**Supporting Documentation**

1. Faculty Evaluation Forms

**Additional Supporting Documentation Required:** Provide copies (in English) of completed Qingdao University Professional (Faculty) Annual Work Evaluation Forms for the previous three (3) academic years documenting the work quality for the following 18 faculty (taken from Table 7):

1. Guan Qunli
2. Liu Xinqiang
3. Tong Junjie
4. Xu Raoxiang
5. Xu Tao
6. Zhao Hongmei
7. Chen Liqiang
8. Wang Dashan
9. Liang Qibin
10. Wang Shuangyi
11. Yuan Xiao
12. Pang Baoxing
13. Guo Yiqing
14. Bai Na
15. Yang Qian
16. Liu Mengdong
17. Ren Wenhao
18. Teng Minhua

(e) When contracting for educational services, the institution shall maintain control of, and responsibility for, all academic matters, and shall assure that the instruction

and faculty satisfy the standards established in this division. **A narrative response was not provided. Provide a narrative response to support compliance with this substandard.**

(f) The faculty shall have sufficient expertise to support the institution's awarding of a degree in dentistry. **A narrative response was not provided. Provide a narrative response to support compliance with this substandard.**

(g) The institution shall maintain records documenting that each faculty member is qualified to perform the duties to which the faculty member was assigned, including providing instruction, evaluating learning outcomes, and student projects. **A narrative response was not provided. Provide a narrative response to support compliance with this substandard.**

## **(5) Resources (Plant and Facilities)**

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

### **Supporting Documentation**

1. Blueprint, schematic or line drawing detailing the shape and dimensions of the facilities.

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

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

### **Supporting Documentation**

1. Table 11: Library

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

## **(6) Patient Care Services**

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

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

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

(3) Mechanisms to determine causes of treatment deficiencies;

(4) Patient review policies, procedures, outcomes and corrective measures

The narrative response does not adequately describe the system of quality assurance. What is provided in the School's submittal is brief and states that the Protocol is detailed in the Clinic Manual. Provide a narrative description of the Quality Assurance Program that includes items 1-4 mentioned above in substandard (6)(a); how it is implemented and how compliance is monitored.

**Supporting Documentation**

1. Quality Assurance Protocol – Not provided. A brief quality assurance protocol was outlined in the Clinic Manual on page 61 of the submittal. There is no information provided regarding the implementation or assessment of compliance with the protocol. This standard must be properly addressed with a detailed statement regarding the school's standards of patient care, the process by which compliance with these standards are measured, and the corrective actions implemented when compliance does not meet an acceptable level. Provide detailed Patient Standards of Care and a detailed process for assessment of compliance with the Standards of Care; provide mechanisms to determine causes of failure to meet compliance with Standards of Care; and provide detailed data regarding outcomes and corrective measures implemented to improve compliance when needed.

(b) The institution shall ensure that student, faculty and support staff are proficient in basic life support and are able to manage medical emergencies. The narrative response submitted adequately describes that students and faculty are training in basic life support (BLS) and management of medical emergencies. However, the response does not include the training of support staff in BLS and management of medical emergencies. Describe the process for training of patient care support staff in BLS and management of medical emergencies.

**Supporting Documentation**

1. Policy on Managing Emergency Situations in all treatment area(s)  
2. Copy of policy on Basic Life Support Recognition (Certification) Not provided. Provide documentation.  
3. Summary Log of Recognition (Certification) Records maintained by the program. Discrepancy noted. The submittal provided a log of undergraduate students that had taken CPR for years 2013-2017. For the class of 2017, there were 49 students identified as having taken CPR training. However, data provided for Standard 2 (Admissions) indicates that there were 173 students attending the School of Stomatology during the academic year 2016-2017. Provide documentation to support that all students of the school are trained in BLS and management of medical emergencies.

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

**Supporting Documentation**

1. Infection and Hazardous Waste Control Policy



(d) The institution shall ensure the delivery of comprehensive patient care to individual patients. The submittal provides information regarding "Declaration of the General Rights and Obligations of Patients". It does not address the definition of or the institutions approach to "Comprehensive Patient Care". Provide a narrative response that provides the School of Stomatology's definition of "Comprehensive Patient Care" and describe the implementation of patient care by your students and supervising faculty in the teaching clinics.

**Supporting Documentation**

1. Clinic Manual

**(7) Research**

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

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

**Additional Supporting Documentation Required:** Provide a written policy regarding conflict of interest with industry supported research.

**(8) Ownership and Management**

(a) Each owner, corporate director, and chief executive officer, of an institution has the duty to act in the utmost good faith to expend or authorize the expenditure of the institution's

assets and funds in a diligent and prudent manner to assure that students receive the education and student services which were represented to the students and which meet the requirements of this article.

**Supporting Documentation**

1. Table 12: Ownership and Management
2. Current and previous year revenue and expenses
3. Revenue and expense projections for the next 5 years

**(9) Administration**

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

**Supporting Documentation**

1. Provide an administrative flow chart
2. Table 13: Department Chairs

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

narrative response submitted does not address the responsibilities for administrative personnel and a personnel manual or other written document was not provided. Provide an administrative personnel manual or other written document that identifies the duties and responsibilities for administrative personnel.

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

(d) The administrative staffing at each location shall reflect the purposes, size, and educational operations at that location. A narrative response was not provided. Provide a narrative response to support compliance with this substandard.

## **(10) Catalogue**

(a) The institution shall publish a current catalogue either in printed or electronic format. A narrative response was not submitted. The material submitted was primarily the Student Handbook which does not contain the required information as identified in substandard 10(b) and outlined below. Provide a narrative description of the School's catalogue; what it contains and when and how it is provided (hard copy or electronic) to students.

(b) The catalog shall contain all of the following:

- (1) The specific beginning and ending dates defining the time period covered by the catalog.
- (2) A statement of the institution's mission/purpose and the objectives underlying each of its educational programs.
- (3) The institution's admissions policies.
- (4) The institution's policies regarding the acceptance of units of credit earned by the student at other institutions or through challenge examinations and standardized tests.
- (5) The curriculum for each year of the educational program in dentistry.
- (6) A list of the courses offered and a brief description of each course.
- (7) The institution's standards for student achievement.

**Additional Supporting Documentation Required:** Provide a copy of the Catalogue (hard copy or electronic – in English) that contains the seven required subject areas identified in Standard 10(b)(1-7). Also, provide documentation to support that the catalogue has been provided to each student upon entry to the School of Stomatology.

## **(11) Student Records**

- (a) The institution shall maintain a file for each student who enrolls in the institution whether or not the student completes the educational program. **A narrative response was not provided. Provide a narrative response to support compliance with this substandard.**
- (b) The file shall contain written records and transcripts of any formal education, training, or testing that are relevant to the student's qualifications for admission to the institution or the institution's award of credit or acceptance of transfer records documenting units of credit earned at other institutions that have been accepted and applied by the institution as transfer credits toward the student's completion of an educational program. **A narrative response was not provided. Provide a narrative response to support compliance with this substandard.**
- (c) The file shall contain records of the dates of enrollment and, if applicable, withdrawal from the institution, leaves of absence, and graduation. **A narrative response was not provided. Provide a narrative response to support compliance with this substandard.**
- (d) The transcript shall contain all of the following: **A narrative response was not provided. Provide a narrative response to support compliance with this substandard.**
- (1) The classes that were completed or were attempted but not completed and the dates of completion or withdrawal.
  - (2) The final grades or evaluations given to the student.
  - (3) Credit for courses earned at other institutions.
  - (4) Credit based on any examination of academic ability or educational achievement used for admission or college placement purposes.
  - (5) Credit based on any examination of academic ability or educational achievement used for admission or college placement purposes.
  - (6) Degrees and diplomas awarded the student.
  - (7) Copies of any official advisory notices or warnings regarding the student's progress.
  - (8) Complaints received from the student.

## **(12) Maintenance of Records**

- (a) An institution shall maintain all records required by this article that relate to the institution's compliance with this article for at least five years, except, however, that student transcripts shall be retained indefinitely. These records may be maintained in



either printed form or on computer disk so long as they are available for inspection.

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

- (1) The record may be stored without loss of information or legibility for the period within which the record is required to be maintained by this article.
- (2) The institution maintains functioning devices that can immediately reproduce exact, legible printed copies of stored records. The devices shall be maintained in reasonably close proximity to the stored records.
- (3) The institution has personnel scheduled to be present at all times during normal business hours who know how to operate the devices and can explain the operation of the devices to any person authorized by the board to inspect and copy records.

**Supporting Documentation**

1. Sample Transcript

**Table 1: EXAMPLES OF APPROACH TO OUTCOMES ASSESSMENT**

Topic	Assessment Activity					Dissemination	Improvement		
	Mission/Goal/Objective or competency	Strategy (Measure)	Expected Results	When Assessed	Who is Responsible			Who is Responsible	To Whom

**Table 5: DEPARTMENTAL COURSE OFFERINGS  
BEHAVIORAL SCIENCES**

**Department or Division**

Course Title (Not Number)	Total Course Hours	Year Offered	During Academic Year				Names of Faculty
			Lecture	Laboratory	Clinic	Hospital	





## MEMORANDUM

<b>DATE</b>	October 25, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 18(a):</b> 2020 Tentative Legislative Calendar – Information Only

The 2020 Tentative Legislative Calendar for both the Senate and Assembly is enclosed.

Action Requested:

No action necessary.

## 2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 10-18-19

### DEADLINES

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 6** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 17** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 20** Martin Luther King, Jr. Day.
- Jan. 24** Last day for any committee to hear and report to the **floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)). Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

JANUARY							
	S	M	T	W	TH	F	S
				1	2	3	4
Wk. 1	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30	31	

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29

MARCH							
	S	M	T	W	TH	F	S
Wk. 1	1	2	3	4	5	6	7
Wk. 2	8	9	10	11	12	13	14
Wk. 3	15	16	17	18	19	20	21
Wk. 4	22	23	24	25	26	27	28
Wk. 1	29	30	31				

APRIL							
	S	M	T	W	TH	F	S
Wk. 1				1	2	3	4
Spring Recess	5	6	7	8	9	10	11
Wk. 2	12	13	14	15	16	17	18
Wk. 3	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30		

MAY							
	S	M	T	W	TH	F	S
Wk. 4						1	2
Wk. 1	3	4	5	6	7	8	9
Wk. 2	10	11	12	13	14	15	16
Wk. 3	17	18	19	20	21	22	23
No Hrgs.	24	25	26	27	28	29	30
Wk. 4	31						

- Feb. 17** Presidents' Day.
- Feb. 21** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).

**Mar. 27** Cesar Chavez Day observed.

- Apr. 2** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Apr. 13** Legislature reconvenes from Spring Recess (J.R. 51(b)(1)).
- Apr. 24** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).
- May 1** Last day for **policy committees** to hear and report to the floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 8** Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).
- May 15** Last day for **fiscal committees** to hear and report to the **floor** bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 1 (J.R. 61 (b)(9)).
- May 25** Memorial Day.
- May 26-29** **Floor session only.** No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- May 29** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

\*Holiday schedule subject to final approval by Rules Committee.

OVER

## 2020 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE  
Revised 10-18-19

JUNE							
	S	M	T	W	TH	F	S
Wk. 4		1	2	3	4	5	6
Wk. 1	7	8	9	10	11	12	13
Wk. 2	14	15	16	17	18	19	20
Wk. 3	21	22	23	24	25	26	27
Wk. 4	28	29	30				

- June 1** Committee meetings may resume (J.R. 61(b)(12)).
- June 15** Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).
- June 25** Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).
- June 26** Last day for **policy committees** to hear and report **fiscal bills** to fiscal committees (J.R. 61(b)(13)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4				1	2	3	4
Summer Recess	5	6	7	8	9	10	11
Summer Recess	12	13	14	15	16	17	18
Summer Recess	19	20	21	22	23	24	25
Summer Recess	26	27	28	29	30	31	

- July 2** Last day for **policy committees** to meet and report bills (J.R. 61(b)(14)).  
**Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).
- July 3** Independence Day observed.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
No Hrgs.	16	17	18	19	20	21	22
No Hrgs.	23	24	25	26	27	28	29
No Hrgs.	30	31					

- Aug. 3** Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).
- Aug. 14** Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(15)).
- Aug. 17 – 31 Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(16)).
- Aug. 21** Last day to **amend** bills on the floor (J.R. 61(b)(17)).
- Aug. 31** Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(18)).  
**Final Recess** begins upon adjournment (J.R. 51(b)(3)).

### IMPORTANT DATES OCCURRING DURING FINAL RECESS

#### 2020

- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- Oct. 1 Bills enacted on or before this date take effect January 1, 2021. (Art. IV, Sec. 8(c)).
- Nov. 3 General Election.
- Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 7 2021-22 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

#### 2021

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

\*Holiday schedule subject to final approval by Rules Committee.



## MEMORANDUM

<b>DATE</b>	October 25, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Gabriel Nevin, Associate Governmental Program Analyst Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 18(b):</b> 2019 End of Year Legislative Summary Report

Throughout the 2019 Legislative Session, the Board tracked several bills that would impact the Dental Board of California (Board) and healing arts boards in general. Board members and staff have actively partaken in this Legislative Session by communicating with Legislators and their staff and taking positions on proposed bills. The bills that the Board has followed during the 2019 legislative session include:

- [AB 5](#) (Gonzalez) Worker status: employees and independent contractors.
- [AB 71](#) (Melendez) Employment Standards: independent contractors and employees.
- [AB 149](#) (Cooper): Controlled Substances: prescriptions.
- [AB 193](#) (Patterson): Professions and Vocations
- [AB 316](#) (Ramos) MediCal: Benefits: Special Dental Care Needs
- [AB 476](#) (Bianca Rubio) DCA: Foreign-Trained Professionals
- [AB 528](#) (Low) Controlled Substances: CURES Database
- [AB 544](#) (Brough) Professions and Vocations: Inactive License Fees
- [AB 613](#) (Low) Professions and Vocations: Regulatory Fees
- [AB 768](#) (Brough) Professions and Vocations
- [AB 954](#) (Wood) Dental Services: Third-Party Network Access
- [AB 994](#) (Mathis) Business License Fees: Veterans
- [AB 1519](#) (Low) Healing Arts
- [AB 1622](#) (Carillo) Family Physicians
- [SB 53](#) (Wilk): Open Meetings
- [SB 154](#) (Pan): Medi-Cal: restorative dental services
- [SB 653](#) (Chang) Registered Dental Hygienist in Alternative Practice

The following bills have been designated as 2-year bills and will be taken up again by the Legislature in 2020:

Agenda Item 18(b): 2019 End of Year Legislative Summary Report  
 Dental Board of California Meeting  
 November 14-15, 2019



- [AB 71](#) (Melendez) Employment Standards: independent contractors and employees.
- [AB 193](#) (Patterson): Professions and Vocations
- [AB 316](#) (Ramos) MediCal: Benefits: Special Dental Care Needs
- [AB 544](#) (Brough) Professions and Vocations: Inactive License Fees
- [AB 613](#) (Low) Professions and Vocations: Regulatory Fees
- [AB 768](#) (Brough) Professions and Vocations
- [AB 994](#) (Mathis) Business License Fees: Veterans
- [SB 53](#) (Wilk): Open Meetings
- [SB 653](#) (Chang) Registered Dental Hygienist in Alternative Practice

The following bills were vetoed by Governor Newsom:

- [AB 476](#) (Bianca Rubio) DCA: Foreign-Trained Professionals
- [SB 154](#) (Pan): Medi-Cal: restorative dental services

The following bills have been signed by Governor Newsom and will become effective on January 1, 2020 unless noted as an urgency bill which would take effect immediately:

- [AB 5](#) (Gonzalez) Worker status: employees and independent contractors.
- [AB 149](#) (Cooper): Controlled Substances: prescriptions.
- [AB 528](#) (Low) Controlled Substances: CURES Database
- [AB 954](#) (Wood) Dental Services: Third-Party Network Access
- [AB 1519](#) (Low) Healing Arts
- [AB 1622](#) (Carrillo) Family Physicians

Summaries of the enrolled bills that the Board tracked and took positions on have been compiled into a report for the Board's consideration.

**Board Action Requested:**

Consider and possibly adopt the attached *Legislative Summary for End of 2019 Legislative Session* and direct staff to post the report on the Board's web site.

## **Legislative Summary for 2019 Legislative Session**

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

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Sarah E. Wallace

**LEGISLATIVE SUMMARY FOR  
2019 LEGISLATIVE SESSION**

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

<b><u>ASSEMBLY BILLS</u></b>		
<b><u>BILL NUMBER</u></b>	<b><u>SUBJECT</u></b>	<b><u>PAGE NUMBER</u></b>
<a href="#">AB 5</a>	Worker status: employees and independent contractors.	6
<a href="#">AB 149</a>	Controlled Substances: Prescriptions.	7
<a href="#">AB 528</a>	Controlled Substances: CURES Database	7
<a href="#">AB 954</a>	Dental Services: Third-Party Network Access	8
<a href="#">AB 1519</a>	Healing Arts	9
<a href="#">AB 1622</a>	Family Physicians	12
<b><u>SENATE BILLS</u></b>		
<b><u>BILL NUMBER</u></b>	<b><u>SUBJECT</u></b>	<b><u>PAGE NUMBER</u></b>
n/a	n/a	n/a

## **BILL SUMMARY**

[AB 5](#)

Gonzalez (Chapter 296, Statutes of 2019)  
**WORKER STATUS: EMPLOYEES AND INDEPENDENT CONTRACTORS.**

Existing law, as established in the case of *Dynamex Operations West, Inc. v. Superior Court of Los Angeles* (2018) 4 Cal.5th 903 (*Dynamex*), creates a presumption that a worker who performs services for a hirer is an employee for purposes of claims for wages and benefits arising under wage orders issued by the Industrial Welfare Commission. Existing law requires a 3-part test, commonly known as the “ABC” test, to establish that a worker is an independent contractor for those purposes.

Existing law, for purposes of unemployment insurance provisions, requires employers to make contributions with respect to unemployment insurance and disability insurance from the wages paid to their employees. Existing law defines “employee” for those purposes to include, among other individuals, any individual who, under the usual common law rules applicable in determining the employer-employee relationship, has the status of an employee.

This bill states the intent of the Legislature to codify the decision in the *Dynamex* case and clarify its application. The bill provides that for purposes of the provisions of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, that a person providing labor or services for remuneration shall be considered an employee rather than an independent contractor unless the hiring entity demonstrates that the person is free from the control and direction of the hiring entity in connection with the performance of the work, the person performs work that is outside the usual course of the hiring entity’s business, and the person is customarily engaged in an independently established trade, occupation, or business. The bill, notwithstanding this provision, provides that any statutory exception from employment status or any extension of employer status or liability remains in effect, and that if a court rules that the 3-part test cannot be applied, then the determination of employee or independent contractor status shall be governed by the test adopted in *S. G. Borello & Sons, Inc. v. Department of Industrial Relations* (1989) 48 Cal.3d 341 (*Borello*). The bill would exempt specified occupations from the application of *Dynamex* and would instead provide that these occupations are governed by *Borello*. These exempt occupations would include, among others, licensed insurance agents, certain licensed health care professionals, registered securities broker-dealers or investment advisers, direct sales salespersons, real estate licensees, commercial fishermen, workers providing licensed barber or cosmetology services, and others performing work under a contract for professional services, with another business entity, or pursuant to a subcontract in the construction industry.

[AB 149](#)

Cooper (Chapter 04, Statutes of 2019)

**CONTROLLED SUBSTANCES: PRESCRIPTIONS**

Existing law classifies certain controlled substances into designated schedules. Existing law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the department, as specified. Existing law requires those prescription forms to be printed with specified features, including a uniquely serialized number.

This bill delays the requirement for those prescription forms to include a uniquely serialized number until a date determined by the Department of Justice that is no later than January 1, 2020. The bill requires the serialized number to be utilizable as a barcode that may be scanned by dispensers. The bill makes any prescription written on a prescription form that was otherwise valid prior to January 1, 2019, but that does not include a uniquely serialized number, or any prescription written on a form approved by the Department of Justice as of January 1, 2019, a valid prescription that may be filled, compounded, or dispensed until January 1, 2021. The bill authorizes the Department of Justice to extend this time period for a period no longer than an additional 6 months, if there is an inadequate availability of compliant prescription forms.

This bill is to take effect immediately as an urgency statute.

[AB 528](#)

Low (Chapter 677, Statutes of 2019)

**CONTROLLED SUBSTANCES: CURES DATABASE**

(1) Existing law classifies certain controlled substances into Schedules I to V, inclusive. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense a Schedule II, Schedule III, or Schedule IV controlled substance. Existing law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the department as soon as reasonably possible, but no more than 7 days after a controlled substance is dispensed.

This bill, on and after January 1, 2021, requires a dispenser to report the information required by the CURES database no more than one working day after a controlled substance is released to a patient, except as specified. The bill requires the dispensing of a controlled substance included on Schedule V to be reported to the department using the CURES database.

(2) Existing law requires a health care practitioner authorized to prescribe, order, administer, furnish, or dispense controlled substances included on Schedule II, Schedule III, or Schedule IV, and a pharmacist upon licensure, to submit an application to obtain approval to electronically access information in the CURES database.

This bill, on and after a specified date, permits a licensed physician and surgeon who does not hold a DEA registration to submit an application to obtain approval to electronically access information in the CURES database.

(3) Existing law requires an authorized health care practitioner to consult the CURES database to review a patient's controlled substance history before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every 4 months thereafter if the controlled substance remains part of the treatment of the patient.

This bill instead requires the health care practitioner to consult the CURES database to review the patient's controlled substance history at least once every 6 months after the first time the substance is prescribed and the prescriber renews the prescription, except as specified. The bill also establishes a review and documentation requirement, as set forth, for a health care practitioner who receives the CURES database information from another authorized user.

The requirement to report dispensing within 1 working day instead of 7 working days does not significantly impact the board. The change in reporting requirements will not result in a change in the total reporting volume. The addition of Schedule V controlled substances to the reporting requirements will not greatly impact the Board. The drugs listed in Schedule V are almost exclusively anti-diarrheal medications and combination medications used to treat allergies and flu symptoms. Therefore, the listed Schedule V drugs are less likely to be dispensed by Dental practices, and the anticipated impact on the Board is expected to be minimal.

## [AB 954](#)

Wood (Chapter 540, Statutes of 2019)

### **DENTAL SERVICES: THIRD-PARTY NETWORK ACCESS**

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer to contract with a provider for alternative rates of payment, and requires a plan or insurer to continuously review the quality of care and performance of providers contracting for alternative rates of payment. Existing law requires a health care service

plan or health insurer to publish and maintain a directory of contracting providers.

This bill authorizes a health care service plan or health insurer that issues, sells, renews, or offers a plan contract or policy covering dental services to grant a third party access to a provider network contract entered into on or after January 1, 2020, or access to services or discounts provided pursuant to that provider network contract if certain criteria are met, including if a health care services plan's or health insurer's provider network contract clearly identifies the third-party access provision and the provider network contract allows a provider to opt out of third-party access. The bill specifies that a provider is not bound by or required to perform dental treatment or services under a provider network contract granted to a third party in violation of these provisions.

[AB 1519](#)

Low (Chapter 865, Statutes of 2019)

**HEALING ARTS**

This bill extends the sunset date of the California Dental Board (Board) and combine the State Dental Assistant Fund and State Dentistry Fund. In addition, the bill requires the Board to promulgate regulations to implement the provisions relating to consumer notice, foreign dental schools, and applications for licensure. Specifically, this legislation does the following:

1. As of July 1, 2022, merges the State Dental Assistant Fund with the State Dentistry Fund and the State Dental Assistant Fund shall be abolished. (SEC. 2 Section 205 through SEC. 4. Section 205.2).
2. Authorizes each appointing authority, rather than only the Governor as authorized under current law, to remove any appointed member of the Board from office at any time who was appointed by that authority for the Board members' continued neglect of duty, incompetency, or unprofessional conduct required by the Dental Practice Act (Act). (SEC 10. Section 1605).
3. Extends the operations of the Board and executive officer until January 1, 2024. (SEC. 5 Section 1601.1, SEC. 13. Section 1616.5).
4. Requires the notice to consumers to be posted in a conspicuous location accessible to public view or accessible electronically for patients receiving dental services through telehealth. (SEC. 12 Section 1611.3).
5. Specifies applicants applying for dental licensure shall furnish satisfactory evidence of having graduated from a dental college approved by the board or by the Commission on Dental Accreditation of the American Dental Association and presenting satisfactory evidence of having completed at a dental school or schools the full number of



academic years of undergraduate courses required for graduation. (SEC. 28. Section 1628).

6. Authorizes the Board to deny an application to take an examination for licensure as a dentist or dental assistant or an application for registration as a dental corporation, or, at any time prior to licensure, the board may deny the issuance of a license to an applicant for licensure as a dentist or dental assistant, if the applicant has been convicted of a crime or subject to formal discipline pursuant to Business and Professions Code Section 480. (Sec. 29. Section 1628.5).

7. Requires applicants for licensure to practice dentistry to provide a signed release allowing disclosure of information from the National Practitioner Data Bank and verification of registration status with the federal Drug Enforcement Administration. Requires the Board to review this information to determine if it presents sufficient evidence to warrant the submission of additional information from the applicant or the denial of the application for licensure. (SEC. 30. Section 1629(c)).

8. Requires that the examination of applicants for a license to practice dentistry in this state shall be sufficiently thorough to test the fitness of the applicant to practice dentistry and shall include assessing competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry. (SEC. 31. Section 1630).

9. Requires the Board to report on how many other states have recognized licensure by portfolio examination at the time of its next sunset review. (SEC. 32. Section 1632(B)).

10. Requires applicants applying for licensure who utilized the clinical and written examination results administered by the Western Regional Examining Board (WREB) and the American Board of Dental Examiners (ADEX) to have taken and passed such examinations within five years prior to the date of their application for licensure. (SEC. 32 Section 1632(2)(A)(B)).

11. Requires that applicants for a dentistry license complete an advanced education program in general dentistry or advanced education program in general practice residency within two years prior to the date of the resident's application for a license under this section. (SEC. 34. Section 1634.1(c)).

12. Beginning January 1, 2020, requires schools seeking approval as foreign dental school to complete the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the Board. (SEC. 35. Section 1636.4 (h)).

13. Beginning January 1, 2024, in order to remain an approved foreign dental school in the state, all schools previously approved by the Board as a foreign dental school must have successfully completed the international consultative and accreditation process with CODA or a comparable accrediting body approved by the Board. (SEC. 35. Section 1636.4 (i))

14. Requires a person who applies a registered dental assistant license shall provide evidence of having successfully completed Board-approved courses in infection control, the Dental Practice Act, and basic life support. (SEC. 39. Section 1645.1(a))

15. On or after July 1, 2020, requires a licensee placed on probation to provide a patient or the patient's guardian or healthcare surrogate with a disclosure, and receive a signed copy of the disclosure, prior to the patient's first visit while the licensee is on probation (subject to certain exemptions) for the following:

- a. The commission of any act of sexual abuse, misconduct or relations with a patient or client;
- b. Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely;
- c. Criminal conviction involving harm to patient safety or health; or
- d. Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(SEC. 41. Section 1673(A-D), & Section 1673(b))

16. Beginning July 1, 2020, the Board shall provide information about licensees on probation, including the length of probation and probation end date, on the licensee's profile page on the Board's website. (SEC. 41. Section 1673(d))

17. Makes failure to review the most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia prior to the initial diagnosis and correction of malpositions of human teeth or use of orthodontic appliances unprofessional conduct. (SEC. 42. Section 1680(ah))

18. Requires any entity that provides a service authorized under the Act through telehealth to make the name, telephone number, practice address and state license number of any dentist providing services available at any time prior to or during the rendering of services. (SEC. 43. Section 1683.1(a))

19. Specifies that a provider of dental services shall not require a patient to sign an agreement that limits the patient's ability to file a complaint with the Board. (SEC 44. Section 1683.2)

20. Requires recommendations by the Dental Assisting Council be approved, modified, or rejected by the Board within 120 days of submission of the recommendation to the Board during full Board

business. In the event the Board rejects, postpones, refers the matter back to the council for any reason, or significantly modifies the intent or scope of the recommendation, the Board is required to provide its reasons in writing for rejecting or significantly modifying the recommendation within 30 days. (SEC. 50. Section 1742(h)).

The bill makes numerous technical and clarifying changes to the Act. The bill has fiscal impacts associated with combining the State Dental Assistant Fund and State Dentistry Fund and promulgating regulations to implement the provisions relating to consumer notice, foreign dental schools, and applications for licensure, however these costs are anticipated to be minor and absorbable. There are IT costs of \$27,000 associated with this legislation.

[AB 1622](#)

Carillo (Chapter 632, Statutes of 2019)

### **FAMILY PHYSICIANS**

Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists by the Dental Board of California. Existing law makes it unprofessional conduct for a dentist to fail to obtain the written informed consent of a patient before administering general anesthesia and, until January 1, 2022, conscious sedation, and, for a minor, requires the written informed consent to include a statement encouraging the patient to explore all options available for the child's anesthesia for their dental treatment and consult with the child's dentist or pediatrician as needed.

This bill revises the content of the informed consent statement to specify that the patient is encouraged to consult with the child's dentist, pediatrician, or family physician as needed. Permit holders would need to update their operating procedures to comply with new requirements. Permit holders would need to update their written informed consent information to comply with the language in the statute. No fiscal impact to the Board is anticipated.

**2019 ENROLLED BILLS**

<b><u>BILL NUMBER</u></b>	<b><u>AUTHOR</u></b>	<b><u>FINAL STATUS</u></b>	<b><u>CHAPTER NUMBER</u></b>	<b><u>STATUTE YEAR</u></b>
<a href="#">AB 5</a>	Gonzalez	Chaptered	296	2019
<a href="#">AB 149</a>	Cooper	Chaptered	04	2019
<a href="#">AB 528</a>	Low	Chaptered	677	2019
<a href="#">AB 954</a>	Ting	Chaptered	540	2019
<a href="#">AB 1519</a>	Low	Chaptered	865	2019
<a href="#">AB 1622</a>	Carillo	Chaptered	632	2019



## MEMORANDUM

<b>DATE</b>	October 25, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Gabriel Nevin, Associate Governmental Program Analyst Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 18(c):</b> Discussion and Possible Action Regarding Legislative Proposals for 2020 – Healing Arts Omnibus Bill

Staff anticipates the Senate Business, Professions, and Economic Development Committee (Committee) will be introducing two omnibus bills for 2020; one bill will be designated for health care board and bureau legislation and the other will be for non-health care Board and Bureau legislation. The Committee is expected to introduce the bills for introduction in early 2020. Omnibus bill proposals should be non-controversial and are intended to be used for clean-up.

The Board went through the Sunset Review process in 2019 and staff was involved in the drafting of Assembly Bill 1519 (Chapter 865, Statutes of 2019). Therefore, all important legislative issues staff have identified have been recently enacted, and as a result staff did not have newly identified omnibus bill proposals to present to the Board for consideration. Board staff will continue to solicit potential omnibus bill proposals to present to the Board for consideration next year.

**Action Requested:**

No action necessary.



## MEMORANDUM

<b>DATE</b>	October 24, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Gabriel Nevin, Associate Governmental Program Analyst Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 18(d):</b> Discussion of Prospective Legislative Proposals

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

**Action Requested:**

No action necessary.



## MEMORANDUM

<b>DATE</b>	October 16, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 19(a):</b> Update on Pending Regulatory Packages

**i. Basic Life Support Equivalency Standards (Cal. Code of Regs., Title 16, Sections 1016 and 1016.2):**

At the November 2017 Board meeting, proposed language for sections 1016 and 1017 was unanimously approved to allow the American Safety and Health Institute (ASHI) to also offer a Basic Life Support course that would meet the continuing education requirements. This is in addition to the American Heart Association, the American Red Cross, the Continuing Education Recognition Program (CERP) and the Program Approval for Continuing Education (PACE). Additionally, this proposed language will specify that all BLS courses must provide specific instruction in: 2-rescuer scenarios; instruction in foreign-body airway obstruction; instruction in relief of choking for adults, child and infant; instruction in the use of automated external defibrillation with CPR; and include a live, in-person skills practice session, a skills test, and a written examination, in order to receive certification.

Board staff has drafted the initial rulemaking documents. Board Legal Counsel has reviewed those documents and approved them. Staff are now working with the Board’s budget analyst on the rulemaking’s fiscal impact. When Budgets approves, the initial rulemaking documents will be submitted to the Department of Consumer Affairs for formal review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**ii. Citation and Fine (Cal. Code of Regs., Title 16, Sections 1023.2 and 1023.7):**

During the August 2017 meeting, the Board approved proposed regulatory language relative to the citation and fine requirements found in the Cal. Code of Regs., Title 16, Section 1023.2 and 1023.7 to remain consistent with Business and Professions Code Section 125.9.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff submitted the initial rulemaking documents to the Department of

Consumer Affairs on April 2, 2019. The Department approved the package and on October 16, 2019 submitted the rulemaking to the Business, Consumer Services and Housing Agency to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**iii. Continuing Education Requirements (Cal. Code of Regs., Title 16, Sections 1016 and 1017):**

The Dental Practice Act (Act) authorizes the board, as a condition of license renewal, to require licensees to successfully complete a portion of required continuing education (CE) hours in specific areas, including patient care, health and safety, and law and ethics. SB 1109 (Bates, Chapter 693, Statutes of 2018) added a provision allowing the Board to mandate the risks of addiction associated with the use of Schedule II drugs into the CE requirements for any dental professional seeking initial or renewal licensure.

During the February 2019 meeting, the Board approved proposed regulatory language for the updated the continuing education requirements at Cal. Code of Regs., Title 16, Section 1016 and 1017.

Board staff are in the process of drafting the initial rulemaking documents for approval by Board Legal Counsel and Budgets. Upon approval staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**iv. Dental Assisting Comprehensive Rulemaking (Cal. Code of Regs., Title 16, Division Chapter 3):**

The Dental Assisting Council (Council) has held several stakeholder workshops to develop its comprehensive rulemaking proposal for dental assisting. As a result of each of these workshops, Board staff developed draft proposed regulatory language which will be presented to the Board at a future meeting once the draft language is ready for Board approval. This rulemaking includes educational program and course requirements, examination requirements, and licensure requirements for dental assisting.

The final stakeholder workshop took place on March 2, 2018. Based on the workshop input staff created a draft of the proposed language. Board staff presented the proposed language to a special meeting of the Dental Assisting Council on July 26, 2019. The Council received extensive comments and feedback on the proposed language from stakeholders. The councilmembers themselves also provided extensive comments and feedback. Council and stakeholder comments required extensive staff research, drafting and editing. Staff has updated the draft proposed language and will be presenting the updates to the Council at the November 13, 2019 meeting. Staff also has identified numerous issues in the proposed language which will require deliberation and decision by the Council.



**v. Determination of Radiographs and Placement of Interim Therapeutic Restorations (Cal. Code of Regs., Title 16, Section 1071.1):**

AB 1174 (Bocanegra, Chapter 662, Statutes of 2014) added specified duties to registered dental assistants in extended functions. The bill requires the Board to adopt regulations to establish requirements for courses of instruction for procedures authorized to be performed by a registered dental assistant in extended functions. Additionally, the bill requires the Board to propose regulatory language for the Interim Therapeutic Restoration (ITR) for registered dental hygienists and registered dental hygienists in alternative practice. The proposed ITR regulatory language must mirror the curriculum requirements for the registered dental assistant in extended functions.

During the December 2016 Board meeting, staff presented the proposed regulatory language to the Board for comments to further develop the language. At its August 2017 meeting, the Board approved proposed regulatory language and directed staff to initiate the rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**vi. Diversion Committee Membership (Cal. Code of Regs., Title 16, Sections 1020.4):**

Pursuant to the Board's regulations, membership for the DEC's is limited to specific license types and two four-year terms. It is becoming increasingly difficult to recruit qualified individuals to serve on the Board's DEC's. Therefore, Board staff proposes amendments to increase the potential to recruit and retain qualified DEC members.

During the February 2019 meeting, the Board approved proposed regulatory language relative to the diversion evaluation committee membership found in Cal. Code of Regs., Title 16, Section 1020.4.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs on October 16, 2019 to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**vii. Elective Facial Cosmetic Surgery Permit Application Requirements and Renewal Requirements (Cal. Code of Regs., Title 16, Sections 1044.6, 1044.7, and 1044.8):**

Under Business Professions Code (Code) Section 1638.1, the Dental Board of California (Board) is authorized to issue Elective Facial Cosmetic Surgery (EFCS) permits to qualified licensed dentists and to establish the EFCS Credentialing Committee (Committee) to review the qualifications of each applicant for a permit. At its December 2016 meeting, the

Board approved proposed regulatory language for the elective facial cosmetic surgery permit application requirements and renewal and directed staff to initiate the rulemaking.

Board staff has drafted the initial rulemaking documents and application forms. Board Legal Counsel has reviewed those documents and approved them. Staff are now working with the Board's budget analyst on the rulemaking's fiscal impact. When Budgets approves the initial rulemaking documents will be submitted to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**viii. Law and Ethics Exam Score (Cal. Code of Regs., Title 16, Sections 1031):**

Pursuant to Business & Professions Code Section 1632, applicants for dental licensure in California are required to successfully complete an examination in California law and ethics developed and administered by the Dental Board of California (Board). Pursuant to the Board's regulations (California Code of Regulations, Title 16, Section 1031) the current passing score for the Board's Dentistry California Law and Ethics Examination is set at 75%. Board staff recommends deleting the passing score requirement in regulations to allow for OPES to use a criterion-referenced passing score to make the Board's California Dentistry Law and Ethics examination legally defensible.

During the February 2019 meeting, the Board approved proposed regulatory language relative to relating to the passing score for the Dentistry Law and Ethics Examination found in Cal. Code of Regs., Title 16, Section 1031.

Board staff has drafted the initial rulemaking documents and Board Legal Counsel has approved. On October 17, 2019 Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**ix. Mobile Dental Clinic and Portable Dental Unit Registration Requirements (Cal. Code of Regs., Title 16, Section 1049):**

Senate Bill 562 (Galgiani Chapter 562, Statute of 2013) eliminated the one mobile dental clinic or unit limit and required a mobile dental unit or a dental practice that routinely uses portable dental units, a defined, to be registered and operated in accordance with the regulations of the Board. At its November 2014 meeting, the Board directed staff to add Mobile and Portable Dental Units to its list of regulatory priorities in order to interpret and specify the provisions relating to the registration requirements for the issuance of a mobile and portable dental unit. In December 2015, staff met and worked with the CDA to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements, however while drafting the initial rulemaking documents it was determined that the proposed language needed to be further developed. Staff presented revised language at the

August 2017 meeting for the Board's consideration which was approved unanimously. However, after receiving feedback from the California Dental Hygienists' Association (CDHA) and the Dental Hygiene Committee of California (DHCC), Board staff revised the proposed language and presented it to the Board for consideration. The language was approved at the February 2018 Board Meeting which allowed Board staff to continue the rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**x. Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005):**

During the May 2018 meeting, the Board approved regulatory language relative to the Minimum Standards for Infection Control found in Cal. Code of Regs., Title 16, Section 1005 and directed staff to initiate rulemaking.

Board staff has drafted the initial rulemaking documents and is working with Board Legal Counsel to review. Once Board Legal Counsel approves, Board staff will submit the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**xi. Substantial Relationship Criteria (Cal. Code of Regs., Title 16, Sections 1019 and 1020):**

Pursuant to Business and Professions Code sections 141 and 480, under existing law, boards may deny or discipline a license based upon discipline imposed by another state, an agency of the federal government, or another country for any act substantially related to the licensed profession. Effective July 1, 2020, Assembly Bill 2138 (Chapter 995, Statutes of 2018) will require boards to amend their existing regulations governing substantially-related crimes or acts, and rehabilitation criteria.

During the February 2019 meeting, the Board approved proposed regulatory language relative to the substantial relationship criteria and criteria for evaluating rehabilitation found in Cal. Code of Regs., Title 16, Section 1019 and 1020.

On September 13, 2019 Board staff submitted the initial rulemaking documents to the Department of Consumer Affairs to review as required prior to submitting the documents to the Office of Administrative Law for noticing.

**Action Requested:**

No action is being requested at this time.



## MEMORANDUM

<b>DATE</b>	October 2, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Pahoua Thao, Associate Governmental Program Analyst Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 20:</b> Licensing, Certifications, and Permits Committee Report on Closed Session

**Background:**

The Chair of the Licensing, Certifications, and Permits Committee will provide a verbal report to the Board regarding the Committee's November 14, 2019 meeting in closed session.

**Action Requested:**

After review and discussion, the subcommittee may request a motion to accept their recommendation.



## MEMORANDUM

<b>DATE</b>	October 2, 2019
<b>TO</b>	Members of the Dental Board of California
<b>FROM</b>	Karen Fischer, Executive Officer Dental Board of California
<b>SUBJECT</b>	<b>Agenda Item 21:</b> Election of 2020 Dental Board of California Officers

### **Background:**

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

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

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

#### **President:**

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

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- Chairs the Executive Committee.
- Signs specified full board enforcement approval orders.
- Establishes Committees and appoints Chairs and members.
- Establishes 2-Person subcommittees to research policy questions when necessary.

Vice President:

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

Secretary:

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

The following members have expressed an interest in serving in 2020:

Thomas Stewart, DDS – President

Steven Chan, DDS – Vice President

Joanne Pacheco, RDH - Secretary

Pursuant to the Board's Policy and Procedure Manual, the Board's Executive Officer shall conduct the election of officers and shall set the general election procedure. The Executive Officer will ask for nominations for each office. The election of the Secretary will occur first, followed by the Vice President and President.