



**Notice of Meeting and Agenda
Teleconference Public Board Meeting
Friday, December 4, 2020**

Members of the Board:

Thomas Stewart, DDS, President
Joanne Pacheco, RDH, MAOB, Secretary

Fran Burton, MSW, Public Member
Alan Felsenfeld, MA, DDS
Ross Lai, DDS
Lilia Larin, DDS
Meredith McKenzie, ESQ, Public
Member

Abigail Medina, Public Member
Mark Mendoza, Public Member
Sonia Molina, D.M.D., M.P.H.
Alicia Montell, DDS
Steven Morrow, DDS, MS
Rosalinda Olague, RDA, BA
James Yu, DDS, MS

DATE & TIME: Friday, December 4, 2020 at 9:00 a.m.

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, a state body may hold a meeting telephonically and the requirement to have a physical location for the meeting or teleconference is suspended.

INSTRUCTIONS FOR PARTICIPATION: For all those who wish to participate or observe the meeting, please log on to this website: <https://dca-meetings.webex.com/dca-meetings/onstage/g.php?MTID=e2e651de826c96d0657e7b7e11004b647>

Instructions to connect to the meeting are attached to this agenda. The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting.

Important Notices to the Public: The Dental Board of California will hold this meeting via WebEx – instructions above. The meeting is open to the public and shall meet accessibility requirements, as applicable. 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.

Discussion and action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the President. 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 members present may, at the President's discretion, continue to discuss items from the agenda and make recommendations to the full Board at a future meeting.

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board or prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issues before the Board, but the President may, at his or her discretion, apportion available time among those who wish to speak. If public comment is not specifically requested, members of the public should feel free to request an opportunity to comment. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting (Government Code sections 11125, 11125.7(a)).

LUNCH BREAK estimated to occur between Noon and 12:30 p.m. – The break will be for thirty minutes. A fifteen-minute break is estimated to occur once in the morning and once in the afternoon.

Friday, December 4, 2020

FULL BOARD MEETING – OPEN SESSION at 9:00 a.m.

1. Call to Order/Roll Call/Establishment of a Quorum
2. Discussion and Possible Action Regarding July 24, 2020, August 14, 2020 and October 9, 2020, Dental Board Meeting Minutes **[6-27]**
3. 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)).
4. Board President Welcome and Report **[28]**
 - a. Introduction of New Board Member(s)
5. Executive Officer's Report **[29]**
6. Report of the Dental Hygiene Board of California (DHBC) Activities **[30]**
7. Report of the Department of Consumer Affairs (DCA) Staffing and Activities **[31-33]**
8. Discussion and Possible Action Regarding on the Dental Board of California's Strategic Plan **[34-51]**
9. Budget Report **[52-56]**

10. Update on Online Renewals **[57-58]**

11. Dental Assisting

- a. Update on New Dental Assisting Program and Course Applications **[59-62]**
- b. Update on Registered Dental Assistant (RDA) Program Re-Evaluations **[63-65]**
- c. Update on Dental Assisting Examination Statistics **[66-87]**
 - i. Registered Dental Assistant (RDA) General Written and Law and Ethics Examination
 - ii. Registered Dental Assistant in Extended Functions (RDAEF) General Written Examination
 - iii. Orthodontic Assistant (OA) Written Examination
 - iv. Dental Sedation Assistant (DSA) Written Examination
- d. Update on Dental Assisting Licensing Statistics **[88-94]**
 - i. Registered Dental Assistant (RDA)
 - ii. Registered Dental Assistant in Extended Functions (RDAEF)
 - iii. Orthodontic Assistant (OA)
 - iv. Dental Sedation Assistant (DSA)

12. Enforcement

- a. Review of Enforcement Statistics and Trends **[95-98]**

13. Substance Use Awareness

- a. Diversion Program Report and Statistics **[99]**
- b. Controlled Substance Utilization Review and Evaluation System (CURES) Report **[100-107]**
- c. Update Regarding the October 22, 2020, Statewide Opioid Safety Workgroup Meeting **[108-109]**

14. Examinations

- a. Report on the Results of the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Review of the Western Regional Examining Board (WREB) Dental Exam as Required by Business and Professions Code Section 139 **[110-153]**
- b. Western Regional Examination Board (WREB) Report **[154-156]**
- c. American Board of Dental Examiners (ADEX) Report **[157]**

15. Licensing, Certifications, and Permits

- a. Review of Dental Licensure and Permit Statistics **[158-166]**
- b. General Anesthesia and Conscious Sedation Permit Evaluations Statistics **[167-170]**

16. Legislation

- a. 2021 Tentative Legislative Calendar – Information Only **[171-175]**
- b. 2020 End of Year Legislative Summary Report **[176-192]**
- c. Discussion and Possible Action Regarding Legislative Proposals for 2021
 - i. Healing Arts Omnibus Bill **[193-197]**
 - ii. Legislative Proposal to Eliminate the Registered Dental Assistant in Extended Functions (RDAEF) Practical and Clinical Examination **[198-203]**
 - iii. Discussion and Possible Action Regarding California Dental Association’s (CDA) Legislative Proposals for 2021 **[204-206]**
- 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 **[207]**

17. Regulations

- a. Discussion and Possible Action to Initiate A Rulemaking to Amend California Code of Regulation, Title 16, Sections §§ 1067, 1068, 1070, 1070.1, 1070.2, 1070.3, 1070.4, 1070.5, 1070.6, 1070.7, 1070.8, 1071, 1076, 1077, 1077.1, 1080, 1080.2, 1080.3, 1081, 1081.2, 1083, 1085, 1087; Repeal Sections §§ 1014, 1014.1, 1069, 1071.1, 1072, 1072.1, 1080.1, 1081.1, 1086; and Add Sections §§ 1070.9, 1077.2, 1077.3, 1081.3, and All Forms Therein Incorporated by Reference Relating to the Dental Assisting Comprehensive Rulemaking **[208-512]**
- b. Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1065 Relating to Notice to Patients of Licensure by the Dental Board Rulemaking **[513-515]**
- c. Update on Pending Regulatory Packages **[516-521]**
 - 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)

18. Election of 2021 Dental Board of California Officers **[522-523]**

19. 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)).

20. Adjournment - Upon conclusion of Business

Due to technological limitations, adjournment will not be broadcast. Adjournment will immediately follow closed session, and there will be no other items of business discussed.



**DENTAL BOARD OF CALIFORNIA
TELECONFERENCE PUBLIC BOARD MEETING
MEETING MINUTES
FRIDAY, JULY 24, 2020**

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 12, 2020, neither a public location nor teleconference locations are provided.

Members Present:

Thomas Stewart, DDS, President
Steven Chan, DDS, Vice President
Joanne Pacheco, RDH, MAOB, Secretary
Fran Burton, MSW, Public Member
Alan Felsenfeld, DDS, MA
Ross Lai, DDS
Lilia Larin, DDS
Meredith McKenzie, ESQ, Public Member
Abigail Medina, Public Member
Steven Morrow, DDS, MS,
Rosalinda Olague, RDA, BA
James Yu, DDS, MS

Members Absent:

None.

Staff Present:

Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Carlos Alvarez, Chief of Enforcement Field Offices
Bernal Vaba, Chief of Regulatory Compliance and Discipline
Tina Vallery, Chief of Administration and Licensing
Wilbert Rumbaoa, Administrative Services Unit Manager
Gabriel Nevin, Legislative and Regulatory Analyst
Pahoua Thao, Administrative Analyst
Michael Kanotz, Legal Counsel

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

The Board President called the meeting to order at 9:11 a.m. The Board Secretary called the roll and a quorum was established.

Agenda Item 2: Discussion and Possible Action Regarding May 14, 2020 and June 5, 2020, Board Meeting Minutes

Board staff requested the Board to table the May 14, 2020 for a future meeting.

Motion/Second/Call (M/S/C) (Morrow/Burton) to approve the June 5, 2020 Board meeting minutes.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed and the minutes were approved with no changes. There were no public comments.

Agenda Item 3: President's Report

President Stewart welcomed all attendees and acknowledged the Board staff's work to ensure the protection of the public while considering stakeholder's concerns. He pointed out that he is in constant communication with the Executive Officer and senior staff of the Board to better improve the Board's service. Dr. Stewart congratulated the class of 2020 and recognized Dr. Steven Friedrichsen, representative for the deans at the dental schools in California, on collaboratively working with the Board and agencies to create a pathway for licensure. Dr. Stewart also acknowledged and thanked the Western Regional Examining Board (WREB), American Board of Dental Examiners (ADEX), and the California Dental Association (CDA), and CDA representative, Ms. Mary McCune, for their proactive work in overseeing and addressing competency for licensure. Dr. Stewart reported the Board will focus on developing the next strategic plan and will work closely with the Department of Consumer Affairs (DCA) to determine if it will be held in-person or through WebEx Teleconference. There were no public comments

Agenda Item 4: Executive Officer's Report

Ms. Karen Fischer, Executive Officer, provided an update on the impact of the Coronavirus (COVID-19) pandemic on Board's operations. Additionally, she reported on budget updates which included Governor Newsom's action to borrow five (5) million dollars from the Board's fund and a budget letter released on April 30, 2020 by the Department of Finance – urging all agencies under the governor to reduce current years expenditures. She also provided updates regarding the Board's personnel activities, facility update, Executive Officer meeting with the Director of the DCA, Ms. Kimberly Kirchmeyer, the Dental Hygiene Board of California WebEx meeting held on May 9, 2020, Dr. Alan Felsenfeld's Board Meeting Orientation Training on June 25, 2020, and a meet and greet on July 26, 2020 with Ms. Sarah Wallace, Assistant Executive Officer, and Carrie Holmes, newly appointed Deputy Director of Board and Bureau Relations at the DCA. There were no public comments.

Dr. Morrow acknowledged the management team and Board staff's work.

Agenda Item 5: Report of the Dental Hygiene Board of California (DHBC) Staffing and Activities

Dr. Timothy Martinez, DHBC President, provided a verbal report on their activities.

Dr. Ross Lai commented there were reports of hygienists who were having issues with dental providers regarding patient care. Dr. Lai also asked how the Hygiene Board will handle the examination process due to impacts from the COVID-19 pandemic. Dr. Timothy Martinez responded the issues will have to be handled through human resource if both providers adhered to guidelines from the Centers for Disease Control and Prevention. Mr. Anthony Lum, DHBC Executive Officer, responded that the DHBC will do their best to enforce patient safety in the work environment. Additionally, he responded it would be out of the Hygiene Board's jurisdiction when it comes to employee relations. Mr. Lum reported that the DHBC is currently reviewing exam alternatives for its hygiene students and an update will be provided at their August 19, 2020 Board meeting. There were no public comments.

Agenda Item 6: Report of the Department of Consumer Affairs (DCA) Staffing and Activities

Ms. Carrie Holmes, newly appointed Deputy Director of Board and Bureau Relations of the Department of Consumer Affairs, provided a brief summary of her background and a verbal report on their activities. Ms. Holmes reported on appointments made by Governor Gavin Newsom: Lourdes Castro Ramirez appointed as the new Secretary of the Business Consumer Services and Housing Agency, Jennifer Simoes as the DCA's Deputy Director of Legislation; Christine Lally as the Chief Deputy Director of the DCA. She congratulated Dr. James Yu and Ms. Meredith McKenzie on their reappointment to the Dental Board. Additionally, Ms. Holmes congratulated Dr. Alicia Montell, DDS on her appointment to the Dental Board of California on July 23, 2020. There were no public comments.

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

Ms. Rosalinda Olague, the Chair of the Dental Assisting Council (DAC) Subcommittee, reported that after a thorough review of the applicants, eight (8) candidates were interviewed by telephone: Cara Miyasaki, RDA, Jeri Fowler, RDAEF, Melodi Randolph, RDAEF, Belinda Irlanda, RDA, Elizabeth Balboa Brooks, RDA, Michelle Jawad, RDA, Norissa Ramirez, RDA and Traci Reed Espinoza, RDAEF. The subcommittee recommended Cara Miyasaki, RDA, and Jeri Fowler, RDAEF, to serve as faculty members and Michelle Jawad, RDA and Traci Reed Espinoza, RDAEF, to serve as clinical members for the DAC.

(M/S/C) (Chan/Felsenfeld) accept the Dental Assisting Council (DAC) Subcommittee's recommendation to appoint Cara Miyasaki, RDA, and Jeri Fowler, RDAEF employed as faculty members of an RDA educational program approved by the Board; Traci Reed Espinoza, RDAEF as a RDAEF member employed clinically in private dental practice or public safety net or dental health care clinics; and Michelle Jawad, RDA employed clinically in private dental practice or public safety net or dental health care clinics.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments.

At 10:20 a.m. the Board recessed for a break.

At 10:35 a.m. the Board reconvened to open session.

Agenda Item 8(a): Update on New Dental Assisting Program and Course Applications

Tina Vallery, Chief of Administration and Licensing, provided the report, which is available in the meeting materials.

Ms. Fran Burton asked for a comparison of the total approvals for the dental assisting program and course applications compared to last year's results. Ms. Vallery responded she can provide an update at a future meeting. She reported the approval process has been moving rapidly since the revamping of the program and course applications process. There were no public comments.

Agenda Item 8(b): Update on Registered Dental Assistant (RDA) Program Re-Evaluations

Tina Vallery, Chief of Administration and Licensing, provided the report, which is available in the meeting materials.

Dr. Lilia Larin asked when the application process will be ready for dental assisting programs and courses. Ms. Vallery responded that Board staff is hoping to complete it before the initiation of the Dental Assisting Comprehensive Rulemaking. Dr. Steven Chan asked for clarification on programs that are deficient and if those programs responded to the deficiency status. Ms. Vallery responded that the Board works directly with the programs to mediate the deficiency status and had no issues in getting it resolved.

Ms. Claudia Pohl, California Dental Assistants Association (CDAA) representative, asked when an updated chart will be provided. Ms. Vallery responded that an update will be provided at a future meeting.

Agenda Item 8(c): Update on Dental Assisting Examination Statistics

Tina Vallery, Chief of Administration and Licensing, provided the report, which is available in the meeting materials.

Dr. Lai pointed out the orthodontist assistants have a high failure rate. Dr. Chan commented in support of Dr. Lai's comment. Ms. Vallery responded that she can reach out

to the Office of Professional Examination Services (OPES) for statistical data and provide it at a future meeting. Sarah Wallace, Assistant Executive Officer, reported that the Board is working on the orthodontist assistant written examination with the OPES and will provide more information at a future meeting. Dr. Traci Montez, Chief of Division of Programs and Policy Review at the DCA, commented that the Board is on schedule to complete the occupational analysis examination.

Ms. Claudia Pohl, CDAA representative, asked if the Board has considered publishing examinations in different languages. Ms. Vallery responded that an update can be provided at a future meeting.

Agenda Item 8(d): Update on Dental Assisting Licensing Statistics

Tina Vallery, Chief of Administration and Licensing, provided the report, which is available in the meeting materials. There were no public comments.

Agenda Item 9(a): Review of Enforcement Statistics and Trends

Carlos Alvarez, Chief of Enforcement Field Offices, provided the report, which is available in the meeting materials.

The Board members had a lengthy conversation regarding the enforcement process since the COVID-19 pandemic. Chief Alvarez addressed Board member questions. Dr. Larin asked about the continuing education (CE) audit process. Ms. Vallery reported that there are not a lot of individuals who fail the CE audit but will provide more information at a future Board meeting. Dr. Chan pointed out the California Dental Association's (CDA) is planning to cease its peer review process soon. Ms. Fischer responded that the CDA review licensees who have already been disciplined by the Board.

Mary McCune, CDA representative, reported the CDA is currently in the process of closing the peer review and no longer accepting new cases. She will provide updates to the Board at a future meeting.

Agenda Item 10(a): Diversion Program Report and Statistics

Bernal Vaba, Chief of Regulatory Compliance and Discipline, provided the report, which is available in the meeting materials. There were no public comments.

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

Carlos Alvarez, Chief of Enforcement Field Offices, provided the report, which is available in the meeting materials. There were no public comments.

Dr. Lai asked how the unit addressed issues around pharmacies who refuse to refill patients' prescriptions. Chief Alvarez responded that the pharmacies typically reach out to the Board to notify why they are unable to refill the prescriptions. From there, the Board would initiate a complaint. There were no public comments.

Agenda Item 11: Report on the July 8, 2020 Meeting of the Elective Facial Cosmetic Surgery (EFCS) Permit Credentialing Committee; Discussion and Possible Action to Accept Committee Recommendations for Issuance of Permits

Karen Fischer, Executive Officer, provided a brief background of the EFCS Credentialing Committee. There were no public comments

The committee recommended issuance of permits for two applicants who were reviewed at the July meeting: Francesca Verratti Di Paolo, DDS, and Elise Ehland, DDS.

M/S/C (Larin/Felsenfeld) To issue permit to Francesca Verratti Di Paolo, DDS, and Elise Ehland, DDS, 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) privileges.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments.

At 12:00 p.m. the Board recessed for lunch.

At 12:35 p.m. the Board reconvened to open session.

Agenda Item 12(a): Western Regional Examination Board (WREB) Report

Dr. Bruce Horn, Director of Dental Examinations for the WREB, provided an update regarding the WREB examination and the passing rates. Dr. Morrow thanked and acknowledged the WREB for working on the alternative exam. Dr. Morrow expressed concern regarding the fail rate around the endodontic examination. Dr. Horn responded that students might have failed the endodontic exam due to restricted ability to practice on a typodont. Dr. Lai asked if the WREB is developing a mannikin based exam to replace the live patient examinations for the RDAEFs. Dr. Horn responded that the OPES at the DCA would have to reach out to WREB to discuss the possibilities of developing an alternative exam. Dr. Horn addressed other Board member questions. There were no public comments.

Agenda Item 12(b): American Board of Dental Examiners (ADEX) Report

Dr. William Pappas, President of the ADEX, and Dr. Guy Champaine, Chief Executive Officer of the ADEX, provided an update regarding the ADEX examination and the passing rates. Dr. Pappas and Champaine addressed Board member questions.

Agenda Item 12(c): Update Regarding Office of Professional Examination Services Review on the WREB Mannikin Based Examination and ADEX CompeDont Examination

Sarah Wallace, Assistant Executive Officer, provided an update regarding the acceptance of the WREB Mannikin Based Examination and ADEX CompeDont Examination. Ms. Wallace reported that it was determined the Board accepted, without any further action necessary, the WREB and ADEX manikin-based examinations for dentist licensure in California.

Dr. Morrow asked if the non-patient-based exam format will be a permanent exam. Dr. Montez responded that the OPES believes the non-patient-based format will be the standard approach for testing. There were no public comments.

Agenda Item 13(a): Review of Dental Licensure and Permit Statistics

Tina Vallery, Chief of Administration and Licensing, provided the report, which is available in the meeting materials.

Dr. Chan asked if the Board recruited any dental professionals from the California Health Corps since the COVID-19 outbreak. Ms. Wallace reported there is currently one (1) dentist who pursued a licensure reinstatement with the Board. There were no public comments.

At 1:37 p.m. the Board recessed for break.

At 1:52 p.m. Board reconvened to open session.

Agenda Item 13(b): General Anesthesia and Conscious Sedation Permit Evaluation Statistics

Jessica Olney, Licensing Analyst, provided the report, which is available in the meeting materials. There were no public comments.

Agenda Item 14(a): 2020 Tentative Legislative Calendar

Gabriel Nevin, Legislative and Regulatory Analyst, provided an overview of the 2020 Tentative Legislative Calendar. There were no public comments.

Agenda Item 14(b): Discussion and Possible Action on Legislation:

Gabriel Nevin, Legislative and Regulatory Analyst, provided an overview of the bills the Board has currently been tracking: Assembly Bill (AB) 613, AB 1998, AB 2028, AB 2113, AB 2520, AB 2549, AB 3045, Senate Bill (SB) 878, SB 1168, SB 1474. Summary of the bills are available in the meeting materials. Ms. Fran Burton led the discussion and pointed out that AB 613 will not be discussed because some of the provisions were amended into SB 1474. Ms. Burton also commented that the Assembly will return to session for hearing on August 10, 2020 and the Senate will return on August 8, 2020.

(M/S/C) (Burton/Yu) to take a "watch" position on AB 1998.

Ayes: Burton, Chan, Lai, Larin, McKenzie, Medina, Olague, Pacheco, Yu.
Nays: Felsenfeld, Morrow, Stewart.
Abstentions: None.
Absent: None.
Recusals: None.

Ms. Mary Mccune, CDA representative, urged the Board to take a support position on AB 1998. CDA believes it clarifies consumer protection and the specifications around the radiographic requirement for orthodontic treatment.

The motion passed.

(M/S/C) (Burton/Morrow) to take an “oppose” position on AB 2028 and send a letter to the author outlining concerns regarding the Board’s ability to provide accurate and updated information at Board meetings. Specifically, the language would prevent discussions at the Board meetings regarding regulations and other new materials sent from stakeholders and the public.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed. There were no public comments.

(M/S/C) (Burton/Morrow) to take a “support” position on AB 2113 and send a letter to the author. The Board believes the actions in the bill will result in increased access to dental services for Californians as it will expedite the licensure process for new community members to become dental practitioners.

Ayes: Burton, Chan, Felsenfeld, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: Lai.
Absent: None.
Recusals: None.

The motion passed. There were no public comments.

(M/S/C) (Burton/Lai) to take a “support” position on AB 2520 and send a letter to the author indicating the bill would require a health care provider including Board licensed dentists to provide an employee of a nonprofit legal services entity representing a patient a copy of the patient’s medical records at no charge if the records are needed to make a claim or appeal a determination of eligibility for a public benefit program. The bill

also would prohibit a health care provider from charging a fee for filling out forms for providing information that supports a claim or eligibility.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments.

(M/S/C) (Morrow/Yu) to take an “oppose” position on AB 2549 and send a letter to the author indicating the Board already has a Licensure by Credential Pathway for Dentist licensees, which allows dentists licensed in other states to apply for licensure in California. Additionally, the bill imposes a 30-day limitation on processing the out of state temporary license applications which limits the Board’s capacity for a thorough review of the licensee’s fitness to practice in California.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments.

(M/S/C) (Larin/Felsenfeld) to take an “oppose” position on AB 3045 and send a letter to the author outlining concerns regarding the restriction on the Board’s oversight authority over the RDA and RDAEF licensee population. Some states do not license RDAs or RDAEFs at all and the Board is unable to offer a reciprocal license.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed. There were no public comments.

M/S/C) (Stewart/McKenzie) to take an “watch” position on SB 878.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed. There were no public comments.

M/S/C) (Stewart/Burton) to take an “watch” position on SB 1168.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Morrow, Olague, Pacheco, Stewart, Yu.
Nays: None.
Abstentions: None.
Absent: None.
Recusals: None.

The motion passed. There were no public comments.

(M/S/C) (Burton/McKenzie) to take an “oppose” position on SB 1474 and send a letter to the author indicating the bill would reverse the policies the Board already determined for dentist to gain licensure as all candidates required to pass the prosthodontic section of the WREB examination. The Board’s highest priority is protection of the public health and the Board is opposed to allowing applicants to gain licensure using an examination which does require applicants to demonstrate competency to be licensed.

Ayes: Burton, Lai, McKenzie, Morrow, Olague, Pacheco, Stewart, Yu.
Nays: Chan, Felsenfeld, Larin, Medina.
Abstentions: None.
Absent: None.
Recusals: None.

Mary Mccune, CDA representative, commented CDA is in support of the bill and believes it will clean up AB 1519. Ms. Mccune also pointed out that there was no statutory requirement for individuals to take the prosthodontic section of the exam prior to January 1, 2020.

The motion passed.

Agenda Item 15(a): Update on Pending Regulatory Packages

Gabriel Nevin, Legislative and Regulatory Analyst, provided an overview of the agenda item which is available in the meeting materials published on the Board’s website. There were no public comments.

Agenda Item 16: Discussion and Possible Action Regarding Meeting Dates for 2021

Pahoua Thao, Administrative Analyst, provided the proposed meeting dates for 2021:

- February 25-26, 2021
- May 12-13, 2021
- August 19-20, 2021
- November 18-19, 2021

There were no public comments.

Agenda Item 17: Public Comment on Items Not on the Agenda

Ms. Claudia Pohl, CDAA representative, on behalf of CDAA, California Association of Dental Assisting Teachers, and Dental Assisting Educator's Group of California, requested the Board to reevaluate the minimum qualifications relative to infection control for dental assistants.

Agenda Item 18: Board Member Comment on Items Not on the Agenda

Dr. Lai commented that he is hopeful the new Dental Assisting Council members will be active in assisting with future agenda items.

Agenda Item 12: Adjournment

The Board President adjourned the meeting at 3:23 p.m.

DENTAL BOARD OF CALIFORNIA

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**DENTAL BOARD OF CALIFORNIA
TELECONFERENCE PUBLIC BOARD MEETING
MEETING MINUTES
FRIDAY, AUGUST 14, 2020**

NOTE: Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-25-20, dated March 12, 2020, neither a public location nor teleconference locations are provided.

Members Present:

Thomas Stewart, DDS, President
Steven Chan, DDS, Vice President
Joanne Pacheco, RDH, MAOB, Secretary
Fran Burton, MSW, Public Member
Alan Felsenfeld, DDS, MA
Ross Lai, DDS
Lilia Larin, DDS
Meredith McKenzie, ESQ, Public Member
Abigail Medina, Public Member
Alicia Montell, DDS
Steven Morrow, DDS, MS,
Rosalinda Olague, RDA, BA
James Yu, DDS, MS

Members Absent:

None.

Staff Present:

Karen M. Fischer, MPA, Executive Officer
Sarah Wallace, Assistant Executive Officer
Tina Vallery, Chief of Administration and Licensing
Wilbert Rumbaoa, Administrative Services Unit Manager
Gabriel Nevin, Legislative and Regulatory Analyst
Pahoua Thao, Administrative Analyst
Daniel Yoon, Licensing Analyst
Jessica Olney, Licensing Analyst
Michael Kanotz, Legal Counsel
Danielle Rogers, Legal Counsel

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

The Board President called the meeting to order at 9:05 a.m. The Board Secretary called the roll and a quorum was established.

President Thomas Stewart welcomed newly appointed Board member Dr. Alicia Montell. Dr. Montell provided a brief background of her work experience.

Agenda Item 2: Discussion and Possible Action Regarding May 14, 2020, Board Meeting Minutes

Motion/Second/Call (M/S/C) (Burton/Yu) to approve the May 14, 2020, Board meeting minutes.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None.

The motion passed and the minutes were approved with no changes. There were no public comments.

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

There were no public comments on items not on the agenda.

Agenda Item 4: Budget Report:

Wilbert Rumbaoa, Administrative Services Unit Manager, provided a report on the Board's funds it manages: the State Dentistry Fund and the State Dental Assisting Fund. As of May 31, 2020, the Board spent approximately \$11.7 million dollars or 76% of its total State Dentistry appropriation for Fiscal Year (FY) 2019-20. Mr. Rumbaoa reported the State Dental Assisting Fund spent approximately \$1.5 million dollars or 59% of its total State Dental Assisting appropriation for FY 2019-20. Additionally, Mr. Rumbaoa reported Governor Gavin Newsom signed the Budget Act of 2020 on June 29, 2020. The Budget Act of 2020 includes the merging of the State Dentistry Fund and the State Dental Assisting Fund, the General Fund Loan, and the new appropriation for the Dental Board. The State Dental Assistant Fund shall be abolished on July 1, 2022. The Dental Board's full appropriation for FY 2020-21 is \$18.5 million dollars. In addition, Mr. Rumbaoa reported that the Budget Act of 2020 authorizes the Director of Finance to transfer a loan of \$5 million dollars from the State Dentistry Fund to the State's General Fund. The loan is scheduled to be repaid with interest in FY 2024-25.

Dr. Ross Lai asked if the loan information will be made available to the public on the Dental Board's website. Mr. Rumbaoa responded the loan information is available on the Department of Finance's website. Dr. Lilia Larin asked if it is common to transfer the Board's funds to the State's General Fund. Ms. Karen Fischer, Executive Officer, explained the process and stated that the loan was a result of the expenses that have been incurred due to impacts of the Coronavirus (COVID-19) pandemic.

Claudia Pohl, California Dental Assistants Association (CDAA) representative, asked if expenditures will be tracked for Dental Assisting Programs despite the fact that funds

will be merged in 2022. Mr. Rumbaoa responded that the Board will still have the ability to check on the dental assisting funds. Dr. Bruce Witcher, former Board member, commented that it is a common practice for the governor's office to request for loans across all state departments and will usually pay it back in time with interest.

Agenda Item 4(a): DCA Pro Rata

Mr. Taylor Schick, Fiscal Officer of the Budget Office at the Department of Consumer Affairs (DCA), provided the report which is available in the meeting materials published on the Board's website. The report covered a letter from the DCA, addressed to Senator Glazer and Assembly Member Low, regarding the methodology used for allocating distributed costs and a summary of costs by each service area of the Department for each board and bureau. There were no public comments.

Agenda Item 4(b): Savings and Reimbursements

Mr. Schick, Fiscal Officer of the Budget Office at the DCA, provided the report which is available in the meeting materials published on the Board's website. The report covered historical reimbursements: fingerprint reports, probation monitoring reimbursement, and cost recovery for the Dental Board.

Dr. Bruce Witcher, former Board member, pointed out that the cost recovery was much lower in the past. Mr. Rumbaoa responded that the cost recovery has improved over the years and the Board will continue to monitor the reimbursements.

Agenda Item 4(c): Controlled Substance Utilization Review and Evaluation System (CURES) Fee Increase

Mr. Rumbaoa, Administrative Services Unit Manager, provided the report which is available in the meeting materials published on the Board's website. The report covered the CURES background and proposed fee increases. There were no public comments.

Agenda Item 4(d): Diversion Program Costs

Mr. Rumbaoa, Administrative Services Unit Manager, provided the report which is available in the meeting materials published on the Board's website.

Dr. Lai asked if the Diversion Program will be sustainable for the Board in the future. Dr. Alicia Montell asked if the testing and lab fees are included in the participant's monthly charge. Ms. Karen Fischer, Executive Officer, responded that it is a separate cost to the participants. Dr. Steven Morrow commented the Board should maintain the Diversion Program for licensees who need help with rehabilitation.

Dr. Witcher, formal Board member, commented in support of Dr. Morrow's comment.

Agenda Item 5: Update Regarding Future Acceptance of WREB Manikin and Patient-Based Examinations

Ms. Fischer, Executive Officer, provided the report which is available in the meeting materials published on the Board's website. There were no public comments.

At 10:15 a.m. the Board recessed for a break.

At 10:30 a.m. the Board reconvened to open session.

Agenda Item 6: Report on the Results of the OPES Review of Alternatives for the RDAEF Clinical and Practical Examinations

Daniel Yoon, Licensing Analyst, provided the report which is available in the meeting materials published on the Board's website.

Dr. Molly Newlon, dental practitioner, asked if there is an examination process in place for current RDAEF's who completed the program but were unable to take the exam due to the impact of COVID-19. Ms. Fischer responded that the next agenda item will cover the process.

Agenda Item 7: Discussion and Possible Action Regarding Submission of a Waiver Request to the Director of DCA to Waive Business and Professions Code Sections 1753(a)(4) and 1753.4 and California Code of Regulations, Title 16, Section 1081.2 Pursuant to the Governor's Executive Order N-39-20 Relating to Waiving the Registered Dental Assistant in Extended Functions (RDAEF) Clinical and Practical Examinations

Mr. Yoon, Licensing Analyst, provided the report which is available in the meeting materials published on the Board's website.

Dr. Alan Felsenfeld commented in support of the waiver. Ms. Rosalinda Olague commented in support of the waiver as the Board's RDA.

Claudia Pohl, CDAA representative, commented in support of the waiver and believes there should be a manikin-based exam for RDAEFs. Ms. Pohl stated CDAA would also like to hear inputs from educators and subject matter experts on alternatives for the RDAEF examination. Amy Monk, current RDA, commented in support of the waiver. Dr. Bruce Whitcher, former Board member, pointed out that cord retraction is used on a live patient exam and should be considered when developing an alternative mannikin-based exam. He commented in support of a mannikin-based exam and believes the alternative should be under development. Dr. Molly Newlon, dental practitioner, asked if the waiver would suspend the testing and grant licensure for current RDAEF graduates. Dr. Newlon also asked if a portfolio exam will be considered as a pathway to licensure. Suzie Dault, Chief Executive Officer of Dental Specialties Institute, asked the Board to consider a practical examination for the RDAEF2 portion.

M/S/C (Felsenfeld/Olague) to direct staff to submit a waiver request to the Director of the Department of Consumer Affairs that would suspend the requirement for a specified amount of time for RDAEFs to successfully pass the clinical and practical examinations; direct staff to work with OPES to immediately begin written examination development for the RDAEF general written examination to ensure skills identified in the June 2016 RDAEF Validation Report, currently assessed in the clinical and practical examinations, are measured as application of those knowledges on the written examination; direct staff to work with OPES to develop a RDAEF licensing model that includes a

combination of dentist verification and certified course work; and direct staff to seek an author to carry legislation to repeal the requirements of the RDAEF clinical and practical examinations permanently.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None

Agenda Item 8: Discussion and Possible Action Regarding Submission of a Waiver Request to the Director of DCA to Waive Business and Professions Code Sections 1646.4, 1646.9, 1647.7 and California Code of Regulations, Title 16, Sections 1043.3 to 1043.7, inclusive, Pursuant to the Governor's Executive Order N-39-20 Relating to Postponing the Requirement for On-site Inspection and Evaluations for General Anesthesia and Conscious Sedation Permits

Jessica Olney, Licensing Analyst, provided the report which is available in the meeting materials published on the Board's website.

The Board members had a lengthy conversation regarding the waiver request to postpone the examination requirement for on-site inspection for general anesthesia and conscious sedation permits. Ms. Olney addressed Board member questions.

Dr. Bruce Whitcher, former Board member, provided a background on the permit evaluation requirement and explained the process of scheduling on-site inspections.

M/S/C (Felsenfeld/Yu) to direct staff to submit a waiver request to the Director of the Department of Consumer Affairs to waive Business and Professions Code Sections 1646.4, 1646.9, 1647.7 and California Code of Regulations, Title 16, Sections 1043.3 to 1043.7, inclusive, pursuant to the Governor's Executive Order N-39-20 relating to postponing the requirement for on-site inspection and evaluations for General Anesthesia and Conscious Sedations permits for one year.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None

The motion passed. There were no public comments.

Agenda Item 9: Discussion and Possible Action to Reinitiate a Rulemaking to Amend California Code of Regulations, Title 16, Sections 1031 Relating to the Passing Score for the Dentistry Law and Ethics Examination

Gabriel Nevin, Legislative and Regulatory Analyst, reported that the Board previously voted to initiate a rulemaking to amend the provision contained in California Code of Regulations, Title 16, Section 1031 at its February 7-8, 2019 meeting. The previous provision required a score of at least 75% to pass the Dentistry Law and Ethics examination. The amendments approved by the Board in February 2019 were intended to allow for criterion-referenced passing scores to be used at the recommendation of the OPES.

Board staff submitted the initial rulemaking documents to the DCA for review, beginning with the Regulatory Unit within the Legal Affairs Division on October 17, 2019. Board Regulatory Counsel reviewed this language and found clarity issues with the current construction. Specifically, the current proposed language requires candidates to “achieve a passing score” does not define a “passing score”, making the regulation ambiguous. Staff have worked with Board Regulatory Counsel and the OPES to develop the proposed language for Section 1031 which proposes changes in bold that clarify the regulation but do not overly-restrict the Board. The proposed amended construction should be sufficiently specific and clearly defined to be acceptable regulatory language.

Section 1031. Supplemental Examinations in California Law and Ethics.

- Prior to issuance of a license, an applicant shall achieve a **criterion referenced passing score on the successfully complete** supplemental written examinations in California law and ethics.
- (a) The examination on California law shall test the applicant's knowledge of California law as it relates to the practice of dentistry.
- (b) The examination on ethics shall test the applicant's ability to recognize and apply ethical principles as they relate to the practice of dentistry.
- ~~(c) A candidate shall be deemed to have passed the examinations if his/her score is at least 75% in each examination.~~ **(c) As used in this section, “criterion-referenced passing score” is a specified point in a distribution of scores at or above which candidates have achieved entry level competence.**
- Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 139, 1630, 1632 and 1634.1, Business and Professions Code.

M/S/C (Burton/Felsenfeld) to approve the proposed regulatory language relative to passing scores for the Dentistry Law and Ethics Examination, and direct staff to take all steps necessary to re-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 1031 as noticed in the proposed text.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None

The motion passed. There were no public comments.

Agenda Item 10(a): Discussion and Possible Action Regarding Acceptance of Academy of General Dentistry (AGD) Transcripts for Continuing Education

Gabriel Nevin, Legislative and Regulatory Analyst, provided the report which is available in the meeting materials published on the Board's website. The report covered the AGD transcript and the process verifying the continuing education (CE) credits submitted for licensees.

Terri Wong, AGD Executive Director, and Michael Toner, AGD Manager of Government Relations, was available to provide more information regarding the AGD process. Ms. LaDonna Drury-Klein, former Board member, commented the continuing education requirement was an issue that was addressed and modified during her tenure as a Dental Board member. She also provided a brief background of the provisions that were put into place.

Agenda Item 10(b): Discussion and Possible Action Regarding Continuing Education Providers and Conflict of Interest

Gabriel Nevin, Legislative and Regulatory Analyst, provided the report which is available in the meeting materials published on the Board's website.

The Board members had a lengthy conversation regarding potential conflict of interest at the association meetings. Most of the Board members agreed there were no issues around conflict of interest with the CE providers.

Ms. Wong, AGD Executive Director, commented that AGD conducts surprise audits for its CE providers to ensure that courses are adhering to the AGD's Program Approval for Continuing Education guidelines.

M/S/C (Stewart/Lai) to conclude that because the Board has not received any complaints about conflicts of interest in CE provider courses, that the existing system is sufficient, and no other action is required.

Ayes: Burton, Chan, Lai, McKenzie, Medina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: Larin

Abstentions: Felsenfeld

Absent: None.

Recusals: None

At 12:22 p.m. the Board recessed for lunch.

At 12:35 p.m. the Board reconvened to open session.

Agenda Item 10(c): Discussion and Possible Action to Reinitiate a Rulemaking to Amend California Code of Regulations, Title 16, Sections 1016 and 1017 Relating to Continuing Education

Gabriel Nevin, Legislative and Regulatory Analyst, reported that the Board previously voted to initiate a rulemaking to amend the provision contained in California Code of Regulations, Title 16, Section 1016 and 1017 at its February 7-8, 2019 meeting. The proposed language a course related to the risks of addiction associated with the use of Schedule II drugs mandatory for dentistry license renewal and makes various other updates to the continuing education requirements. One of the provisions in the proposed language provides continuing education unit credit to licensees who provide unpaid volunteer dental services as part of a free public health care event or community health clinic.

Upon review, Board Regulatory Counsel determined there is a clarity issue with the proposed language in Section 1017(j). Specifically, the proposed language as drafted provides that up to three credits of required continuing education units may be earned by providing unpaid volunteer dental services as part of a free public health care event or community health clinic. However, the draft language does not make clear how much time spent providing free services is required to earn the three continuing education units. Because this language was insufficiently clear, staff and Board regulatory counsel developed clarifying language which will add specificity to the proposed language. Normally continuing education units translate to one unit for one hour receiving contact instruction in a continuing education course. However, in the volunteer context the licensee is providing services, not receiving instruction, and this defined ratio is therefore inapplicable.

Staff recommended assuming a 1:1 ratio of hours of providing unpaid volunteer dental services to patients to units of continuing education, up to three total hours. Staff recommended amendments are shown in bold in the attached proposed language to be added to this rulemaking:

Chapter 1. General Provisions Applicable to All Licensees Article 4. Continuing Education

§ 1017. Continuing Education Units Required for Renewal of License or Permit.

- (i) Licensees who provide direct patient care as an unpaid volunteer at a free public health care event or non-profit community health clinic shall be issued continuing education credit of one unit per hour of providing unpaid volunteer dental services to patients, for up to three units of their total continuing education unit requirements for license renewal. Units of credit may be issued in half hour increments.

M/S/C (Larin/Burton) to approve the proposed regulatory language relative to Continuing Education requirements, and direct staff to take all steps necessary to re-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, Sections 1016 and 1017 as noticed in the attached proposed text.

Ayes: Burton, Chan, Felsenfeld, Lai, Larin, McKenzie, Medina, Montell, Morrow, Olague, Pacheco, Stewart, Yu.

Nays: None.

Abstentions: None.

Absent: None.

Recusals: None

The motion passed. There were no public comments.

Agenda Item 11(a): Discussion and Possible Action on Legislation

Gabriel Nevin, Legislative and Regulatory Analyst, provided updates of the bills the Board has currently been tracking: Assembly Bill (AB) 613, AB 1998, AB 2028, AB 2113, AB 2520, AB 2549, AB 3045, Senate Bill (SB) 878, SB 1168, SB 1474. Ms. Fran Burton led the discussion. The bills were discussed at the July 24, 2020 Board Meeting, and the Board had an opportunity to consider and take a position on each piece of legislation. Mr. Nevin reported on AB 2028 and the summary of the bill is available in the meeting materials.

President Stewart asked for Board's current position on the omnibus bill. Ms. Burton responded that the Board is currently in opposition of the omnibus bill. There were no public comments.

Agenda Item 12: Board Member Comments on Items Not on the Agenda

Ms. Abigail Medina asked for more information regarding the impact of COVID-19 to Board staff.

Agenda Item 13: Adjournment

The Board President adjourned the meeting at 1:32 p.m.

DRAFT



**DENTAL BOARD OF CALIFORNIA
TELECONFERENCE PUBLIC BOARD MEETING
MEETING MINUTES
FRIDAY, OCTOBER 9, 2020**

Members Present:

Thomas Stewart, DDS, President
Steven Chan, DDS, Vice President
Joanne Pacheco, RDH, MAOB, Secretary
Fran Burton, MSW, Public Member
Alan Felsenfeld, DDS, MA
Ross Lai, DDS
Meredith McKenzie, ESQ, Public Member
Abigail Medina, Public Member
Alicia Montell, DDS
Steven Morrow, DDS, MS,
Rosalinda Olague, RDA, BA
James Yu, DDS, MS

Members Absent:

Lilia Larin, DDS

Staff Present:

Karen Fischer, Executive Officer
Sarah Wallace, Assistant Executive Officer
Wilbert Rumbaoa, Administrative Services Unit Manager
Pahoua Thao, Associate Governmental Program Analyst

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

The Board President called the meeting to order at 9:08 a.m. The Board Secretary called the roll and a quorum was established.

Agenda Item 2: Public Comment on Items Not on the Agenda

There were no public comments for items not on the agenda.

At 9:11 a.m. the Board recessed to convene in closed session as a full Board to discuss litigation.

At 9:55 a.m. the Board returned to open session.

Agenda Item 3: Adjournment

The Board President adjourned the meeting at 9:56 a.m.



MEMORANDUM

DATE	September 22, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 4: Board President Welcome and Report

Background:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	September 22, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 5: Executive Officer's Report

Background:

Karen Fischer, Executive Officer of the Dental Board of California, will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	September 22, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 6: Report of the Dental Hygiene Board of California (DHBC) Activities

Background:

The President, Dr. Timothy Martinez, and the Executive Officer, Anthony Lum, of the Dental Hygiene Board of California will provide a verbal report.

Action Requested:

No action requested.



MEMORANDUM

DATE	September 22, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 7: Report of the Department of Consumer Affairs (DCA) Staffing and Activities

Background:

Carrie Holmes, Deputy Director of Board and Bureau Relations of the Department of Consumer Affairs, will provide a written report.

Action Requested:

No action requested.

DCA Update

Dental Board

Dec. 4, 2020

I'm Carrie Holmes, Deputy Director, Board and Bureau Relations at the Department of Consumer Affairs. A special welcome to your newest board members, Dr Sonia Molina and Public Member Mark Mendoza.

COVID-19 update

Our work continues even though COVID-19 has changed the way we do business now and in the future. As a result of continued widespread transmission of COVID-19, California's Department of Public Health has issued a new Stay at Home Order (Order), based on a region's ICU capacity. The new Order will go into effect 24 hours after a region falls below 15 percent remaining ICU capacity. Effective Monday, December 7, all state offices, with some exceptions, will be closed to the public. State offices will remain closed for at least three weeks. As they did during prior office closures, DCA Board and Bureau operations will continue with health and safety measures in place, including telework for most employees and strict adherence to face covering and social distancing protocols.

Budget Reduction

The economic impacts of the COVID-19 pandemic and unprecedented wildfire activities are expected to last for several years. The state needs to take immediate action to reduce costs and maximize efficiencies to support all Californians. In April, DCA and all boards and bureaus worked to limit expenditures and hiring to only those necessary to support core functions and emergency response activities. At the end of November DCA learned the department and each board and bureau will be required to take a five percent

(5%) permanent budget reduction no later than 2021-22. DCA began working with board staff immediately to identify a plan that will best fit the board's operational needs.

Board and Bureau Relations

Lastly, I would like to update you on some of the work Board and Bureau Relations is doing to support the board's executive team, along with all board and bureau leaders. Board and bureau relations has put on 3 virtual brown bag trainings this fall to provide executive officers the opportunity to learn and discuss best practices on topics such as appointments, managing staff remotely, and providing ADA-compliant meeting materials to board members and the public. In partnership with DCA's Solid training unit, Board member orientation trainings have been held quarterly as remote sessions, and a new training for board presidents will be rolled out in the new year.



MEMORANDUM

DATE	November 18, 2020
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	Agenda Item 8: Discussion and Possible Action Regarding Update on the Dental Board of California’s Strategic Plan 2017-2020

Background:

Strategic planning is a process whereby an organization develops a roadmap for the future – looking out two years or more. When developing this roadmap, analyses of the organization and its environment as it currently exists combined with how it may develop in the future is important. The Dental Board of California’s (Board’s) current Strategic Plan (Plan) was updated in 2016 and provided a roadmap for four years.

The Board had intended to begin the process of updating its Plan in 2020. However, due to COVID-19 and the inability for members to meet in-person for workshops, this update has been delayed. The SOLID Planning Solutions team (SOLID) within the Department of Consumer Affairs will be assisting the Board with updating its current Plan when feasible. Board staff is optimistic that this process will begin in 2021.

Until the Board’s Strategic Plan can be updated, I recommend that the Board consider extending the current Plan through 2021. The Board’s current Plan addresses seven Goals: (1) Licensing and Examinations, (2) Consumer Protection and Enforcement, (3) Education, (4) Legislation and Regulation, (5) Communication and Customer Service, (6) Organizational Effectiveness, and (7) Dental Workforce. At the February 2021 meeting, staff will provide a detailed report of what objectives have been met for each goal. While much has been accomplished, there remains much to complete. The Board’s current Plan is provided for review.

Action Requested:

None at this time.



Strategic Plan

2017-2020

Adopted: December 1, 2016

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MEMBERS OF THE DENTAL BOARD OF CALIFORNIA

Steven Morrow, DDS, MS, President

Judith Forsythe, RDA, Vice President

Steven Afriat, Secretary

Fran Burton, MSW

Steven D. Chan, DDS

Yvette Chappell-Ingram

Katie Dawson, BS, RDHAP

Kathleen King

Ross Lai, DDS

Huong Le, DDS, MA

Meredith McKenzie, ESQ.

Thomas Stewart, DDS

Bruce L. Witcher, DDS

Debra Woo, DDS, MA

Edmund G. Brown, Jr., Governor

Alexis Podesta, Acting Secretary, Business Consumer Services and Housing Agency

Awet Kidane, Director, Department of Consumer Affairs

Karen Fischer, MPA, Executive Officer, Dental Board of California

MESSAGE FROM THE PRESIDENT

It is with a strong sense of pride that I present the Dental Board's Strategic Plan (Plan) for 2017 – 2020. This Plan is a result of the combined efforts of members of the Dental Board, and Board staff. The process was very professionally facilitated by members of the Department of Consumer Affairs SOLID Unit.

This Strategic Plan is best viewed as a “road map” to guide the Board as it moves forward to better achieve its mission, vision, and values. It is also an important tool to ensure that the Board, its staff, and other interested and committed stakeholders are working together to accomplish common goals and outcomes, as identified in the Plan. This Strategic Plan also identifies the actions needed to achieve the Board's goals and provides for strategic performance feedback needed for decision making that will enable the plan to evolve and grow as requirements and other circumstances change.

The members of the Dental Board, individually and collectively, are dedicated to the legislative mandate that protection of the public shall be its highest priority. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public will always be paramount.

Steven G. Morrow, DDS, MS
Dental Board of California President
2016

ABOUT THE BOARD

The Dental Board of California licenses and regulates dentists, registered dental assistants, and registered dental assistants in extended functions. The Board assures the initial and continued competence of its licensees through licensure, investigation of complaints against its licensees, and discipline of those found in violation of the Dental Practice Act (Business and Professions Code Sections 1600 et seq.), monitoring licensees whose licenses have been placed on probation, and managing the Diversion Program for licensees whose practice may be impaired due to abuse of dangerous drugs or alcohol.

The Board's objective is to protect and promote the health and safety of consumers in the State of California. To accomplish this objective, the Board must ensure that only those persons possessing the necessary education, examination and experience qualifications receive licenses; all licentiates obtain the required continuing dental education training; consumers are informed of their rights and how complaints may be directed to the Board; consumer complaints against licentiates are promptly, thoroughly and fairly investigated; and appropriate action is taken against licentiates whose care or behavior is outside of acceptable standards.

The composition of the Board is defined in Business & Professions Code Section 1603 to be fifteen (15) members and includes eight dentists, one licensed Registered Dental Hygienist and one licensed Registered Dental Assistant, all appointed by the Governor; and five public members, three appointed by the Governor, one by the Speaker of the Assembly and one by the Senate President ProTempore. The Board appoints the Executive Officer who oversees a staff of 70. In 2012, the Dental Assisting Council was established as a result of the Board's 2011 Sunset Review (Senate Bill 540, Chapter 385, Statutes of 2011) The Council is comprised of seven members: the Registered Dental Assistant member of the Board, another member of the Board, and five Registered Dental Assistants.

RECENT ACCOMPLISHMENTS

- Appointed a New Executive Officer
- Hired a New Assistant Executive Officer
- Hired a New Enforcement Chief
- The Governor appointed six new Board members and reappointed three members
- Appointed members to the Dental Assisting Council
- Completed the “Development and Validation of a Portfolio Examination for Initial Dental Licensure” report with the assistance of an outside contractor.
- Promulgated a regulation to implement the requirements of its Portfolio examination as a new pathway to dental licensure in California.
- Promulgated a rule-making to require an Administrative Law Judge (ALJ) to order revocation of a license when issuing a proposed decision that contains any findings of fact that: (1) a licensee engaged in any act of sexual contact with a patient, client, or customer; or, (2) the licensee has been convicted of or committed a sex offense. This proposal would prohibit the proposed decision issued by the ALJ under such circumstances from containing an order staying the revocation of the license or placing the licensee on probation.
- Revised the Orthodontic Assistant Permit Examination
- Conducted an Occupational Analysis of the Registered Dental Assistant profession
- Conducted an Occupational Analysis of the Registered Dental Assistant in Extended Functions profession
- The Enforcement Program’s ongoing efforts to address unlicensed activity resulted in five search warrants, four felony arrests for unlicensed dentistry, and 17 criminal filings.
- Provided educational presentations of the Board’s licensing and enforcement roles to graduating dental students at six California dental schools.
- Updated and published the Dental Practice Act in 2012-2016.
- Successfully completed the Board’s Sunset Review Report and participated in the Legislative Oversight Process to extend the Board’s operating authority until January 1, 2020.
- Successfully transitioned to a new computer system BreEZe
- Conducted a fee audit
- Sponsored legislation to establish the fees for initial dental licensure and biennial renewal of dental licensure at \$525 beginning January 1, 2015.
- Updated and adopted the Board Policy and Procedure Manual

STRATEGIC GOALS

1 *LICENSING AND EXAMINATIONS*

2 *CONSUMER PROTECTION AND ENFORCEMENT*

3 *EDUCATION*

4 *LEGISLATION AND REGULATION*

5 *COMMUNICATION AND CUSTOMER SERVICE*

6 *ORGANIZATIONAL EFFECTIVENESS*

7 *DENTAL WORKFORCE*

Dental Board of California Mission, Vision, and Values

Mission

The Dental Board of California's mission is to protect and promote the oral health and safety of California consumers by ensuring the quality of dental health care within the State.

Vision

The Dental Board of California will be a recognized leader in public protection, promotion of oral health, and access to quality care.

Values

Consumer Protection

Professionalism

Accountability

Efficiency

Fairness

Diversity

GOAL 1: LICENSING AND EXAMINATIONS

Provide a licensing process that permits applicants timely access to the workforce without compromising consumer protection. Administer fair, valid, timely, comprehensive, and relevant licensing examinations.

- 1.1 Develop and maintain communication with Western Regional Examining Board (WREB) and other regional testing agencies to sustain the integrity of the examination process.
- 1.2 Improve the Board's online license and permit renewal system to enhance convenience and effectiveness resulting in timely processing.
- 1.3 Promote the national movement to a curriculum integrated exam concept and gain further recognition of California's portfolio licensure pathway in other states.
- 1.4 Support dental schools' utilization of the portfolio licensure pathway.
- 1.5 Continue to review and improve the Registered Dental Assisting licensure pathway including communication with stakeholders and possible modification to the existing practical exam.

GOAL 2: CONSUMER PROTECTION AND ENFORCEMENT

Ensure the Board's enforcement and diversion programs provide timely and equitable consumer protection.

- 1.6 Research the feasibility of an anesthesia data collection plan in order to provide high quality and quantity data for future anesthesia regulations.
- 1.7 Research the feasibility of implementing in-house stipulations to expedite resolution, reduce costs and safeguard consumer protection.
- 1.8 Enhance training for subject matter experts in order to provide a more effective representation during the investigative and disciplinary process.
- 1.9 Contract with a vendor to audit and provide recommendations to improve the enforcement program's workload efficiency and effectiveness.
- 1.10 Explore the possibility of increasing per diem compensation for expert witnesses so that the Board can recruit the most qualified professionals.
- 1.11 Explore the feasibility of establishing a probationary unit to improve the effectiveness of probation monitoring and relieve investigator case workload.

GOAL 3: EDUCATION

Set standards to ensure high quality educational services and programs, particularly in relation to international dental schools, registered dental assisting programs and continuing education for licensees.

- 1.12 Regularly update dental school educational standards consistent with Commission on Dental Accreditation standards to ensure consistency in the approval of foreign dental schools whose education is equivalent to that of the United States.
- 1.13 Evaluate and improve the continuing education audit process to determine effectiveness.
- 1.14 Recruit subject matter experts for the dental assisting program, including course curriculum review and site visits, to ensure compliance with the Board's educational regulations.
- 1.15 Explore the feasibility of augmenting the continuing education program by regulating that providers administer a competency requisite to raise the standard of continuing education.

GOAL 4: LEGISLATION AND REGULATION

Advocate legislation and promulgate regulations that advance the vision and mission of the Dental Board of California.

- 1.16 Communicate with licensees and staff regarding updates to statutes and regulations to improve and maintain stakeholder awareness in a timely manner.
- 1.17 Identify and prioritize emerging issues that may be suitable for legislative proposals to stay current with professional standards while maintaining public protection.
- 1.18 Review and revise, if necessary, laws and regulations to ensure they align with current standard of care and emerging practices.
- 1.19 Train analytical staff regarding regulatory process and then assign regulations in need of revision to each to reduce regulatory backlog.

GOAL 5: COMMUNICATION AND CUSTOMER SERVICE

Provide the most current information and quality customer service to the Board's stakeholders.

- 1.20 Improve, update and redesign the Dental Board website to increase user friendliness, minimize frustration, educate stakeholders and result in the creation of a cost effective communication system.
- 1.21 Continually evaluate and monitor improvements to Versa Online BreEZe in order to maximize ease of use for applicants, licensees and consumers and consequently improve processing times and consumer protection.
- 1.22 Identify communication weaknesses and implement necessary changes to increase customer satisfaction, eliminate repeat callers, and re-establish trust with staff.
- 1.23 Research and evaluate various communication methods (print, website, and social media) and make determination on which method effectively communicates with licensees and consumers best.
- 1.24 Develop consumer centered forms in different languages that comply with the American Disability Act in order to be more inclusive.
- 1.25 Develop video tutorials to educate applicants, licensees and consumers regarding the application, licensing, BreEZe, complaint, and enforcement processes.

GOAL 6: ORGANIZATIONAL EFFECTIVENESS

Build an excellent organization, with engaged employees, through effective leadership and responsible management.

- 1.26 Establish, execute and continually evaluate the workforce engagement plan to improve morale and maintain partnership between management and staff.
- 1.27 Assess and streamline the process for prioritization of workload to improve efficiency.
- 1.28 Establish staff training in dental terminology and internal processes so staff have a basic understanding of dental terms and processes.

GOAL 7: DENTAL WORKFORCE

Maintain awareness of the changes and challenges within the Dental community and serve as a resource to the Dental workforce.

- 1.29 Advertise the availability of the loan repayment program to increase access to care in underserved areas.
- 1.30 Strengthen the relationship with California Dental Director to facilitate a needs assessment and improve access to care for vulnerable populations.
- 1.31 Develop and implement program to translate the data obtained from the workforce survey required at renewal to determine licensing trends and identify gaps with regards to access to care.
- 1.32 Support the virtual dental home model to increase access to oral health care for the most vulnerable populations.
- 1.33 Develop outreach to underserved communities regarding free clinics and communicate about free health care events to support access to care for underserved communities.

Strategic Planning Process

To understand the environment in which the Board operates and identify factors that could impact the Board's success, the California Department of Consumer Affairs' SOLID unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- ◆ Interviews conducted with 14 Board and Council members completed during the months of July and August 2016.
- ◆ Three focus groups with DBC staff, on August 9, 10, and 17, 2016 to identify the strengths and weaknesses of DBC from an internal perspective. There were 51 participants.
- ◆ One focus group with BCE managers on August 11, 2016 to identify the strengths and weaknesses of DBC from an internal perspective. Five managers participated.
- ◆ Online surveys (qualitative and quantitative) sent to DBC stakeholders in August 2016 to identify the strengths and weaknesses of DBC from an external perspective. 381 completed the surveys. The below table shows how stakeholders identified themselves in the online survey.

The most significant themes and trends identified from the environmental scan were discussed by the Board and management team during a strategic planning session facilitated by SOLID on October 13 and 14, 2016. This information guided the Board in the development of its mission, vision, and values, while directing the strategic goals and objectives outlined in this 2017 – 2020 strategic plan.

DENTAL BOARD OF CALIFORNIA

2005 EVERGREEN STREET, SUITE 1550

SACRAMENTO, CA 95815

916-263-2300

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Prepared by:



Department of Consumer Affairs
1747 N. Market Blvd., Suite 270
Sacramento, CA 95834

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Dental Board of California in September and October 2016. Subsequent amendments may have been made after Board approval of this plan.



MEMORANDUM

DATE	November 17, 2020
TO	Members of the Dental Board of California
FROM	Steve Long, Budget and Contract Analyst Dental Board of California
SUBJECT	Agenda Item 9: Budget Report

Background:

FY 2019-20 Expenditures

The following is intended to provide a year-end summary of expenditures from July 1, 2019 to June 30, 2020 of Fiscal Year (FY) 2019-20 for the State Dentistry Fund and the State Dental Assistant Fund. The Budget Act of 2020 combined the State Dentistry Fund and the State Dental Assistant Fund beginning July 1, 2020. All monies not expended for the fiscal year are considered savings and the reversion amount is placed back in the fund which increases the reserve balance for economic uncertainties. Monies from a reversion may be expended in future budget years when the funds are appropriated.

FY 2019-20 Expenditures			
Fund Title	Appropriation	Total Expenditures July 1, 2019-June 30, 2020	Reversion
Dentistry Fund	\$15,781,000	\$13,226,284	\$2,105,872
Dental Assistant Fund	\$ 2,615,000	\$ 1,787,882	\$ 768,884
Total	\$18,396,000	\$15,521,244	\$2,874,756

FY 2020-21 Expenditures

The State Dentistry Fund's appropriation is consistent with the Current Year Revised Budget for Fiscal Year 2020-21. The expenditures in this report are based upon the budget report released by the Department of Consumer Affairs (DCA) in November 2020. This report reflects actual expenditures from July 1, 2020 to September 30, 2020. The Dental Board (Board) spent roughly \$4 million or 22% of its total Dentistry Fund appropriation for FY 2020-21. Of that amount, approximately \$2 million of the expenditures were for Personnel Services and \$2 million were for Operating Expense & Equipment (OE&E) for this time period.

Agenda Item 9: Budget Report
 Dental Board of California Meeting
 December 4, 2020

FY 2020-21 Expenditures		
Fund Title	Appropriation	Total Expenditures July 1, 2020-September 30, 2020
Dentistry Fund	\$18,589,000	\$4,016,687

Expenditure projections are provided as an estimate for year-end spending when enough data is available. Typically, five months of expense reports are necessary to project accurate year-end expenses. This year in particular is different than previous years due to cost variances as a result of the Covid-19 pandemic. Currently there are three months of expenditure reports available for this fiscal year so only the expense actuals will be provided. Expenditure projections for year-end spending will be provided at a future meeting when more data becomes available.

Expenditure Report:

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.

Action Requested:

No action requested.

Attachment 1

Department of Consumer Affairs

Expenditure Projection Report

Dental Board of California

Fiscal Month: 3

Fiscal Year: 2020 - 2021

PERSONNEL SERVICES

Fiscal Code and Line Item	PY Budget	PY FM13	CY Budget	YTD
5100 PERMANENT POSITIONS	\$6,239,000	\$4,450,743	\$6,237,000	\$1,205,983
5100 TEMPORARY POSITIONS	\$284,000	\$65,235	\$284,000	\$19,885
5105-5108 PER DIEM, OVERTIME, & LUMP SUM	\$130,000	\$74,746	\$130,000	\$5,976
5150 STAFF BENEFITS	\$3,770,000	\$2,935,111	\$3,816,000	\$734,493
5170 SALARY SAVINGS	\$0	\$1,166	\$0	\$0
PERSONNEL SERVICES	\$10,423,000	\$7,527,001	\$10,467,000	\$1,966,338

OPERATING EXPENSES & EQUIPMENT

Fiscal code and Line Item	PY Budget	PY FM13	CY Budget	YTD
5301 GENERAL EXPENSE	\$167,000	\$153,433	\$240,000	\$35,109
5302 PRINTING	\$77,000	\$159,557	\$69,000	\$17,298
5304 COMMUNICATIONS	\$47,000	\$35,388	\$49,000	\$7,921
5306 POSTAGE	\$71,000	\$505	\$72,000	\$275
5308 INSURANCE	\$2,000	\$8,452	\$2,000	\$0
53202-204 IN STATE TRAVEL	\$156,000	\$110,292	\$141,000	\$1,112
53206-208 OUT OF STATE TRAVEL	\$0	\$1,496	\$0	\$0
5322 TRAINING	\$11,000	\$7,876	\$12,000	\$0
5324 FACILITIES	\$563,000	\$653,009	\$758,000	\$140,137
5326 UTILITIES	\$1,000	\$0	\$0	\$0
53402-53403 C/P SERVICES (INTERNAL)	\$2,555,000	\$1,412,180	\$2,564,000	\$235,299
53404-53405 C/P SERVICES (EXTERNAL)	\$914,000	\$1,027,038	\$944,000	\$79,919
5342 DEPARTMENT PRORATA	\$3,213,000	\$3,122,317	\$3,056,000	\$1,528,000
5342 DEPARTMENTAL SERVICES	\$74,000	\$177,486	\$73,000	\$170
5344 CONSOLIDATED DATA CENTERS	\$24,000	\$36,190	\$28,000	\$2,765
5346 INFORMATION TECHNOLOGY	\$32,000	\$1,010	\$32,000	\$0
5362-5368 EQUIPMENT	\$61,000	\$50,730	\$77,000	\$0
5390 OTHER ITEMS OF EXPENSE	\$5,000	\$43,546	\$5,000	\$2,344
54 SPECIAL ITEMS OF EXPENSE	\$0	\$993,738	\$0	\$0
OPERATING EXPENSES & EQUIPMENT	\$7,973,000	\$7,994,244	\$8,122,000	\$2,050,349

OVERALL TOTALS	\$18,396,000	\$15,521,244	\$18,589,000	\$4,016,687
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Attachment 1A

Agenda Item 9: Budget Report
Dental Board of California Meeting
December 4, 2020

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DENTAL BOARD OF CALIFORNIA FUND Analysis of Fund Condition	Actual 2019 20	CY 2020 21	BY 2021 22
BEGINNING BALANCE	\$11,280	\$14,319	\$8,901
Prior Year Adjustment	\$111	\$0	\$0
Adjusted Beginning Balance	\$11,391	\$14,319	\$8,901
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS			
Revenues			
4121200 - Delinquent fees	\$181	\$305	\$305
4127400 - Renewal fees	\$13,119	\$15,168	\$15,168
4129200 - Other regulatory fees	\$173	\$196	\$196
4129400 - Other regulatory licenses and permits	\$2,495	\$3,073	\$3,073
4140000 - Sales of documents	\$0	\$0	\$0
4143500 -Miscellaneous Services to the Public	\$12	\$48	\$48
4163000 - Income from surplus money investments	\$246	\$189	\$195
4171400 - Escheat of unclaimed checks and warrants	\$15	\$4	\$4
4172500 - Miscellaneous revenues	\$2	\$6	\$6
Totals, Revenues	\$16,243	\$18,989	\$18,995
Transfer from Other Funds			
Transfers of RDA Funds	\$0	\$0	\$1,993
Transfer to Other Funds			
GF Loan per item 1111-011-0741 BA of 2020	\$0	-\$5,000	\$0
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$16,243	\$13,989	\$20,988
TOTAL RESOURCES	\$27,634	\$28,308	\$29,889
EXPENDITURES AND EXPENDITURE ADJUSTMENTS	Actual 2019-20	CY 2020-21	BY 2021-22
Expenditures:			
1111 Program Expenditures (State Operations)	\$12,158	\$18,306	\$18,187
8880 Financial Information System for California (State Operations)	-\$2	\$0	-\$2
9892 Supplemental Pension Payments (State Operations)	\$318	\$318	\$318
9900 Statewide Pro Rata	\$841	\$783	\$783
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$13,315	\$19,407	\$19,286
DENTAL BOARD OF CALIFORNIA FUND	Actual	CY	BY

Analysis of Fund Condition (Continued)	2019-20	2020-21	2021-22
FUND BALANCE			
Reserve for economic uncertainties	\$14,319	\$8,901	\$10,603
Months in Reserve	8.9	5.5	6.4



MEMORANDUM

DATE	November 10, 2020
TO	Members of the Dental Board of California
FROM	Jessica Olney, Staff Services Manager I Dental Board of California
SUBJECT	Agenda Item 10: Update on Online Renewals

Background:

At the November 14-15, 2019 meeting, staff presented to the Members of the Dental Board of California (Board) a proposal to transition from the currently mailed renewal form to an online only renewal beginning in 2021 in an effort to streamline the licensing and permits renewal process. The full Board voted and approved the transition to online only renewals.

The Board Currently 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 66%. 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 also 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.

By transitioning to an online renewal, each licensee will 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.

Agenda Item 10: Update on Online Renewals
 Dental Board of California Meeting
 December 4, 2020

Page 1 of 2

Update:

Board staff have continued to work on the renewal project, but due to COVID-19 have delayed the release date to begin with the July 2021 renewal cycle. In an effort to notify all licensees of the future changes staff have been working with the Office of Public Affairs, Publications Design and Editing, to create a webpage that will draw the attention of our licensees. Staff have also continued to work with the BreEZe team in order to make necessary system changes.

To date staff have begun outreach efforts by releasing a new webpage which can be found at https://www.dbc.ca.gov/licensees/paperless_renewal.shtml. Email notifications have also been sent to all registered subscribers, informing licensees of the upcoming changes. Board staff recommend that licensees who are not currently registered on the BreEZe system set up their account now to avoid any technological or account issues when renewing a license or permit near the expiration date. Until the transition, licensees can continue to renew online or by mail. Staff will continue to send updates to licensees as information becomes available.

Action Requested:

No action requested. Informational only.



MEMORANDUM

DATE	December 4, 2020
TO	Members of the Dental Board of California
FROM	Justin Lehr, Education Coordinator for RDA Programs Dental Board of California
SUBJECT	Agenda Item 11(a): Update on New Dental Assisting Program and Course Applications

Update on Dental Assisting Program and Course Applications

Table 1 identifies the total number of Registered Dental Assisting (RDA) Program/Course curriculum applications approved in 2020. Table 2 lists the number of RDA and RDAEF Program site visits conducted in 2020. Table 3 lists the RDA Program and Course application status in 2020. Table 4 provides the total number of approved RDA programs and courses. Table 5 identifies approved RDA program or course providers by name and type of program.

Table 1 DA Program and Course Applications Approved in 2020											
	RDA Program	RDAEF Program	RDAEF ITR Course	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant Course	Ultrasonic Scaler Course	Infection Control Course	Orthodontic Assistant Permit Course	Dental Sedation Assistant Permit Course	Grand Total
Course Totals	0	0	0	12	12	8	1	9	7	2	51

Table 2 Total RDA and RDAEF Program Site Visits in 2020					
	RDA Programs		RDAEF Programs		Grand Total
	Provisional	Full	Provisional	Full	
Totals	1	0	0	0	1

Table 3 RDA Program & Course Application Status 2020					
Program/Course Type	Approved	Denied	Curriculum Approved- Pending Site Visit	In the Review Process	Deficient
RDA Program	0	0	1	0	1
RDAEF Program	0	0	0	0	0
RDAEF-ITR	0	0	N/A	0	0
Radiation Safety	12	0	N/A	2	4
Coronal Polish	12	0	N/A	1	3
Pit & Fissure Sealant	8	0	N/A	0	3
Ultrasonic Scaler	1	0	N/A	0	0
Infection Control	9	0	N/A	1	3
OA Permit	7	0	N/A	1	1
DSA Permit	2	0	N/A	1	0
Total Applications	51	0	1	6	15

Table 4 Total Approved RDA Programs and Courses*									
RDA Program	RDAEF Program	RDAEF ITR Course	Radiation Safety Course	Coronal Polish Course	Pit & Fissure Sealant Course	Ultrasonic Scaler Course	Infection Control Course	Orthodontic Assistant Permit Course	Dental Sedation Assistant Permit Course
90	11	4	156	68	82	18	78	112	24

*This reflects the number of programs/courses which are currently active

Table 5 Approved DA Program & Course by Name											
Provider	Approval Date	RDA Program	RDAEF Program	RDAEF- ITR	X-Ray	Coronal Polish	Pit & Fissure	Ultrasonic Scaler	Infection Control	Dental Sedation Assistant	Orthodontic Assistant
Richard Chang	2/4/20				X						
High Desert Medical College - Bakersfield	2/12/20				X						
High Desert Medical College - Lancaster	2/12/20				X						

High Desert Medical College - Temecula	5/4/20				X						
Table 5 Continued											
Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	Coronal Polish	Pit & Fissure	Ultrasonic Scaler	Infection Control	Dental Sedation Assistant	Orthodontic Assistant
Hikeda Ikeda, DDS, MS Dental Corporation	5/4/20										X
California Dental Institute	5/4/20				X						
Newport Oral Surgery	5/4/20									X	
San Ramon Orthodontics	5/4/20										X
OC Dental Specialists	5/20/20										X
OC Dental Specialists	5/20/20								X		
OC Dental Specialists	5/20/20				X						
OC Dental Specialists	5/20/20						X				
OC Dental Specialists (Dr. Thomas Boone)	5/20/20					X					
OC Dental Specialists (Dr. Thomas Boone)	5/20/20							X			
Dental Fundamentals CE	5/27/20								X		
Family Tree Orthodontics	5/27/20										X
Central California Dental Academy	5/27/20								X		
Central California Dental Academy	5/27/20					X					
Douglas J Harrington, DDS	5/29/20										X
Joshua Twiss DDS	5/29/20					X					
Ordemy	6/19/20					X					
Ordemy	6/19/20				X						
Ordemy	6/19/20								X		
Accelerated Dental Assisting Academy	6/29/20								X		
High Desert Medical College - Bakersfield	7/1/20					X					
High Desert Medical College - Lancaster	7/1/20						X				
High Desert Medical College - Lancaster	7/1/20					X					
High Desert Medical College - Temecula	7/1/20						X				
High Desert Medical College - Temecula	7/1/20					X					
High Desert Medical College - Bakersfield	7/1/20						X				
National Career College	5/27/20					X					
Contra Costa Medical Career College	Pending	X									

Table 5 Continued

Provider	Approval Date	RDA Program	RDAEF Program	RDAEF-ITR	X-Ray	Coronal Polish	Pit & Fissure	Ultrasonic Scaler	Infection Control	Dental Sedation Assistant	Orthodontic Assistant
International Institute for Wellness	7/15/20					X					
International Institute for Wellness	7/15/20				X						
Evergreen Dental Institute	7/15/20								X		
Accelerated Dental Assisting Academy	7/22/20					X					
Contra Costa Medical Career College	7/22/20					X					
Contra Costa Medical Career College	7/22/20						X				
Contra Costa Medical Career College	7/22/20				X						
Contra Costa Medical Career College	7/22/20								X		
Central CA Dental Academy	7/28/20				X						
North Orange County-ROP	7/29/20								X		
Dr. Anna Lu, DMD, APC, Oral & Maxillofacial Surgery	7/29/20									X	
Kern High School District - ROP	7/30/20				X						
Kern High School District - ROP	7/30/20								X		
California Dental Educators	8/6/20				X						
California Dental Educators	8/6/20						X				
Wayne I Kodama Institute of Dental Assisting	8/25/20					X					
Wayne I Kodama Institute of Dental Assisting	8/25/20						X				
Brian Earl Steinhoff DDS	8/26/20										X
Carole S. Randolph DDS	8/26/20										X
Dental Assisting Institute	10/7/20						X				
INDIVIDUAL PROGRAM/COURSE TOTALS		1	0	0	12	12	8	1	8	2	7
TOTAL APPROVALS = 51											



MEMORANDUM

DATE	December 4, 2020
TO	Members of the Dental Board of California
FROM	Justin Lehr, Education Coordinator for RDA Programs Dental Board of California
SUBJECT	Agenda Item 11(b): Update on RDA Program Re-evaluations

Update on RDA Program Re-evaluations

The Dental Board of California (Board) has the authority to audit (re-evaluate) 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 in February 2018. Between February 2018 and February 2019, fifty-nine (59) programs were identified for re-evaluation. The order of the programs to be re-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. Since then, the Board has completed the re-evaluation process for forty-seven (47) programs. Thirty-four (34) programs have successfully demonstrated compliance with the Dental Practice Act and will maintain their approval with the Board, thirteen (13) programs were identified as being closed, and twelve (12) programs are currently in the re-evaluation process.

The following table details the current status of the re-evaluations and details the progress made since the last Board meeting.

Program Name	Letter Mailed	Status
Concorde Career College – San Diego	April 2, 2018	Approved 6/24/2020
Chaffey College	July 23, 2018	Approved 7/13/2020
Baldy View ROP	August 27, 2018	Approved 7/13/2020
Butte County ROP	November 27, 2018	Approved 7/13/2020
Southern California ROC	July 23, 2018	Approved 7/15/2020

Program Name	Letter Mailed	Status
American Career College - Anaheim	September 7, 2018	Approved 7/15/2020
Blake Austin College	September 7, 2018	Approved 7/15/2020
Monterey Peninsula College	January 9, 2019	Approved 7/28/2020
Citrus College	February 15, 2019	Approved 7/28/2020
The Valley School for Dental Assisting	January 9, 2019	Approved 8/17/2020
Cypress College	February 15, 2019	Approved 8/19/2020
American Career College - Ontario	November 27, 2018	Approved 9/29/2020
Carrington College - Stockton	November 27, 2018	Approved 10/5/2020
Grossmont Health Occupations Center	February 6, 2018	Reviewed and found deficient 7/23/2019. Awaiting response from program.
Tri-Cities Regional Occupational Program	September 7, 2018	Extension Granted. Resent request for documentation on 9/1/2020. Awaiting response from program.
Carrington College - Sacramento	October 30, 2018	Reviewed and found deficient 8/10/2020. Awaiting response from program.
Carrington College - Citrus Heights	October 30, 2018	Reviewed and found deficient 8/10/2020. Awaiting response from program.
Milan Institute – Palm Desert	November 27, 2018	Reviewed and found deficient 9/23/2020. Deficiency response received 10/13/2020. Awaiting SME review.
Milan Institute - Visalia	November 27, 2018	Reviewed and found deficient 7/22/2020. Awaiting response from program.
Reedley College	November 27, 2018	Extension Granted. Due date 1/08/2019. Resent deficiency notice and request for documentation on 9/1/2020.

Program Name	Letter Mailed	Status
College of Alameda	January 9, 2019	Reviewed and found deficient 7/22/2020. Response received 10/2/2020. Awaiting SME review.
San Jose City College	January 9, 2019	Extension Granted. Due date 9/1/2020.
Carrington Career College - Pleasant Hill	January 9, 2019	Reviewed and found deficient 7/22/2020. Awaiting deficiency response.
Santa Rosa Junior College	February 15, 2019	Reviewed and found deficient 10/16/2019. Response received 9/29/2020. Awaiting SME review.
College of San Mateo	February 15, 2019	Extension Granted. Due date 2/29/2021.



MEMORANDUM

DATE	November 5, 2020
TO	Members of the Dental Board of California
FROM	Wendy McElroy, Staff Services Analyst Dental Board of California
SUBJECT	Agenda Item 11(c): Update on Dental Assisting Examination Statistics

Background:

The following tables provides the written examination pass and fail statistics for candidates who took the examinations from November 2019 through October 2020 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	2745 2749	1750 1754	995	64%	36%
RDAEF	170	131	39	77%	23%
Orthodontic Assistant	351	158	193	45%	55%
Dental Sedation Assistant	11	9	2	82%	18%

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	1002 1626	769 1199	233 427	77% 74%	23% 26%
RDAEF	130	103 107	19 23	84% 82%	16% 18%
Orthodontic Assistant	148 170	68 95	50 75	58% 56%	42% 44%
Dental Sedation Assistant	8 9	7 8	1	89%	11%

Written Examination Statistics – Repeat Candidates

Written Exam	Total Candidates Tested	# of Candidates Passed	# of Candidates Failed	% of Candidates Passed	% of Candidates Failed
RDA Combined	653 1123	330 555	323 568	51% 49%	49% 51%
RDAEF	30 40	21 24	9 16	70% 60%	30% 40%
Orthodontic Assistant	135 181	45 63	90 118	33% 35%	67% 65%
Dental Sedation Assistant	2	1	1	50%	50%

In an effort to reduce paper waste, only the annual examination statistics from November 2019 through October 2020 are included in the meeting materials. Detailed monthly examination statistics can be found on the Dental Board's website at the following link: https://www.dbc.ca.gov/applicants/rda_exam_stats.shtml.

Action Requested:

No action requested, informational only.

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Total	YTD First Time Testers	YTD Repeat Testers	
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	N/A	0%	0%
pass													0	0	0	0
fail													0	0	0	0
Allan Hancock (508)	N/A	100%	N/A	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	100%	0%	
pass		3			1		1						5	2	0	
fail		0			0		0						0	0	0	
American Career - Anaheim (896)	40%	13%	0%	100%	50%	N/A	0%	100%	50%	N/A	0%	100%	35%	50%	50%	
pass	2	1	0	1	1		0	1	1		0	1	8	1	4	
fail	3	7	1	0	1		1	0	1		1	0	15	1	4	
American Career - Long Beach (997)	100%	N/A	50%	100%	0%	N/A	N/A	N/A	100%	N/A	100%	N/A	75%	100%	0%	
pass	2		1	1	0				1		1		6	4	0	
fail	0		1	0	1				0		0		2	0	2	
American Career - Los Angeles (867)	70%	80%	50%	100%	50%	N/A	50%	100%	67%	100%	75%	100%	73%	69%	75%	
pass	7	8	2	1	1		1	1	2	2	3	2	30	9	6	
fail	3	2	2	0	1		1	0	1	0	1	0	11	4	2	
American Career - Ontario (905)	60%	38%	100%	100%	N/A	N/A	0%	33%	0%	67%	100%	50%	52%	63%	50%	
pass	3	3	1	3			0	1	0	2	1	1	15	5	4	
fail	2	5	0	0			2	2	1	1	0	1	14	3	4	
Anthem College - Sacramento (503)	0%	N/A	100%	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A	N/A	50%	100%	50%	
pass	0		1		0			1					2	1	1	
fail	1		0		1			0					2	0	1	
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	0%	0%	
pass													0	0	0	
fail													0	0	0	
Baldy View Regional Occupational Program (590)	N/A	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	40%	50%	0%	
pass		1	0	1								0	2	1	0	
fail		0	2	0								1	3	1	2	
Blake Austin College (897)	75%	67%	N/A	N/A	N/A	N/A	N/A	75%	100%	N/A	100%	100%	78%	80%	100%	
pass	3	4						3	2		1	1	14	4	3	
fail	1	2						1	0		0	0	4	1	0	
Brightwood - Bakersfield (884)	33%	50%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	33%	50%	0%	
pass	2	1	0								1	0	4	1	0	
fail	4	1	1								1	1	8	1	2	
Brightwood - Clovis (885)	50%	100%	25%	0%	75%	N/A	50%	100%	N/A	N/A	100%	100%	57%	63%	44%	
pass	2	2	1	0	3		1	1			1	2	13	5	4	
fail	2	0	3	3	1		1	0			0	0	10	3	5	
Brightwood - Modesto (499)/(890)	20%	57%	100%	0%	0%	N/A	0%	100%	50%	N/A	0%	N/A	48%	75%	0%	
pass	1	4	2	0	0		0	3	1		0		11	6	0	
fail	4	3	0	1	1		1	0	1		1		12	2	3	
Brightwood - Palm Springs (901)	100%	100%	100%	N/A	100%	N/A	N/A	100%	100%	N/A	100%	N/A	100%	100%	100%	
pass	1	1	1		1			1	1		2		8	4	2	
fail	0	0	0		0			0	0		0		0	0	0	
Brightwood - Riverside (898)	50%	0%	50%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	38%	0%	100%	
pass	1	0	1						1				3	0	2	
fail	1	3	1						0				5	1	0	

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Brightwood - Sacramento (888)	100%	N/A	100%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%
pass	1		2	1				2					6
fail	0		0	0				0					0
Brightwood - San Diego (899)	100%	0%	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	60%
pass	1	0	1					1					3
fail	0	2	0					0					2
Brightwood - Stockton (611)	N/A	100%	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
Brightwood - Vista (900)	100%	33%	0%	0%	N/A	N/A	N/A	0%	0%	0%	100%	100%	36%
pass	1	1	0	0				0	0	0	1	1	4
fail	0	2	1	1				1	1	1	0	0	7
Butte County Regional Occupational Program (605)	N/A	100%	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	100%
pass		2		1				1				8	12
fail		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)	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
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	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	67%
pass		0									1	1	2
fail		1									0	0	1
Carrington - Citrus Heights (882)	67%	75%	0%	100%	100%	N/A	50%	100%	N/A	100%	100%	100%	77%
pass	2	3	0	2	1		1	1		2	1	4	17
fail	1	1	2	0	0		1	0		0	0	0	5
Carrington - Emeryville (904)	N/A	0%	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	33%
pass		0		0								1	1
fail		1		1								0	2
Carrington - Pleasant Hill (868)	100%	N/A	0%	100%	0%	100%	50%	100%	100%	50%	50%	100%	68%
pass	2		0	1	0	1	1	3	1	1	1	2	13
fail	0		1	0	2	0	1	0	0	1	1	0	6
Carrington - Pomona (908)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass	2										1		3
fail	0										0		0
Carrington - Sacramento (436)	54%	56%	56%	75%	50%	0%	75%	75%	91%	80%	70%	67%	66%
pass	7	10	5	3	2	0	6	3	10	4	7	4	61
fail	6	8	4	1	2	1	2	1	1	1	3	2	32
Carrington - San Jose (876)	50%	75%	100%	100%	67%	N/A	0%	100%	100%	N/A	50%	100%	74%
pass	1	3	1	1	2		0	1	3		1	1	14
fail	1	1	0	0	1		1	0	0		1	0	5
Carrington - San Leandro (609)	22%	11%	40%	25%	50%	N/A	0%	0%	100%	83%	100%	75%	40%
pass	2	1	2	1	2		0	0	1	5	2	3	19
fail	7	8	3	3	2		1	3	0	1	0	1	29

100%	100%
3	2
0	0
100%	100%
1	1
0	0
100%	0%
1	0
0	0
0%	40%
0	2
2	3
100%	0%
10	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	0%
2	0
0	0
73%	100%
8	4
3	0
0%	50%
0	1
0	1
78%	50%
7	4
2	4
0%	100%
0	1
0	0
80%	59%
28	16
7	11
78%	75%
7	3
2	1
69%	41%
9	7
4	10

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Carrington - Stockton (902)	50%	60%	100%	33%	100%	N/A	N/A	N/A	75%	100%	0%	N/A	65%
pass	3	6	2	1	1				3	4	0		20
fail	3	4	0	2	0				1	0	1		11
Cerritos Community College - Norwalk (511)	50%	83%	100%	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	79%
pass	2	5	1	2			1						11
fail	2	1	0	0			0						3
Chabot College (513)	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
Chaffey College (514)	N/A	100%	100%	100%	100%	N/A	100%	N/A	N/A	100%	N/A	N/A	100%
pass		2	1	3	1		1			1			9
fail		0	0	0	0		0			0			0
Charter College - Canyon Country (401)	N/A	N/A	100%	0%	N/A	N/A	N/A	N/A	100%	100%	50%	N/A	71%
pass			2	0					1	1	1		5
fail			0	1					0	0	1		2
Citrus College - Glendora (515)	100%	N/A	N/A	100%	N/A	N/A	N/A	100%	100%	100%	N/A	N/A	100%
pass	1			1				1	1	1			5
fail	0			0				0	0	0			0
City College of San Francisco (534)	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	4	3	1										8
fail	0	0	0										0
College of Alameda - Alameda (506)	0%	100%	N/A	N/A	N/A	N/A	0%	50%	100%	N/A	N/A	0%	50%
pass	0	2					0	1	1			0	4
fail	1	0					1	1	0			1	4
College of Marin (523)	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A	50%	N/A	N/A	92%
pass	4	4	1		1					1			11
fail	0	0	0		0					1			1
College of San Mateo - San Mateo (536)	100%	50%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	67%
pass	2	1	0								1		4
fail	0	1	1								0		2
College of the Redwoods (838)	100%	0%	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%	100%	90%
pass	2	0						2		2	1	2	9
fail	0	1						0		0	0	0	1
Concorde Career - Garden Grove (425)	60%	44%	67%	100%	100%	N/A	0%	N/A	100%	N/A	100%	100%	63%
pass	3	4	2	2	1		0		1		3	1	17
fail	2	5	1	0	0		2		0		0	0	10
Concorde Career - North Hollywood (435)	0%	80%	0%	100%	50%	N/A	N/A	N/A	50%	100%	N/A	0%	53%
pass	0	4	0	1	1				1	1		0	8
fail	2	1	1	0	1				1	0		1	7
Concorde Career - San Bernardino (430)	57%	67%	75%	0%	100%	N/A	80%	100%	100%	0%	75%	67%	69%
pass	8	10	3	0	5		4	4	1	0	3	4	42
fail	6	5	1	2	0		1	0	0	1	1	2	19
Concorde Career - San Diego (421)	63%	85%	N/A	40%	50%	N/A	100%	60%	0%	75%	100%	67%	67%
pass	5	11		2	1		1	3	0	3	1	2	29
fail	3	2		3	1		0	2	1	1	0	1	14
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

67%	83%
6	5
3	1
100%	100%
3	1
0	0
0	0
0	0
100%	0%
7	0
0	0
80%	50%
4	1
1	1
100%	0%
4	0
0	0
100%	0%
1	0
0	0
50%	33%
1	1
1	2
75%	0%
3	0
1	0
0%	100%
0	1
1	0
100%	100%
5	2
0	0
100%	40%
8	2
0	3
67%	40%
2	2
1	3
81%	50%
21	3
5	3
71%	38%
10	3
4	5
0%	0%
0	0
0	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Contra Costa (745)	N/A	N/A	N/A	N/A	N/A	N/A	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	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%	
pass	3	2								1		1	7	
fail	0	0								0		0	0	
Diablo Valley College - Pleasant Hill (516)	0%	100%	100%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	91%	
pass	0	1	1	1				1				6	10	
fail	1	0	0	0				0				0	1	
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)	N/A	100%	0%	0%	N/A	N/A	0%	100%	N/A	N/A	N/A	N/A	50%	
pass		1	0	0			0	2					3	
fail		0	1	1			1	0					3	
Everest - Alhambra (406)	50%	N/A	N/A	100%	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	75%	
pass	1			1					1				3	
fail	1			0					0				1	
Everest - Anaheim (403)/(600)	N/A	N/A	50%	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	0%	50%	
pass			1				2				0	0	3	
fail			1				0				1	1	3	
Everest - City of Industry (875)	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	67%	
pass	1										1		2	
fail	1										0		1	
Everest - Gardena (870)	100%	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	
pass	1		1						1				3	
fail	0		0						0				0	
Everest - Los Angeles (410)	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	100%	
pass	1							1	1				3	
fail	0							0	0				0	
Everest - Ontario (501)	N/A	75%	N/A	0%	0%	N/A	0%	N/A	0%	100%	0%	N/A	33%	
pass		3		0	0		0		0	1	0		4	
fail		1		3	1		1		1	0	1		8	
Everest - Reseda (404)	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	100%	
pass	3	1									2	1	7	
fail	0	0									0	0	0	
Everest - San Bernardino (881)	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 - San Francisco (407)	N/A	100%	50%	0%	N/A	N/A	N/A	0%	0%	100%	N/A	100%	50%	
pass		1	1	0				0	0	1		1	4	
fail		0	1	1				1	1	0		0	4	
Everest - San Jose (408)	100%	0%	N/A	100%	N/A	N/A	0%	100%	100%	N/A	N/A	N/A	71%	
pass	1	0		1			0	1	2				5	
fail	0	1		0			1	0	0				2	
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	

0%	0%
0	0
0	0
100%	0%
2	0
0	0
100%	100%
8	1
0	0
0%	0%
0	0
0	0
50%	50%
1	1
1	2
100%	0%
2	0
0	0
75%	0%
3	0
1	2
100%	0%
1	0
0	0
0%	100%
0	2
0	0
100%	0%
2	0
0	0
0%	14%
0	1
1	6
100%	0%
3	0
0	0
0%	0%
0	0
0	0
67%	25%
2	1
1	3
75%	100%
3	1
1	0
0%	0%
0	0
0	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Everest - W Los Angeles (874)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass				1							1		2
fail				0							0		0
FADE Institute, Inc. (999)	100%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	100%
pass	1	1				1				3			6
fail	0	0				0				0			0
Foothill Community College (517)	50%	57%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	100%	69%
pass	1	4	1				1				1	1	9
fail	1	3	0				0				0	0	4
Galen - Bakersfield (496)	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
Galen - Fresno (413)	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
Galen - Modesto (497)	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
Galen - Visalia (445)	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
Grossmont Community College - El Cajon (519)	50%	100%	40%	100%	67%	N/A	N/A	N/A	100%	100%	100%	100%	73%
pass	4	3	2	1	2				3	2	3	2	22
fail	4	0	3	0	1				0	0	0	0	8
Grossmont Health Occupations - Santee (610)	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
Hacienda La Puente (776)	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
Heald - Concord (891)	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	67%
pass	0				1				1				2
fail	1				0				0				1
Heald - Hayward (889)	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	0
fail	1											1	2
Heald - Roseville (911)	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
Heald - Salida (910)	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
Heald - Stockton (887)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%
pass											1		1
fail											0		0
Howard Healthcare Academy (996)	100%	100%	N/A	100%	50%	N/A	N/A	N/A	N/A	N/A	100%	N/A	88%
pass	1	3		1	1						1		7
fail	0	0		0	1						0		1

100%	0%
2	0
0	0
100%	0%
4	0
0	0
100%	100%
3	1
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	0%
0	0
0	0
92%	57%
11	4
1	3
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	100%
0	2
0	0
0%	0%
0	0
0	1
0%	0%
0	0
0	0
100%	0%
1	0
0	0
100%	0%
1	0
0	0
67%	100%
2	1
1	0
0	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Intercoast College - El Cajon (883)	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
pass				1									1	1	0
fail				0									0	0	0
Intercoast College - Riverside (923)	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	0%	0%
pass													0	0	0
fail													0	0	0
Med-Help Training School (441)	0%	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass	0	0	0	0									0	0	0
fail	1	2	1	1									5	0	2
Milan Institute - Merced (928)	60%	75%	N/A	67%	N/A	N/A	N/A	0%	N/A	0%	67%	N/A	59%	33%	60%
pass	3	3		2				0		0	2		10	1	3
fail	2	1		1				1		1	1		7	2	2
Milan Institute - Palm Desert/Indio (906)	0%	33%	50%	100%	N/A	N/A	50%	N/A	100%	N/A	50%	100%	57%	71%	67%
pass	0	1	1	1			1		2		1	1	8	5	2
fail	1	2	1	0			1		0		1	0	6	2	1
Milan Institute - Visalia (907)	50%	67%	N/A	100%	100%	N/A	50%	100%	N/A	100%	100%	50%	70%	80%	80%
pass	2	6		1	1		1	2		1	1	1	16	4	4
fail	2	3		0	0		1	0		0	0	1	7	1	1
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	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Monterey Peninsula College (527)	0%	100%	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	80%	100%	100%
pass	0	4		1				3					8	3	1
fail	2	0		0				0					2	0	0
Moreno Valley College (903)	50%	100%	N/A	100%	N/A	N/A	N/A	100%	N/A	100%	N/A		86%	100%	0%
pass	1	2		1				1		1			6	3	0
fail	1	0		0				0		0			1	0	0
Mt. Diablo Adult Education - Concord (500)	100%	75%	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	92%	100%	100%
pass	2	3		3	2							2	12	2	5
fail	0	1		0	0							0	1	0	0
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	0%	0%
pass													0	0	0
fail													0	0	0
North Orange County Regional Occupational Program (495)	17%	75%	50%	100%	N/A	N/A	N/A	N/A	100%	100%	100%	100%	65%	100%	67%
pass	1	3	1	2					2	2	1	1	13	7	2
fail	5	1	1	0					0	0	0	0	7	0	1
North-West College - Pomona (420)	75%	100%	N/A	N/A	0%	N/A	0%	100%	100%	N/A	N/A	N/A	64%	0%	100%
pass	3	2			0		0	1	1				7	0	2
fail	1	0			2		1	0	0				4	3	0
North-West College - West Covina (419)	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	0%	100%
pass	5			1							1		7	0	2
fail	0			0							0		0	0	0
Orange Coast College - Costa Mesa (528)	N/A	100%	100%	N/A	100%	N/A	N/A	100%	N/A	100%	N/A	100%	100%	100%	0%
pass		3	1		1			1		2		2	10	7	0
fail		0	0		0			0		0		0	0	0	0
Palomar College - San Marcos (721)	100%	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%	0%
pass	1	3	1								1		6	2	0
fail	0	0	0								0		0	0	0

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Pasadena City College (529)	0%	71%	50%	100%	100%	N/A	N/A	N/A	N/A	N/A	0%	100%	64%
pass	0	5	1	1	1						0	1	9
fail	1	2	1	0	0						1	0	5
Pima Medical Institute - Chula Vista (871)	67%	50%	67%	50%	25%	N/A	N/A	100%	0%	100%	75%	80%	58%
pass	2	3	2	1	1			1	0	1	3	4	18
fail	1	3	1	1	3			0	2	0	1	1	13
Pima Medical Institute - San Marcos (1004)	100%	67%	N/A	N/A	N/A	N/A	N/A	N/A	100%	50%	100%	N/A	78%
pass	1	2							1	1	2		7
fail	0	1							0	1	0		2
Reedley College (530)	N/A	100%	0%	50%	0%	N/A	N/A	N/A	N/A	0%	N/A	67%	44%
pass		1	0	1	0					0		2	4
fail		0	1	1	1					1		1	5
Riverside County Office of Education - Indio (921)	100%	100%	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	100%	N/A	78%
pass	1	4						0	0		2		7
fail	0	0						1	1		0		2
Riverside County Regional Occupational Program (498)	0%	60%	N/A	0%	N/A	N/A	100%	N/A	N/A	67%	50%	100%	59%
pass	0	3		0			1			2	1	3	10
fail	2	2		1			0			1	1	0	7
Sacramento City College (532)	100%	0%	100%	50%	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	71%
pass	1	0	1	1	1			1					5
fail	0	1	0	1	0			0					2
San Bernardino County Regional Occupational Program - Hesperia (454)	50%	83%	N/A	0%	N/A	100%	100%	100%	N/A	N/A	100%	100%	79%
pass	3	5		0		1	2	6			1	1	19
fail	3	1		1		0	0	0			0	0	5
San Bernardino County Regional Occupational Program - Twentynine Palms (913)	0%	100%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25%
pass	0	1	0										1
fail	2	0	1										3
San Diego Mesa College - San Diego (533)	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%
pass	3	2											5
fail	0	0											0
San Joaquin Valley College - Bakersfield (601)	100%	67%	N/A	100%	75%	N/A	N/A	0%	100%	50%	100%	N/A	73%
pass	1	2		2	3			0	1	1	1		11
fail	0	1		0	1			1	0	1	0		4
San Joaquin Valley College - Fresno (602)	86%	75%	50%	0%	100%	N/A	100%	75%	100%	100%	50%	100%	81%
pass	6	6	1	0	1		2	3	2	6	1	1	29
fail	1	2	1	1	0		0	1	0	0	1	0	7
San Joaquin Valley College - Hesperia (998)	50%	80%	100%	50%	N/A	N/A	100%	N/A	N/A	100%	100%	100%	88%
pass	1	4	1	1			1			3	5	5	21
fail	1	1	0	1			0			0	0	0	3
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)	50%	60%	67%	67%	100%	N/A	100%	N/A	0%	N/A	67%	90%	73%
pass	2	3	2	4	3		2		0		2	9	27
fail	2	2	1	2	0		0		1		1	1	10
San Joaquin Valley College - Visalia (446)	75%	83%	N/A	N/A	100%	N/A	50%	100%	N/A	N/A	100%	75%	81%
pass	6	5			3		1	2			1	3	21
fail	2	1			0		1	0			0	1	5

100%	0%
4	0
0	2
67%	54%
6	7
3	6
75%	100%
3	1
1	0
100%	17%
2	1
0	5
33%	100%
1	1
2	0
100%	40%
5	2
0	3
100%	0%
4	0
0	1
100%	50%
10	1
0	1
0%	0%
0	0
0	1
0%	0%
0	0
0	0
88%	33%
7	1
1	2
82%	75%
14	3
3	1
100%	0%
16	0
0	1
0%	0%
0	0
0	0
88%	25%
21	1
3	3
90%	50%
9	1
1	1

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

San Jose City College - San Jose (535)	100%	50%	100%	50%	N/A	100%	100%	100%	100%	50%	100%	N/A	78%
pass	2	3	1	1		1	4	1	2	1	2		18
fail	0	3	0	1		0	0	0	0	1	0		5
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 - Santa Rosa (538)	100%	100%	N/A	N/A	N/A	100%	0%	50%	100%	N/A	100%	80%	81%
pass	2	3				1	0	1	1		1	4	13
fail	0	0				0	1	1	0		0	1	3
Shasta/Trinity Regional Occupational Program (455)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	N/A	N/A	100%
pass								1		1			2
fail								0		0			0
Simi Valley Adult School (866)	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
Southern California Regional Occupational Center - Torrance (612)	60%	80%	0%	N/A	N/A	N/A	100%	N/A	N/A	100%	N/A	N/A	69%
pass	3	4	0				1			1			9
fail	2	1	1				0			0			4
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
The Valley School of Dental Assisting (920)	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
Tri Cities Regional Occupational Program (877)	N/A	50%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%
pass		1	0	1									2
fail		1	1	0									2
United Education Institute - Anaheim (916)	60%	N/A	0%	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	56%
pass	3		0	1								1	5
fail	2		1	1								0	4
United Education Institute - Bakersfield (926)	33%	27%	22%	33%	100%	N/A	0%	0%	67%	60%	67%	N/A	37%
pass	4	3	2	2	1		0	0	2	3	2		19
fail	8	8	7	4	0		1	1	1	2	1		33
United Education Institute - Chula Vista (879)	80%	22%	100%	0%	0%	N/A	0%	67%	100%	60%	40%	40%	46%
pass	4	2	2	0	0		0	2	1	3	2	2	18
fail	1	7	0	1	2		1	1	0	2	3	3	21
United Education Institute - El Monte (909)	67%	71%	67%	100%	N/A	N/A	100%	50%	N/A	N/A	N/A	100%	72%
pass	2	5	2	1			1	1				1	13
fail	1	2	1	0			0	1				0	5
United Education Institute - Encino (453)	50%	100%	25%	100%	N/A	N/A	100%	50%	100%	25%	50%	67%	52%
pass	1	1	1	1			1	2	1	1	1	2	12
fail	1	0	3	0			0	2	0	3	1	1	11
United Education Institute - Fresno (927)	100%	50%	50%	67%	N/A	N/A	N/A	N/A	67%	100%	N/A	N/A	69%
pass	2	1	1	2					2	1			9
fail	0	1	1	1					1	0			4
United Education Institute - Gardena (915)	0%	75%	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	0%	100%	56%
pass	0	3							1		0	1	5
fail	2	1							0		1	0	4

85%	100%
11	2
2	0
0%	0%
0	0
0	0
100%	0%
8	0
0	3
100%	0%
2	0
0	0
0%	0%
0	0
0	0
100%	0%
2	0
0	1
0%	0%
0	0
0	0
100%	0%
1	0
0	0
0%	50%
0	1
0	1
50%	50%
1	1
1	1
57%	36%
4	8
3	14
43%	55%
6	6
8	5
100%	60%
3	3
0	2
64%	33%
7	3
4	6
80%	50%
4	2
1	2
100%	50%
1	1
0	1

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

United Education Institute - Huntington Park (448)	67%	29%	100%	0%	33%	N/A	N/A	100%	50%	33%	50%	0%	40%
pass	4	2	1	0	1			1	2	2	1	0	14
fail	2	5	0	2	2			0	2	4	1	3	21
United Education Institute - Los Angeles (449)	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	67%
pass		1	1						0				2
fail		0	0						1				1
United Education Institute - Ontario (450)	0%	50%	33%	50%	100%	N/A	N/A	100%	0%	100%	N/A	N/A	50%
pass	0	2	1	1	1			1	0	1			7
fail	1	2	2	1	0			0	1	0			7
United Education Institute - Riverside (917)	80%	67%	0%	N/A	0%	N/A	100%	75%	100%	50%	50%	100%	67%
pass	4	2	0		0		1	3	3	1	1	1	16
fail	1	1	2		1		0	1	0	1	1	0	8
United Education Institute - Sacramento (1006)	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
United Education Institute - San Diego (451)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	100%
pass		1								1		1	3
fail		0								0		0	0
United Education Institute - San Marcos (918)	50%	40%	50%	50%	0%	N/A	N/A	100%	0%	50%	67%	25%	47%
pass	6	2	2	1	0			2	0	1	2	1	17
fail	6	3	2	1	1			0	1	1	1	3	19
United Education Institute - Stockton (925)	0%	38%	0%	N/A	0%	N/A	0%	75%	20%	0%	50%	60%	32%
pass	0	3	0		0		0	3	1	0	3	3	13
fail	2	5	6		2		2	1	4	1	3	2	28
United Education Institute - Van Nuys (453)	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
Unitek - Concord (994)	50%	75%	33%	33%	50%	N/A	N/A	N/A	50%	0%	100%	100%	53%
pass	1	3	1	1	1				1	0	1	1	10
fail	1	1	2	2	1				1	1	0	0	9
Unitek - Sacramento (924)	50%	100%	33%	N/A	100%	N/A	0%	N/A	N/A	100%	0%	100%	58%
pass	1	2	1		1		0			1	0	1	7
fail	1	0	2		0		1			0	1	0	5
Unitek - San Jose (995)	N/A	50%	0%	N/A	100%	N/A	N/A	100%	N/A	N/A	N/A	N/A	50%
pass		1	0		1			1					3
fail		1	2		0			0					3
University of California, Los Angeles - Extension (803)	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	N/A	0%
pass	0	0								0	0		0
fail	1	1								1	1		4
West Los Angeles College (1001)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%
pass		2										2	4
fail		0										0	0
National (ADA) Out of State	0%	100%	100%	N/A	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	83%
pass	0	1	1					1	2				5
fail	1	0	0					0	0				1
Work Experience	63%	57%	54%	57%	60%	50%	70%	73%	69%	76%	63%	72%	63%
pass	84	108	37	34	24	4	23	44	47	44	41	58	548
fail	50	81	31	26	16	4	10	16	21	14	24	23	316

40%	33%
4	4
6	8
0%	100%
0	1
1	0
50%	60%
2	3
2	2
88%	38%
7	3
1	5
100%	0%
1	0
0	0
100%	0%
2	0
0	0
60%	33%
6	3
4	6
29%	40%
6	4
15	6
0%	0%
0	0
0	0
80%	25%
4	2
1	6
50%	50%
3	1
3	1
100%	33%
1	1
0	2
0%	0%
0	0
0	2
100%	100%
1	1
0	0
100%	0%
4	0
0	0
75%	52%
245	111
81	104

RDA GENERAL AND LAW AND ETHICS WRITTEN EXAMINATION SCHOOL STATISTICS

Mixed Education and Work Experience	48%	49%	67%	55%	0%	N/A	50%	75%	77%	55%	71%	74%	59%
pass	14	20	10	6	0		4	12	10	6	12	17	111
fail	15	21	5	5	3		4	4	3	5	5	6	76
PERCENT PASS	59%	60%	52%	59%	59%	64%	61%	76%	72%	72%	69%	76%	64%
TOTAL PASS	279	373	117	113	76	9	67	136	128	126	140	186	1,750
TOTAL FAIL	193	244	110	79	53	5	43	44	51	49	64	60	995

75%	55%
51	26
17	21
77%	51%
769	330
233	323

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2020

RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Total	YTD First Time Testers	YTD Repeat Testers
Central California Dental Academy (011)	50%	0%	N/A	N/A	N/A	0%	100%	N/A	N/A	100%	100%	N/A	67%	100%	50%
pass	1	0				0	1			2	2		6	4	1
fail	1	1				1	0			0	0		3	0	1
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	0%	0%
pass													0	0	0
fail													0	0	0
Dental Career Institute (008)	N/A	0%	50%	83%	67%	N/A	N/A	N/A	N/A	N/A	100%	N/A	71%	80%	67%
pass		0	1	5	2						2		10	8	2
fail		1	1	1	1						0		4	2	1
Dental Specialties Institute (013)	N/A	N/A	N/A	75%	50%	50%	50%	67%	67%	100%	100%	N/A	70%	65%	86%
pass				6	1	1	2	2	2	3	2		19	13	6
fail				2	1	1	2	1	1	0	0		8	7	1
Expanded Functions Dental Assistants Association (004)	75%	N/A	100%	N/A	N/A	N/A	100%	N/A	N/A	50%	100%	100%	89%	92%	100%
pass	3		1				1			1	6	5	17	11	3
fail	1		0				0			1	0	0	2	1	0
Howard Healthcare Academy (009)	0%	0%	50%	67%	100%	N/A	N/A	N/A	100%	0%	67%	100%	48%	75%	57%
pass	0	0	2	2	2				1	0	2	1	10	6	4
fail	4	2	2	1	0				0	1	1	0	11	2	3
J Productions (005)	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	67%	78%	88%	100%	86%	91%	60%
pass		1						1	2	7	7	7	25	21	3
fail		0						0	1	2	1	0	4	2	2
Loma Linda University (007)	50%	N/A	N/A	N/A	0%	N/A	N/A	N/A	100%	100%	83%	100%	79%	91%	0%
pass	1				0				1	1	5	3	11	10	0
fail	1				1				0	0	1	0	3	1	1
Ordemy (014)	N/A	N/A	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
pass				1	1								2	2	0
fail				0	0								0	0	0
The FADE Institute, Inc. (010)	N/A	100%	83%	88%	100%	N/A	N/A	N/A	N/A	N/A	N/A	50%	83%	80%	100%
pass		1	5	7	1							1	15	12	2
fail		0	1	1	0							1	3	3	0
University of California, Los Angeles (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	0%	0%
pass													0	0	0
fail													0	0	0
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	0%	0%
pass													0	0	0
fail													0	0	0
University of the Pacific (006)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	80%	94%	94%	0%

RDAEF WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Total
pass										1	11	4	16
fail										0	0	1	1
PERCENT PASS	42%	33%	69%	81%	70%	33%	67%	75%	75%	79%	93%	91%	77%
TOTAL PASS	5	2	9	21	7	1	4	3	6	15	37	21	131
TOTAL FAIL	7	4	4	5	3	2	2	1	2	4	3	2	39

YTD First Time Testers	YTD Repeat Testers
16	0
1	0
84%	70%
103	21
19	9

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2020

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	YTD Total	YTD First Time Testers	YTD Repeat Testers
Adams and Gimlen Dental (034)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	100%	100%	0%
pass										1			1	1	0
fail										0			0	0	0
Alexander and Martin (115)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
pass					1								1	1	0
fail					0								0	0	0
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	0%	0%
pass													0	0	0
fail													0	0	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	0%	0%
pass													0	0	0
fail													0	0	0
Bakersfield Orthodontic Dental Group (126)	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	0%	0%
pass													0	0	0
fail													0	0	0
Baird Orthodontics (108)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass		1											1	0	0
fail		0											0	0	0
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	0%	0%
pass													0	0	0
fail													0	0	0
Barbara G. Yee, DDS (071)	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass				0									0	0	0
fail				1									1	1	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	0%	0%
pass													0	0	0
fail													0	0	0
Bella Smile (016)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Bernstein Orthodontics (047)	0%	N/A	0%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	0%	25%	0%	50%
pass	0		0		1							0	1	0	1
fail	1		1		0							1	3	1	1
Braces - San Diego (113)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Brent Sexton, DDS (136)	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	0%	0%
pass													0	0	0
fail													0	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	0%	0%
pass													0	0	0
fail													0	0	0
California Institute of Dental Education (127)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass	1												1	0	0
fail	0												0	0	0
Cameron Mashouf, DDS (066)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Cerritos College (132)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	N/A	0%	0%	0%
pass									0		0		0	0	0
fail									1		1		2	1	1

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	YTD Total	YTD First Time Testers	YTD Repeat Testers
Chapa-De Indian Health Program (152)	N/A	0%	67%	0%	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A	56%	50%	75%
pass		0	2	0	1						2		5	2	3
fail		1	1	2	0						0		4	2	1
Children's Braces and Dentistry (129)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass	1												1	0	0
fail	0												0	0	0
Classic Orthodontics (140)	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	0%	0%
pass													0	0	0
fail													0	0	0
Dental Advantage (123)	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	0%
pass		0									0	0	0	0	0
fail		1									3	2	6	2	3
Dental Career Institute (006)	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	0%	0%
pass													0	0	0
fail													0	0	0
Dental Pros (007)	33%	N/A	50%	100%	N/A	N/A	N/A	N/A	50%	0%	0%	N/A	36%	67%	20%
pass	1		1	1					1	0	0		4	2	1
fail	2		1	0					1	2	1		7	1	4
Dental Specialties Institute Inc. (015)	25%	100%	50%	0%	N/A	N/A	50%	N/A	100%	50%	N/A	N/A	50%	67%	40%
pass	1	2	1	0			1		1	1			7	2	2
fail	3	0	1	1			1		0	1			7	1	3
Diablo Orthodontic Specialities (096)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	N/A	50%	0%	0%
pass									0		1		1	0	0
fail									1		0		1	1	1
Downey Adult School (004)	33%	0%	0%	0%	0%	N/A	0%	N/A	N/A	0%	0%	50%	13%	0%	14%
pass	1	0	0	0	0		0			0	0	1	2	0	1
fail	2	1	2	1	1		1			2	2	1	13	4	6
Dr. Amy E. Buchler (082)	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	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Brian C Crawford (086)	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	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Christopher C. Cruz (081)	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	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Douglas Nguyen (012)	N/A	0%	0%	0%	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25%	0%	33%
pass		0	0	0	1								1	0	1
fail		1	1	1	0								3	0	2
Dr. Efstaios Righellis (029)	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	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Jasmine Gordon (008)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Jason M. Cohen (085)	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	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Jeffrey Kwong (083)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	YTD Total	YTD First Time Testers	YTD Repeat Testers
Dr. Joel Brodskey (013)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass	1												1	0	0
fail	0												0	0	0
Dr. Joseph Gray (009)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Kathleen Nuckles, Specialist in Orthodontics (019)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Kurt Stromberg (014)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	100%	0%
pass												2	2	2	0
fail												0	0	0	0
Dr. Lili Mirtorabi Orthodontics (021)	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	100%	N/A	N/A	100%	100%	0%
pass							1	2		1			4	4	0
fail							0	0		0			0	0	0
Dr. Michael Payne/CAO (005)	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	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Paul J. Styr (067)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Dr. Waleed Soliman Brite Dental Group (020)	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	33%	0%	50%
pass		0									1		1	0	1
fail		1									1		2	0	1
Dr. Waleed Soliman Brite Dental Group At Western Dental Natomas (20B)	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	0%	0%
pass													0	0	0
fail													0	0	0
Elite Orthodontics (031)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Expanded Functions Dental Assistant Assoc (001)	43%	33%	100%	40%	33%	N/A	100%	50%	0%	0%	0%	57%	44%	53%	38%
pass	3	1	3	4	1		2	1	0	0	0	4	19	9	6
fail	4	2	0	6	2		0	1	3	1	2	3	24	8	10
Garrett Orthodontics (017)	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	0%	0%
pass													0	0	0
fail													0	0	0
Hamid Barkhovdar, DDS (124)	27%	33%	75%	60%	33%	50%	50%	50%	60%	33%	75%	33%	45%	61%	45%
pass	3	3	3	3	1	1	1	2	3	1	3	2	26	11	9
fail	8	6	1	2	2	1	1	2	2	2	1	4	32	7	11
Hello Orthodontics (094)	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	100%	0%
pass													0	0	0
fail													0	0	0
Howard Healthcare Academy, LLC (084)	100%	N/A	N/A	0%	100%	N/A	N/A	0%	N/A	N/A	N/A	50%	50%	33%	50%
pass	1			0	1			0				1	3	1	1
fail	0			1	0			1				1	3	2	1
Image Orthodontics (114)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Irvine Children's Dentistry (97)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	YTD Total	YTD First Time Testers	YTD Repeat Testers
J Productions (003)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Jimmy Vu Ngo (139)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass		1											1	0	0
fail		0											0	0	0
Joseph K. Buchanan DDS, Inc (036)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Kairos Career College (117)	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass	0												0	0	0
fail	1												1	0	0
Kanwar Sachdeva, DDS (070)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	N/A	0%	0%	0%
pass								0			0		0	0	0
fail								1			1		2	1	1
Karrisham B Jumani, Inc (112)	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	0%	0%
pass													0	0	0
fail													0	0	0
Keller Orthodontics (059)	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	0%	0%
pass													0	0	0
fail													0	0	0
Loma Linda University, School of Dentistry (090)	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	50%	100%	0%
pass			1						0				1	1	0
fail			0						1				1	0	1
M. John Redmond, DDS (024)	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	0%	0%
pass													0	0	0
fail													0	0	0
Markhan Orthodontics (093)	0%	0%	N/A	N/A	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%	0%
pass	0	0				0			0				0	0	0
fail	1	1				1			1				4	0	2
Mark Holt Orthodontics (060)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	100%	100%	0%
pass								1					1	1	0
fail								0					0	0	0
Matthew Molitor, DDS (150)	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass		1											1	0	0
fail		0											0	0	0
Milde Family Orthodontics (120)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Melanie Parker, DDS (049)	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	0%	0%
pass													0	0	0
fail													0	0	0
Monterey Bay Orthodontics (151)	100%	0%	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	75%	100%	100%
pass	1	0		2									3	1	1
fail	0	1		0									1	0	0
OC Dental Specialists (128)	0%	100%	50%	0%	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	50%	33%	100%
pass	0	1	1	0						1			3	1	1
fail	1	0	1	1						0			3	2	0
Orthoworks Dental Group, Dr. David Shen (043)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%	0%	0%	0%
pass			0							0	0	0	0	0	0
fail			1							1	1	2	5	0	5

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	YTD Total	YTD First Time Testers	YTD Repeat Testers
Parkside Dental (041)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Pasadena City College (011)	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	N/A	67%	50%	0%
pass	1								0		1		2	1	0
fail	0								1		0		1	1	0
Raymond J. Kieffer, DDS (069)	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	0%	0%
pass													0	0	0
fail													0	0	0
Riverside County Office of Education (087)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	0%	0%	0%
pass										0			0	0	0
fail										1			1	0	1
Robert Sheffield, DDS Inc. (018)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Sacramento City College (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	0%	0%
pass													0	0	0
fail													0	0	0
Samra Low Orthodontics (156)	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	100%	0%
pass							1						1	1	0
fail							0						0	0	0
Southern California Orthodontic Assisting School (149)	67%	100%	60%	0%	50%	N/A	N/A	50%	0%	67%	0%	33%	44%	27%	45%
pass	2	2	3	0	1			1	0	2	0	1	12	3	5
fail	1	0	2	3	1			1	1	1	3	2	15	8	6
Susan S. So, DDS (121)	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	0%	0%
pass													0	0	0
fail													0	0	0
Tal D. Jeregens, DDS (042)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Thao Nguyen, DDS (038)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
The FADE Institute, Inc. (137)	67%	80%	67%	67%	100%	100%	100%	100%	N/A	100%	0%	100%	79%	94%	50%
pass	4	4	4	2	1	1	2	2		1	0	5	26	15	3
fail	2	1	2	1	0	0	0	0		0	1	0	7	1	3
Thompson Tom, DDS (030)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Toth and Torossian Partnership (110)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	0%	0%
pass											0		0	0	0
fail											1		1	1	0
Touni Orthodontics Dental Practice (134)	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	100%	N/A	N/A	N/A	50%	0%	100%
pass							0		1				1	0	1
fail							1		0				1	1	0
Tri-Valley Orthodontics (101)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass		1											1	0	0
fail		0											0	0	0
Tsai & Snowden Esthetic Partners Dental Group (106)	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	0%	0%
pass													0	0	0
fail													0	0	0

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	YTD Total	YTD First Time Testers	YTD Repeat Testers
Valley School of Dental Assisting (027)	25%	67%	33%	50%	50%	N/A	N/A	N/A	40%	N/A	0%	40%	41%	67%	18%
pass	1	2	1	1	2				2		0	2	11	6	2
fail	3	1	2	1	2				3		1	3	16	3	9
Weideman Pediatric Dentistry & Orthodontics (144)	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	0%	67%	N/A	60%	67%	50%
pass						1				0	2		3	2	1
fail						0				1	1		2	1	1
Western Career College (025)	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	100%
pass					1								1	0	1
fail					0								0	0	0
Western Dental Services - Bakersfield (147)	0%	0%	0%	0%	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass	0	0	0	0	0								0	0	0
fail	2	1	3	1	1								8	0	5
Western Dental Services - Banning (078)	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	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services- Bellflower (053)	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	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services- Corona (102)	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	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services - Fontana (079)	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	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services - Fresno (131)	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	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services - Lodi (130)	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	0%	0%
pass		1											1	0	0
fail		0											0	0	0
Western Dental Services - Los Angeles (052)	0%	N/A	N/A	50%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	33%	0%	50%
pass	0			1									1	0	1
fail	1			1									2	0	1
Western Dental Services - Manteca (062)	100%	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	0%	0%
pass	1				0								1	0	0
fail	0				1								1	0	1
Western Dental Services - Modesto (064)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services - Oceanside (055)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%
pass													0	0	0
fail													0	0	0
Western Dental Services - Orange (044)	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	0%	0%
pass		0											0	0	0
fail		1											1	0	0
Western Dental Services - Oxnard (103)	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	0%	0%	0%
pass		0									0		0	0	0
fail		1									1		2	0	1
Western Dental Services - Rancho Cordova (155)	N/A	0%	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A	100%	25%	0%	50%
pass		0			0							1	1	0	1
fail		2			1							0	3	0	1

OA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	YTD Total
Western Dental Services - Redwood City (076)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Western Dental Services - Riverside (057)	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
Western Dental Services - N. Sacramento (020)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Western Dental Services - Sacramento (051)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	N/A	0%
pass								0					0
fail								1					1
Western Dental Services - Sacramento (104)	N/A	N/A	0%	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
Western Dental Services - Sacramento (153)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Western Dental Services - Salinas (088)	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
Western Dental Services - San Leandro (050)	N/A	N/A	N/A	N/A	0%	N/A	N/A	N/A	100%	N/A	N/A	N/A	50%
pass					0				1				1
fail					1				0				1
Western Dental Services - Santa Ana (056)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Western Dental Services - Santa Clara (054)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	50%	N/A	0%	N/A	N/A	33%
pass								1		0			1
fail								1		1			2
Western Dental Services - Tracy (063)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Zhi Meng, DDS (044)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
PERCENT PASS	43%	48%	50%	36%	52%	60%	67%	56%	38%	38%	32%	50%	45%
TOTAL PASS	24	20	20	14	13	3	8	10	9	8	10	19	158
TOTAL FAIL	32	22	20	25	12	2	4	8	15	13	21	19	193

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
0%	50%
0	1
0	1
0%	0%
0	0
0	0
0%	0%
0	0
0	1
0%	0%
0	0
0	0
0%	0%
0	0
0	0
0%	50%
0	1
0	1
0%	0%
0	0
0	0
100%	0%
1	0
0	2
0%	0%
0	0
0	0
58%	33%
68	45
50	90

*The totals for the First Time and Repeat Test Takers only includes those that tested in 2020

DSA WRITTEN EXAMINATION SCHOOL STATISTICS

Program	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Total
Dr. H. Mark Cox, DDS (008)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Dr. Bruce Whitcher (009)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Dr. Ned Nix (004)	N/A	N/A	N/A	N/A	N/A	N/A	100%	100%	N/A	33%	100%	100%	78%
pass													2
fail													0
Michael P. Morrissette, DDS (016)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
pass													0
fail													0
Robert E. Bell, DDS, Inc. (017)	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
pass													1
fail													0
Steven Miyamoto, DDS (019)	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 Specialties Institute (028)	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
Robert Charles McIntosh (043)	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
PERCENT PASS	100%	0%	0%	100%	0%	0%	100%	100%	0%	33%	100%	100%	82%
TOTAL PASS	1	0	0	1	0	0	2	2	0	1	1	1	9
TOTAL FAIL	0	0	0	0	0	0	0	0	0	2	0	0	2

YTD First Time Testers	YTD Repeat Testers
0%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	50%
6	1
1	1
0%	0%
0	0
0	0
100%	0%
1	0
0	0
100%	0%
0	0
0	0
0%	0%
0	0
0	0
100%	0%
0	0
0	0
88%	50%
7	1
1	1



MEMORANDUM

DATE	November 18, 2020
TO	Members of the Dental Board of California
FROM	Mirela Taran, Licensing Analyst Dental Board of California
SUBJECT	Agenda Item 11(d): Update on Dental Assisting Licensing Statistics

The following table provides current license status statistics by license type as of **November 06, 2020**.

License Type	Registered Dental Assistant (RDA)	Registered Dental Assistant in Extended Functions (RDAEF)
Current & Active	30,224	1,552
Current & Inactive	4,177	74
Delinquent	12,062	241
Total Population (Current & Delinquent)	46,463	1,867
Total Cancelled Since Implementation	48,391	357

The following table provides current permit status statistics by permit type as of **November 06, 2020**.

Permit Type	Orthodontic Assistant (OA)	Dental Sedation Assistant (DSA)	Total Permits
Current & Active	1,294	38	1,332
Current & Inactive	27	2	29
Delinquent	185	16	201
Total Population (Current & Delinquent)	1,506	56	1,562
Total Cancelled Since Implementation	6	2	8

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

Agenda Item 11(d): Update on Dental Assisting Licensing Statistics
 Dental Board of California Meeting
 December 4, 2020

Delinquent License Aging Status as of July 05, 2020								
License Type	Within 30 Days	30 - 60 Days	61 - 90 Days	90 Days - 1 Year	1 - 2 Years	2 - 3 Years	3 - 4 Years	4 - 5 Years
RDA	501	341	291	1,998	2,482	2,287	2,034	2,123
RDAEF	15	5	13	54	40	35	42	37
OA	14	14	9	51	42	30	9	16
DSA	0	0	1	0	7	2	3	3

Active Licensees by County as of November 02, 2020					
County	RDA	Population	Population per RDA	DDS	RDA to DDS Ratio
Alameda	1,267	1,669,301	1,317	1,500	1:1
Alpine	1	1,162	N/A	1	1:1
Amador	57	38,294	671	23	2:1
Butte	260	226,466	871	128	2:1
Calaver	58	45,117	777	19	3:1
Colusa	28	22,117	789	6	5:1
Contra Costa	1,282	1,155,879	901	1,123	1:1
Del	27	27,401	1,014	15	2:1
El Dorado	219	191,848	876	159	1:1
Fresno	865	1,018,241	1,177	620	1:1
Glenn	48	29,132	606	10	5:1
Humbol	167	135,333	810	63	3:1
Imperial	88	190,266	2,162	39	2:1
Inyo	12	18,593	1,549	9	1:1
Kern	624	916,464	1,468	353	2:1
Kings	140	153,710	1,097	68	2:1
Lake	87	65,071	747	45	2:1
Lassen	52	30,150	579	24	2:1
Los Angeles	4,741	10,253,716	2,162	8,436	1:2
Madera	138	159,536	1,156	45	3:1
Marin	180	262,879	1,460	302	1:2
Mariposa	15	18,068	1,204	7	2:1
Mendocino	99	89,009	899	55	2:1
Merced	246	282,928	1,150	93	3:1
Modoc	5	9,602	1,920	4	1:1
Mono	5	13,616	2,723	3	2:1
Monterey	386	445,414	1,153	257	2:1
Napa	149	140,779	944	115	1:1
Nevada	92	98,904	1,075	76	1:1
Orange	1,820	3,222,498	1,770	3,947	1:2
Placer	501	396,691	791	473	1:1
Plumas	20	19,779	988	13	2:1
Riverside	2,112	2,440,124	1,155	1,111	2:1
Sacramento	1,659	1,546,174	931	1,145	1:1

Active Licensees by County as of November 02, 2020 - continued					
County	RDA	Population	Population per RDA	DDS	RDA to DDS Ratio
San Benito	96	62,296	648	23	4:1
San	1,577	2,192,203	1,390	1,385	1:1
San Diego	2,648	3,351,786	1,265	2,751	1:1
San Francisco	439	883,869	2,013	1,247	1:3
San Joaquin	780	770,385	987	376	2:1
San Luis	227	280,393	1,235	234	1:1
San Mateo	605	774,485	1,280	873	1:1
Santa Barbara	341	454,593	1,333	320	1:1
Santa Clara	1,693	1,954,286	1,154	2,277	1:1
Santa Cruz	230	274,871	1,195	172	1:1
Shasta	191	178,773	935	114	2:1
Sierra	5	3,213	642	1	5:1
Siskiyou	33	44,584	1,351	24	1:1
Solano	638	441,307	691	283	2:1
Sonoma	683	500,675	733	395	2:1
Stanislaus	573	558,972	975	273	2:1
Sutter	121	97,490	805	51	2:1
Teham	89	64,387	723	28	3:1
Trinity	5	13,688	2,737	3	2:1
Tulare	461	479,112	1,039	228	2:1
Tuolumne	81	54,590	673	46	2:1
Ventura	549	856,598	1,560	667	1:1
Yolo	192	222,581	1,159	112	2:1
Yuba	88	77,916	885	7	13:1
TOTAL	29,627	39,927,315	334,182	32,177	

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

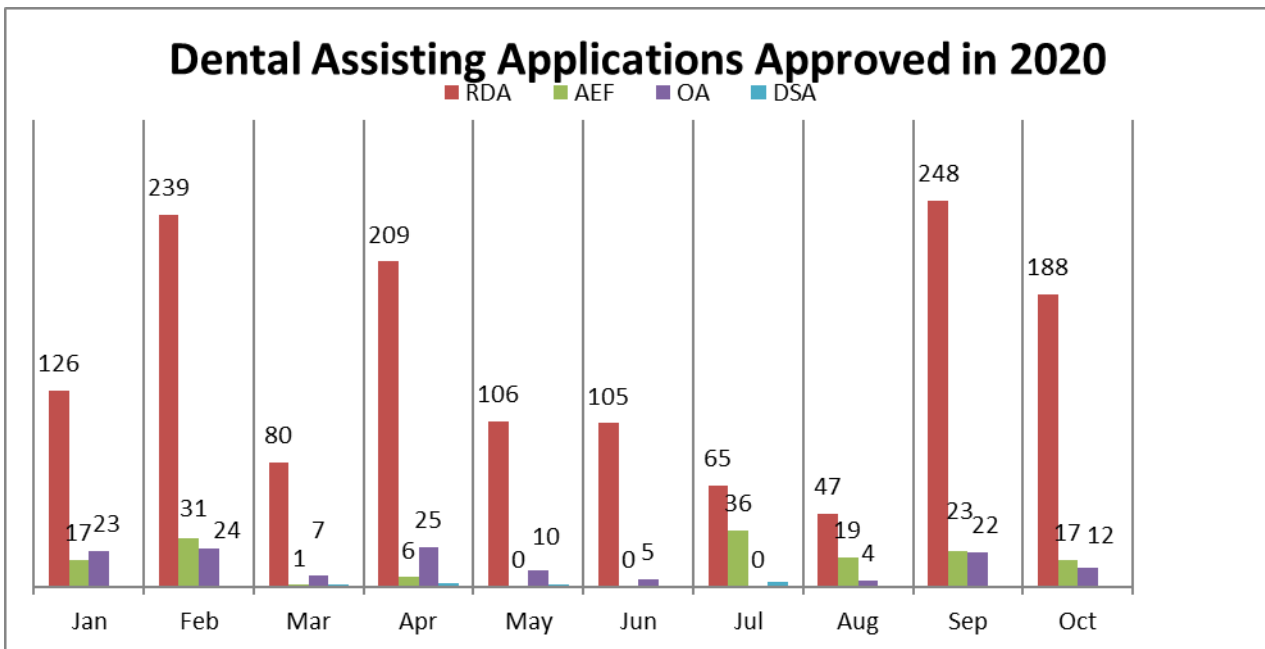
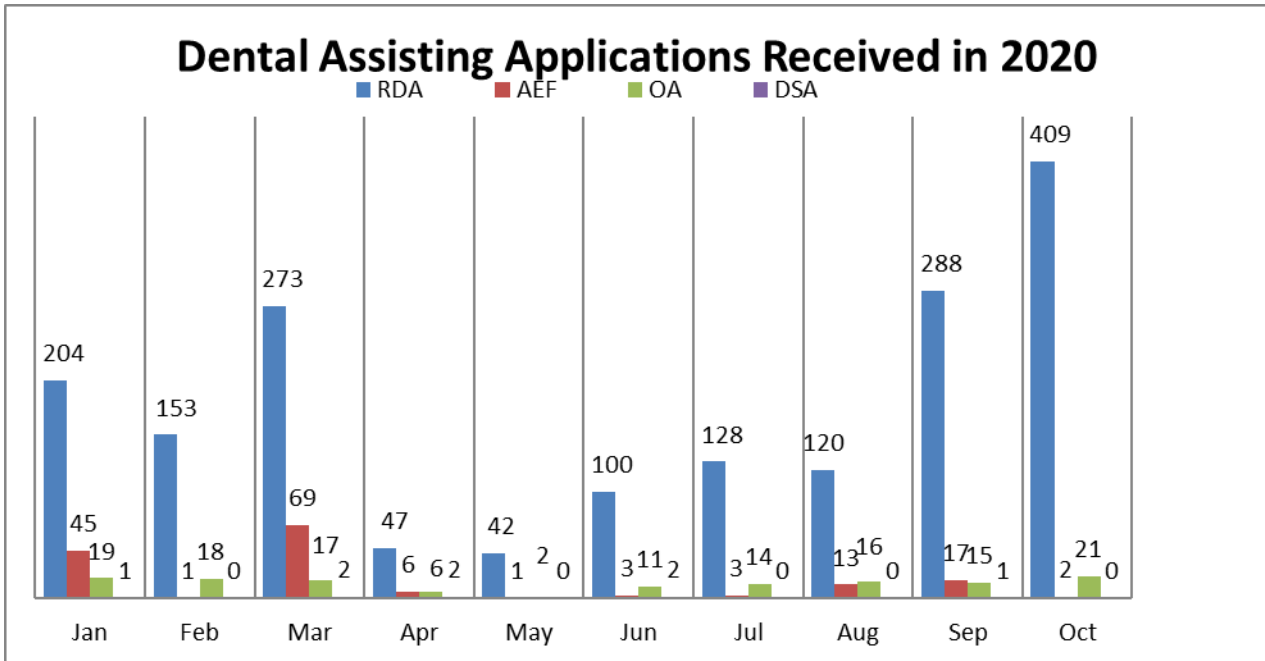
**Ratios are rounded to the nearest whole number

Counties with the Highest Population per RDA		
1.	Trinity County	(1:2,737)
2.	Mono County	(1:2,723)
3.	Los Angeles County	(1:2,162)
4.	Imperial County	(1:2,162)
5.	San Francisco County	(1:2,013)

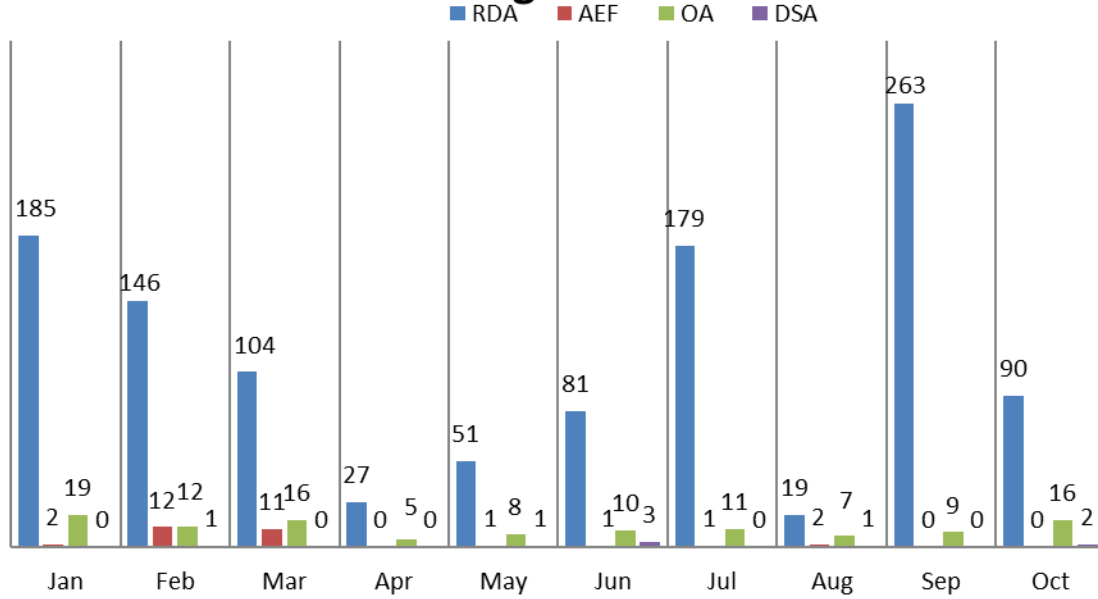
Counties with the Lowest Population per RDA		
1.	Alpine County	(No RDAs)
2.	Lassen County	(1:579)
3.	Glenn County	(1:606)
4.	Sierra County	(1:642)
5.	San Benito County	(1:648)

Monthly Dental Statistics by License Type as of November 02, 2020													
Dental Assistant Applications Received by Month (2020)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	204	153	273	47	42	100	128	120	288	409			1,764
RDAEF	45	1	69	6	1	3	3	13	17	2			160
OA	19	18	17	6	2	11	14	16	15	21			139
DSA	1	0	2	2	0	2	0	0	1	0			8
Total	269	172	361	61	45	116	145	149	321	432			2,071
Dental Assistant Applications Approved by Month (2020)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	126	239	80	209	106	105	65	47	248	188			1,413
RDAEF	17	31	1	6	0	0	36	19	23	17			150
OA	23	24	7	25	10	5	0	4	22	12			132
DSA	0	0	1	2	1	0	3	0	0	0			7
Total	166	294	89	242	117	110	104	70	293	217			1,702
Dental Assistant Licenses Issued by Month (2020)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	185	146	104	27	51	81	179	19	263	90			1,145
RDAEF	2	12	11	0	1	1	1	2	0	0			30
OA	19	12	16	5	8	10	11	7	9	16			113
DSA	0	1	0	0	1	3	0	1	0	2			8
Total	206	171	131	32	61	95	191	29	272	108			1,296
Cancelled Dental Assistant Applications by Month (2020)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	1	3	2	2	0	1	0	0	0	0			9
RDAEF	0	0	0	0	0	0	0	0	0	0			0
OA	0	0	0	0	0	0	0	0	0	0			0
DSA	0	0	0	0	0	0	0	0	0	0			0
Total	1	3	2	2	0	1	0	0	0	0			9
Withdrawn Dental Assistant Applications by Month (2020)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	5	2	5	1	0	1	0	6	9			29
RDAEF	0	1	0	0	0	0	0	0	0	1			2
OA	0	0	1	0	1	0	1	1	1	9			14
DSA	0	0	0	0	0	0	0	0	0	0			0
Total	0	6	3	5	2	0	2	1	7	19			45

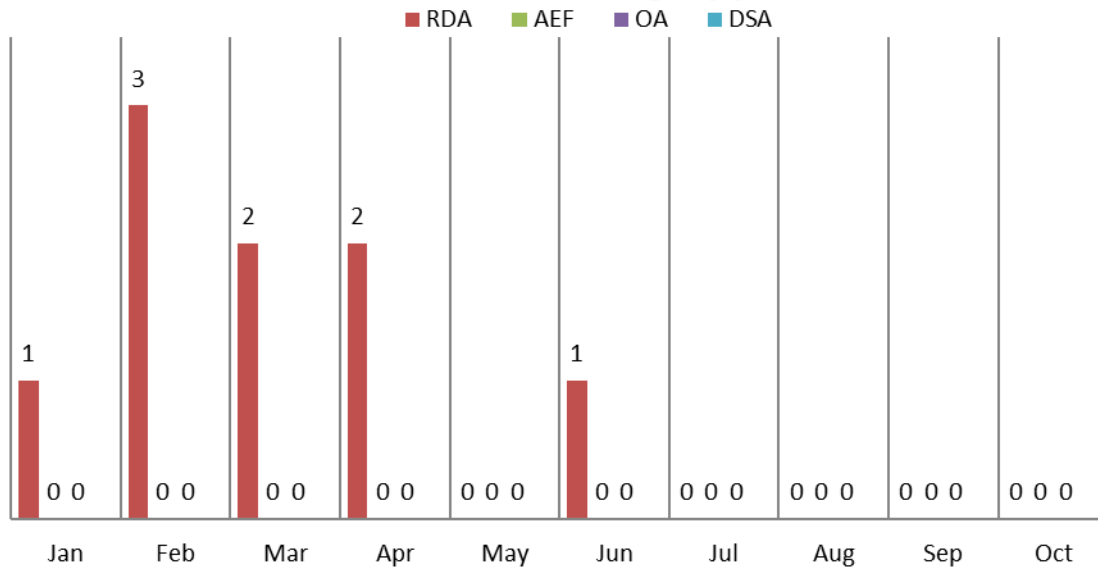
Denied Dental Assistant Applications by Month (2020)													
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
RDA	0	0	0	0	0	0	0	0	0	0			0
RDAEF	0	0	0	0	0	0	0	0	0	0			0
OA	0	0	0	0	0	0	0	0	0	0			0
DSA	0	0	0	0	0	0	0	0	0	0			0
Total	0	0	0	0	0	0	0	0	0	0			0



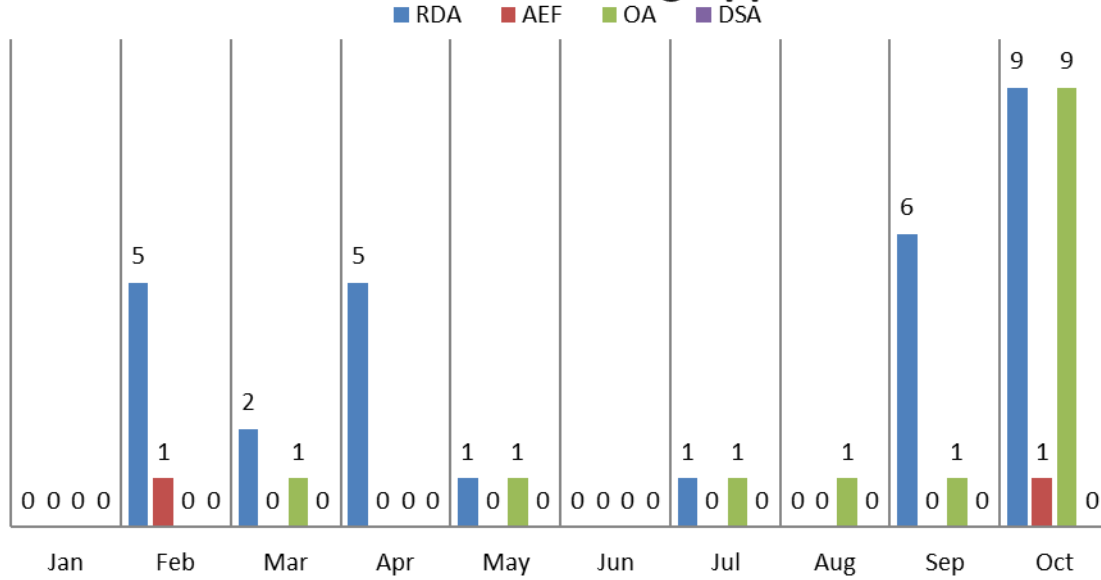
Dental Assisting Licenses Issued in 2020



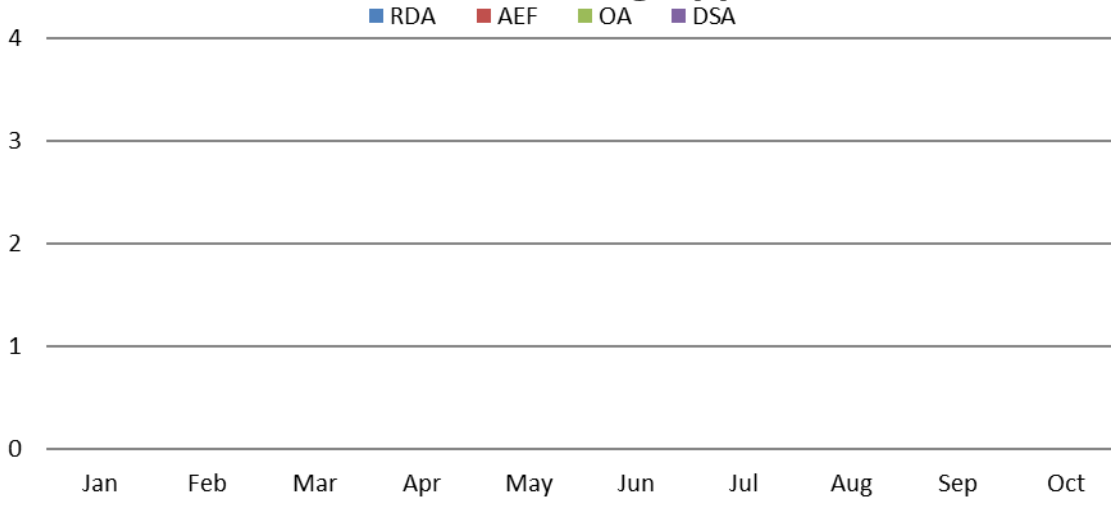
Cancelled Dental Assisting Applications in 2020



Withdrawn Dental Assisting Applications in 2020



Denied Dental Assisting Applications in 2020





MEMORANDUM

DATE	November 17, 2020
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Enforcement Chief
SUBJECT	Agenda Item 12(a): Review of Enforcement Statistics and Trends

The following are the Enforcement Division statistics:

Complaint & Compliance Unit:

Number of Complaints Received between July 1, 2020 and October 31, 2020: 1,365

Between July 1, 2020 and October 31, 2020, the Complaint and Compliance Unit received 1,365 complaints. The monthly average of complaints received was **341**.

Complaint Cases Open in Complaint and Compliance Unit as of October 31, 2020: 624

A total of 624 complaint cases are open in the Complaint and Compliance Unit as of October 31, 2020. A breakdown of case aging for complaints currently open in the Complaint and Compliance Unit are as follows:

Complaint Age	Complaints & Compliance Cases Open	
	# As of October 31, 2020	Percent (%)
0 – 3 Months	514	82%
3 – 6 Months	71	12%
6 – 12 Months	39	6%
1+ Years	0	0%
Total	624	100%

Complaint Cases Closed in Complaint and Compliance Unit Between July 1, 2020 and October 31, 2020: 853

The monthly average of complaints closed was **213** during this time period.

Agenda Item 12(a): Review of Enforcement Statistics and Trends
 Dental Board of California Meeting
 December 4, 2020

Cases at Investigation:

Number of Subsequent Arrest Report (SAR) Cases Open as of October 31, 2020: 348

A total of 348 SAR cases are open as of October 31, 2020. A breakdown of case aging for SAR cases currently open are as follows:

Complaint Age	SARS Cases Open	
	# As of October 31, 2020	Percent (%)
0 – 3 Months	26	8%
3 – 6 Months	54	16%
6 – 12 Months	119	34%
1 – 2 Years	130	37%
2+ Years	19	5%
Total	348	100%

*SARS are classified as investigative cases once all records requested are received and have been recommended for investigation by either Supervising Investigator or Enforcement Chief

Number of Investigative Cases Open in the Investigative Analysis Unit (IAU) as of October 31, 2020: 414

A total of 414 investigative cases are open with Non-Sworn in the Investigative Analysis Unit as of October 31, 2020. A breakdown of case aging for investigative cases currently open in the Investigative Analysis Unit are as follows:

Investigation Age	Investigative Analysis Unit Cases Open	
	# As of October 31, 2020	Percent (%)
0 – 3 Months	10	2%
3 – 6 Months	25	6%
6 – 12 Months	77	19%
1 – 2 Years	209	50%
2 – 3 Years	92	22%
3+ Years	1	<1%
Total	414	100%

Number of Investigative Cases Open with Sworn at the Sacramento Field Office as of October 31, 2020: 192

A total of 192 investigative cases are open with Sworn in the Sacramento Field Offices as of October 31, 2020. A breakdown of case aging for investigative cases currently open with Sworn at the Sacramento Field Office is as follows:

Investigation Age	Sworn Cases Open at Sacramento Field Office	
	# As of October 31, 2020	Percent (%)
0 – 3 Months	42	22%
3 – 6 Months	27	14%
6 – 12 Months	46	24%
1 – 2 Years	61	31%
2 – 3 Years	14	7%
3+ Years	2	2%
Total	192	100%

Number of Investigative Cases Open with Sworn at the Orange Field Office as of October 31, 2020: 345

A total of 345 investigative cases are open with Sworn in the Orange Field Offices as of October 31, 2020. A breakdown of case aging for investigative cases currently open with Sworn at the Orange Field Office is as follows:

Investigation Age	Sworn Cases Open at Orange Field Office	
	# As of October 31, 2020	Percent (%)
0 – 3 Months	36	10%
3 – 6 Months	26	8%
6 – 12 Months	92	27%
1 – 2 Years	131	38%
2 – 3 Years	48	14%
3+ Years	12	3%
Total	345	100%

Number of Investigative Cases Open with Non-Sworn at the Orange Field Office as of October 31, 2020: 60

A total of 60 investigative cases are open with Non-Sworn in the Orange Field Offices as of October 31, 2020. A breakdown of case aging for investigative cases currently open with Non-Sworn at the Orange Field Office is as follows:

Investigation Age	Non-Sworn Cases Open at Orange Field Office	
	# As of October 31, 2020	Percent (%)
0 – 3 Months	4	7%
3 – 6 Months	4	7%
6 – 12 Months	11	18%
1 – 2 Years	38	63%
2 – 3 Years	3	5%
3+ Years	0	0%
Total	60	100%

Number of Investigation Cases Closed Between July 1, 2020 and October 31, 2020: 451

There were 451 total investigation cases closed in the Investigative Analysis Unit and the Sacramento and Orange Field Offices.

Number of Inspection Cases Open in the Sacramento and Orange Field Offices as of October 31, 2020: 0 inspections (Sacramento) and 0 inspections (Orange)

*Inspectors are prohibited from going into the field

Administrative and Disciplinary Action:

A total of **32** citations were issued between July 1, 2020 and October 31, 2020.

A total of **18** accusations were filed with the Office of the Attorney General between July 1, 2020 and October 31, 2020.

A total of **31** cases were transmitted to the Office of the Attorney General between July 1, 2020 and October 31, 2020.

A total of **112** cases are pending at the Office of the Attorney General as of October 31, 2020.

Total number of probationers with the Board is **191**. There are 163 active probationers and 28 probationers tolling, as follows:

- Sacramento Enforcement Office: 26 active probationers, 17 probationers tolling
- Orange Enforcement Office: 101 active probationers, 5 probationers tolling
- Investigative Analysis Unit: 36 active probationers, 6 probationers tolling



MEMORANDUM

DATE	November 12, 2020
TO	Members of the Dental Board of California
FROM	Bernal Vaba, Chief of Regulatory Compliance and Discipline Dental Board of California
SUBJECT	Agenda Item 13(a): Diversion Program Report and Statistics

Background:

The Diversion Evaluation Committee (DEC) program statistics for the month ending on October 31, 2020, are provided below. These statistics reflect the participant activity in the Diversion (Recovery) Program and are presented for information purposes only.

These statistics are derived from the MAXIMUS monthly reports.

Intake Referrals	May	June	July
Self-Referral	0	0	0
Enforcement Referral	0	0	0
Probation Referral	0	0	0
Closed Cases	0	0	0
Active Participants	9	9	9

Intake Referrals	August	September	October
Self-Referral	0	0	0
Enforcement Referral	0	0	0
Probation Referral	0	0	0
Closed Cases	0	0	0
Active Participants	9	9	8

Of the nine (8) current participants, there are four (4) enforcement referrals, three (3) probation referrals, and one (1) self-referral.

Action Requested:

No action requested.



MEMORANDUM

DATE	November 4, 2020
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Chief of Enforcement Dental Board of California
SUBJECT	Agenda Item 13(b): 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 34,837, 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:

November 2018: 14,229 Registered DDS/DMD
 February 2019: 14,856 Registered DDS/DMD
 June 2019: 15,156 Registered DDS/DMD
 August 2019: 15,320 Registered DDS/DMD
 September 2019: 15,385 Registered DDS/DMD
 October 2019: 15,471 Registered DDS/DMD
 November 2019: 15,539 Registered DDS/DMD
 December 2019: 15,575 Registered DDS/DMD
 January 2020: 15,614 Registered DDS/DMD
 February 2020: 15,660 Registered DDS/DMD

Agenda Item 13(b): CURES Report
 Dental Board of California Meeting
 December 4, 2020

March	2020:	15,714 Registered DDS/DMD
April	2020:	15,767 Registered DDS/DMD
May	2020:	15,812 Registered DDS/ DMD
June	2020	15,839 Registered DDS/DMD
July	2020	15,874 Registered DDS/DMD
August	2020	15,905 Registered DDS/DMD
September	2020	15,949 Registered DDS/DMD

CURES usage as of September 2020:

Number of searches:

January:	6,052
February:	5,905
March:	4,289
April:	2,204
May:	4,135
June	2,296
July	5,961
August	5,617
September	9,678

Times system was accessed:

January:	6,254
February:	4,148
March:	3,486
April:	2,645
May:	3,128
June	2,645
July	4,136
August	3,657
September	3,621

Times Help desk was requested:

January:	147
February:	111
March:	98
April:	89
May:	98
June	89
July	85
August	160
September	133

Number of Prescriptions filled by Schedule:

	<u>July</u>	<u>Aug</u>	<u>Sept</u>
Schedule II	1,359,236	1,294,489	1,187,952
Schedule III	258,345	242,528	217,779
Schedule IV	1,348,467	1,269,388	1,140,906
Schedule V	39,622	36,177	31,012
R	11,677	10,971	9,781
Over Counter product	63,674	60,754	56,607

R: Not classified under controlled substance act; includes all other prescriptions drugs.

Action Requested:

No action requested.



DCA Quarterly Statistics 2020

Registered Users				
		July	August	September
Total Registered Users		222,718	223,690	224,627
Clinical Roles				
	Prescribers	171,521	172,306	173,030
	Pharmacists	45,961	46,318	46,615
Sub-Total A		217,482	218,624	219,645
License Type				
	Doctor of Dental Surgery/Dental Medicine	15,874	15,905	15,949
	Doctor of Optometry	687	687	687
	Doctor of Podiatric Medicine	1,510	1,522	1,528
	Doctor of Veterinary Medicine	3,227	3,238	3,255
	Medical Doctor	112,852	113,303	113,695
	Naturopathic Doctor	398	399	403
	Osteopathic Doctor	7,707	7,771	7,863
	Physician Assistant	11,010	11,092	11,156
	Registered Nurse Practitioner/Nurse Midwife	17,626	17,752	17,851
	Other (Out of State) Prescribers	630	637	643
	Pharmacists	45,385	45,733	46,023
	Other (Out of State) Pharmacists	576	585	592
Sub-Total B		217,482	218,624	219,645
Other Roles				
	LEAs	1,523	1,520	1,525
	Delegates	3,416	3,263	3,173
	DOJ Administrators	23	23	23
	DOJ Analysts	80	82	81
	Regulatory Board	194	178	180
Sub-Total C		5,236	5,066	4,982

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



DCA Quarterly Statistics 2020

Number of Searches		July	August	September
Total Search Counts		3,265,233	3,466,243	3,687,743
Clinical Roles				
Prescribers		2,300,148	2,546,374	2,774,920
Pharmacists		963,367	918,489	911,632
Sub-Total A		3,263,515	3,464,863	3,686,552
License Type				
Doctor of Dental Surgery/Dental Medicine		5,961	5,617	9,678
Doctor of Optometry		1,488	1,642	1,610
Doctor of Podiatric Medicine		9,857	11,089	12,665
Doctor of Veterinary Medicine		53	57	78
Medical Doctor		1,642,020	1,865,924	2,027,500
Naturopathic Doctor		1,176	778	755
Osteopathic Doctor		203,281	209,321	229,468
Physician Assistant		187,577	194,740	204,716
Registered Nurse Practitioner/Nurse Midwife		245,563	253,699	284,016
Other (Out of State) Prescribers		3,172	3,507	4,434
Pharmacists		958,516	913,859	907,389
Other (Out of State) Pharmacists		4,851	4,630	4,243
Sub-Total B		3,263,515	3,464,863	3,686,552
Other Roles				
LEAs		431	105	157
DOJ Administrators		39	41	38
DOJ Analysts		59	140	92
Regulatory Board		1,189	1,094	904
Sub-Total C		1,718	1,380	1,191
Delegate Initiated Searches				
Delegates		25,177	24,232	24,676

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



DCA Quarterly Statistics 2020

Times System was Accessed		July	August	September
Total Times System was Accessed		937,918	907,641	893,620
Clinical Roles				
Prescribers		513,834	502,011	500,421
Pharmacists		411,320	393,472	381,381
Sub-Total A		925,154	895,483	881,802
License Type				
Doctor of Dental Surgery/Dental Medicine		4,136	3,657	3,621
Doctor of Optometry		32	38	18
Doctor of Podiatric Medicine		1,527	1,428	1,521
Doctor of Veterinary Medicine		209	220	198
Medical Doctor		338,707	329,428	326,345
Naturopathic Doctor		410	387	379
Osteopathic Doctor		43,618	44,014	44,183
Physician Assistant		51,557	50,764	50,520
Registered Nurse Practitioner/Nurse Midwife		72,382	70,760	72,291
Other (Out of State) Prescribers		1,256	1,315	1,345
Pharmacists		408,734	390,930	378,986
Other (Out of State) Pharmacists		2,586	2,542	2,395
Sub-Total B		925,154	895,483	881,802
Other Roles				
LEAs		367	320	373
Delegates		10,631	10,209	9,845
DOJ Administrators		199	135	181
DOJ Analysts		1,140	1,103	1,037
Regulatory Board		427	391	382
Sub-Total C		12,764	12,158	11,818

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



DCA Quarterly Statistics 2020

Number of CURES Help Desk Requests			
	July	August	September
Emails [Note: Email requests are not included in the breakdown below]	1,590	1,810	1,610
Total Phone Calls	3,520	3,929	3,564
Clinical Roles			
Prescribers	2,681	2,893	2,601
Pharmacists	668	792	712
Sub-Total A	3,349		
License Type			
Doctor of Dental Surgery/Dental Medicine	85	160	133
Doctor of Optometry	1	4	0
Doctor of Podiatric Medicine	13	17	15
Doctor of Veterinary Medicine	22	26	32
Medical Doctor	1,906	1,881	1,709
Naturopathic Doctor	15	6	8
Osteopathic Doctor	114	128	138
Physician Assistant	184	238	189
Registered Nurse Practitioner/Nurse Midwife	341	433	377
Pharmacists	668	792	712
Other (Non-Specific License Type)	0	0	0
Sub-Total B	3,349	3,685	3,313
Other Roles			
LEAs	99	163	134
Delegates	58	67	82
DOJ Administrators	0	0	0
DOJ Analysts	0	0	0
Regulatory Board	14	14	35
Sub-Total C	171		
NOTE:			
1. Subtotal A = Subtotal B			
2. Subtotal A + Subtotal C = Total Help Desk Phone Calls			



DCA Quarterly Statistics 2020

Prescription Counts	July	August	September
Number of Distinct Prescriptions	3,079,545	2,913,079	2,642,999
Number of Prescriptions Filled by Schedule			
Schedule II	1,359,236	1,294,489	1,187,952
Schedule III	258,345	242,528	217,779
Schedule IV	1,348,467	1,269,388	1,140,906
Schedule V	39,622	36,177	31,012
R	11,677	10,971	9,781
Over-the-counter product	63,674	60,754	56,607
TOTAL	3,081,021	2,914,307	2,644,037

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
3. R = Not classified under the Controlled Substances Act; includes all other prescription drugs
4. Over-the-counter product



MEMORANDUM

DATE	November 3, 2020
TO	Members of the Dental Board of California
FROM	Carlos Alvarez, Chief of Enforcement Dental Board of California
SUBJECT	Agenda Item 13(c): Update Regarding the October 22, 2020, Statewide Opioid Safety Workgroup Meeting

Background:

I attended the Statewide Opioid Safety Workgroup Meeting on October 22, 2020 via WebEx.

First discussion: Let's talk about COVID-19:

1. How has Covid-19 changed and / or pivoted your work?
2. What are some anticipated impacts of COVID-19 to substance / opioid use disorders and overdose-related morbidity and mortality?
3. Collectively, what are we learning? Recommended resources?

The California Department of Public Health introduced a new Substance and Addiction prevention Branch that was established on July 1, 2020. The branch aims to reduce individual, social, and environmental harm from addiction and substance use through research-driven prevention, education, and treatment. The Substance and Addiction prevention Branch houses the below programs:

- Overdose surveillance and prevention.
- Cannabis Surveillance system; Cannabis Education and youth prevention program.
- Office of Problem Gambling; Gambling disorder prevention and treatment.

The California Department of Public Health Introduced the Suspected Opioid overdose death Detection Pilot Project.

- CDPH participates in surveillance project called SUDORS (Statewide Unintentional Drug Overdose System)

Agenda Item 13(c): Update Regarding the October 22, 2020, Statewide Opioid Safety Workgroup Meeting
 Dental Board of California Meeting
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- Currently 31 participating California Counties contribute data on unintentional and undetermined drug overdose deaths that occur in California to include SUDORS.
- Statewide reporting timeline: About 90% of the drug overdose cases can be identified within 5 months from the date of death using the death certificate data.
- Surveillance efforts are designed to: Identify emerging drug threats, identify geographic clusters, and implement response measures.

The goal for the project:

- Design a system that detects suspected opioid overdose deaths rapidly.
- Opioid overdose deaths suspected based on 1 or more of the following: Evidence at the scene, history of opioid use, witness reports, and / or autopsy findings, and / or toxicology findings.
- Currently there are six (6) counties participating in the pilot program. The counties will identify suspected opioid overdose deaths within 30 days of death using a case definition. All counties also participate in SUDORS.
- By winter of 2021 to measure the effectiveness of the program.

Next SOS meeting February 2021. TBD.

Action Requested:

No action requested.



MEMORANDUM

DATE	November 17, 2020
TO	Members of the Dental Board of California
FROM	Tina Vallery, Chief of Administration and Licensing Dental Board of California
SUBJECT	Agenda Item 14(a): Report on the Results of the Department of Consumer Affairs (DCA) Office of Professional Examination Services (OPES) Review of the Western Regional Examining Board (WREB) Dental Exam as Required by Business and Professions Code Section 139

Background:

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The Dental Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Western Regional Examining Board (WREB) Dental Exam. The purpose of the OPES review was to evaluate the suitability of the WREB Dental Exam for continued use in California licensure.

The OPES has provided the Board with the attached *Review of the Western Regional Examining Board (WREB) Dental Exam, October 2020* for the Board's review. A representative from the OPES will be available at the meeting to present this report.



REVIEW OF THE WESTERN REGIONAL EXAMINING BOARD
(WREB) DENTAL EXAM



DENTAL BOARD OF CALIFORNIA

REVIEW OF THE WESTERN REGIONAL EXAMINING BOARD (WREB) DENTAL EXAM



October 2020

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This national review report is mandated by California Business and Professions Code (B&P) § 139 and by DCA Examination Validation Policy OPES 18-02.

EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The Dental Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Western Regional Examining Board (WREB) Dental Exam. The purpose of the OPES review was to evaluate the suitability of the WREB Dental Exam for continued use in California licensure.

The WREB Dental Exam consists of three required sections and two elective sections. The three required sections are: Comprehensive Treatment Planning (CTP), a written, computer-based authentic simulated clinical simulation (ASCE); Operative, a clinical section; and Endodontics, also a clinical section. The two elective sections are both clinical: Periodontics and Prosthodontics. These elective sections are used by states that have these examination sections as a statutory requirement for licensure. The California Dental Board under the California Business and Professions Code (B&P) § 1630 requires that "the examination of applicants for a license to practice dentistry . . . shall include assessing competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry." Additionally, the California Dental Board under B&P Code § 1632 (c)(2) requires that candidates pass a written and clinical examination administered by WREB.

OPES, in collaboration with the Board and WREB, received and reviewed the *WREB Practice Analysis General Dentist report – September 2019 (2019 WREB PA)* and the *WREB 2018 Dental Examination Technical Report – October 2019 (2019 WREB Report)*, as well as other documents provided by WREB. Follow-up emails and phone communications were exchanged to clarify the procedures and practices used to develop and validate the WREB Dental Exam. OPES performed a comprehensive evaluation of the documents to determine whether the following test program components met professional guidelines and technical standards: (a) occupational analysis, (b) examination development, (c) passing scores and passing rates, (d) test administration, (e) examination scoring and performance, and (f) test security procedures.

OPES found that the procedures used to establish and support the validity and defensibility of the above test program components of the WREB Dental Exam meet professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing (2014) (Standards)* and in B&P § 139. Additionally, OPES found that the use of the WREB Dental Exam for licensure in dentistry meets the requirements of the Dental Board of California under B&P Code §§ 1630 and 1632.

In addition to reviewing documents provided by WREB, OPES convened a panel of licensed dentists to serve as subject matter experts (SMEs) to review the content of the WREB Dental Exam. The SMEs were selected by the Board based on their geographic location, experience, and practice specialty. The purpose of the review was to compare the content of the WREB

Dental Exam with the California dentist examination outline resulting from the 2018 California Dentist Occupational Analysis (2018 California Dentist OA) performed by OPES.

Specifically, the SMEs performed a comparison by linking the task and knowledge statements of the 2018 California Dentist examination outline to the content of the WREB Dental Exam sections: CTP, Operative, Endodontics, Periodontics, and Prosthodontics. The linkages were performed to identify whether there were areas of California dentistry practice not measured by the WREB Dental Exam.

The results of the linkage study indicate that all but two topic areas were linked to the WREB Dental Exam: California law and ethics. Overall, the SMEs concluded that the content of the required sections of the WREB Dental Exam adequately assesses what a California dentist is expected to have mastered at the time of licensure, with the exception of law and ethics. These areas should continue to be tested on the California Dentistry Law and Ethics Examination.

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CHAPTER 1 | INTRODUCTION

PURPOSE OF THE COMPREHENSIVE REVIEW

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) must ensure that examination programs used in the California licensure process comply with psychometric and legal standards. The public must be confident that an individual passing a licensing examination has the requisite knowledge and skills to competently and safely practice in the profession.

The Dental Board of California (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Western Regional Examining Board (WREB) Dental Exam, which is administered by WREB and Prometric.

The WREB Dental Exam consists of: one required written, computer-based section, Comprehensive Treatment Planning (CTP), which is an authentic simulated clinical examination (ASCE)¹; two required clinical sections, Operative and Endodontics; and two optional clinical sections, Periodontics and Prosthodontics. The two optional sections are used in states that have these examination sections as a statutory requirement for licensure. The California Dental Board under the California Business and Professions Code § 1630 requires that “the examination of applicants for a license to practice dentistry . . . shall include assessing competency in the areas of diagnosis, treatment planning, and restorative, endodontic, periodontic, and prosthetic dentistry.” Additionally, the California Dental Board under the B&P Code § 1632 (c)(2) requires that candidates pass a written and clinical examination administered by WREB.

The OPES review had four purposes:

1. To evaluate the suitability of the WREB Dental Exam for continued use in California.
2. To determine whether the WREB Dental Exam meets the professional guidelines and technical standards outlined in the *Standards* and in B&P Code § 139.
3. To determine whether the WREB Dental Exam meets the Dental Board of California's examination requirements under B&P Code §§ 1630 and 1632.
4. To identify any areas of California dentistry practice that the WREB Dental Exam does not assess.

OPES, in collaboration with the Board and WREB, requested documentation from WREB to determine whether the following WREB test program components met professional guidelines and technical standards outlined in the *Standards* and in B&P Code § 139: (a) occupational

¹ An authentic simulated clinical examination (ASCE) is a performance-based, open-ended constructed response examination graded by examiners. An ASCE may be used to assess clinical competency under the requirements of B&P Code §§ 1630 and 1632.

analysis (OA),² (b) examination development, (c) passing scores,³ (d) test administration, (e) examination scoring and performance, and (f) test security procedures.

WREB conducted the most recent occupational analysis task analysis in 2019. OPES used two reports for this review: the *WREB Practice Analysis General Dentist*, report – *September 2019 (2019 WREB PA)*, and the *WREB 2018 Dental Examination Technical Report – October 2019 (2019 WREB Report)*.

CALIFORNIA LAW AND POLICY

California B&P Code § 139 states:

The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs.

It further requires that DCA develop a policy to address the minimum requirements for psychometrically sound examination validation, examination development, and occupational analyses, including standards for the review of state and national examinations.

DCA Licensure Examination Validation Policy OPES 18-02 specifies the *Standards* as the most relevant technical and professional standards to be followed to ensure that examinations used for licensure in California are psychometrically sound, job-related, and legally defensible.

FORMAT OF THE REPORT

The chapters of this report provide the relevant standards related to the WREB Dental Exam and describe the findings and recommendations that OPES identified during its review.

² An occupational analysis is also known as a job analysis, practice analysis, or task analysis.

³ A passing score is also known as a pass point or cut score.

CHAPTER 2 | OCCUPATIONAL ANALYSIS

STANDARDS

The following standard is most relevant to conducting OAs for licensure examinations, as referenced in the *Standards*.

Standard 11.13

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale and evidence should be provided to support the claim that the knowledge or skills being assessed are required for credential-worthy performance in that occupation and are consistent with the purpose for which the credentialing program was instituted (pp. 181-182).

The comment following Standard 11.13 emphasizes its relevance:

Typically, some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the credentialing of people employed in a variety of settings and specialties, a number of different job settings may need to be analyzed. Although the job analysis techniques may be similar to those used in employment testing, the emphasis for credentialing is limited appropriately to knowledge and skills necessary for effective practice... In tests used for licensure, knowledge and skills that may be important to success but are not directly related to the purpose of licensure (e.g., protecting the public) should not be included (p. 182).

California B&P Code § 139 requires that each California licensing board, bureau, commission, and program report annually on the frequency of its occupational analysis and the validation and development of its examinations. DCA Policy OPES 18-02 states:

Generally, an occupational analysis and examination outline should be updated every five years to be considered current; however, many factors are taken into consideration when determining the need for a shorter interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession (p. 4).

FINDINGS

WREB conducted the OA for the WREB dental program. The results of the study are documented in the *2019 WREB PA* report.

Occupational Analysis – Methodology and Time Frame

The purpose of the OA was to collect and analyze information on current, important, and frequently performed professional dental practices, and to document these practices to inform the content domains assessed by the WREB Dental Exam (*2019 WREB Report*, p.1). The OA occurred in two stages. The first stage of the OA process used three data sources to review and gather information on procedures performed by dentists: (1) the United States Dental Procedures Frequency Data (2013-2015), (2) the Dental School Survey of Procedures Taught to Competency (2015), and (3) the WREB 2015 Examiner Practitioner Survey of Dental Practices. The second stage of the OA included an additional survey, the WREB-Central Regional Dental Testing Service (CRDTS) 2018 Practitioner Survey of Dental Practices.

Finding 1: The OA began in 2015 and was completed in 2019. The OA was conducted within a longer than usual time frame; however, it appears that the extra time was necessary to collect sufficient data. Given the circumstances, the time frame is reasonable and legally defensible.

Occupational Analysis – Survey Instruments

In 2015, during the first stage of the OA process, WREB collected data through multiple survey instruments. The Dental School Survey of Procedures Taught to Competency was used to survey deans at dental schools across the United States. Deans were asked to identify which of the 72 dental procedures listed were taught to competence in their school. They were also asked to list any procedures that were being added or removed from their curriculum.

Additionally, a large-scale practitioner survey was developed to measure the frequency and importance of performing 24 dental procedures. The 24 dental procedures were condensed from the 72 procedures in the Dental School Survey of Procedures Taught to Competency. The initial sampling plan for the survey consisted of sending invitation emails to approximately 20,000 active dentists throughout the United States. WREB contracted with a company that claimed to have access to a nationwide database of dentists' email addresses. However, after sending out the survey through this company, no responses were received. Ultimately, the effort was unsuccessful for unknown reasons after much investigation (*2019 WREB PA*, p. 62).

To supplement this effort, the WREB 2015 Examiner Practitioner Survey of Dental Practices was developed. This survey was modeled after the large-scale practitioner survey and asked WREB examiners to rate the frequency and importance of the same 24 dental procedures.

In 2018, during the second stage of the OA process, WREB came together with CRDTS to form the 2018 CRDTS and WREB Joint Practice Analysis Committee. As a result, the WREB-CRDTS 2018 Practitioner Survey of Dental Practices was developed. This 2018 Practitioner Survey was

large-scale and asked practitioners to rate the frequency and importance of 38 dental procedures. The 38 dental procedures were condensed from the 72 procedures in the Dental School Survey of Procedures Taught to Competency.

Finding 2: The procedures used by WREB to develop the four survey instruments appear to meet professional guidelines and technical standards.

Occupational Analysis – Sampling Plans

The Dental School Survey of Procedures Taught to Competency was sent by email invitation to 58 deans of dental schools throughout the United States, asking them to complete the survey. Deans from 35 schools responded, which was a response rate of 60% (35 of 58). Of the 35 respondents, 19 were from the Midwest and the western regions of the United States (2019 WREB PA, p. 10).

The WREB 2015 Examiner Practitioner Survey of Dental Practices was sent by email invitation to all active WREB dental board examiners, asking them to complete the survey. Of the 147 examiners emailed, 98 responded. This was an overall response rate of 67% (98 of 147) (2019 WREB PA, p. 10).

The WREB-CRDTS 2018 Practitioner Survey of Dental Practices was sent by email invitation or conventional mail to over 13,000 dentists throughout the United States. An additional 3,400 practitioners had access to the survey through a web link or were forwarded the survey by their state board. Of the 1,400 email respondents, 1,238 completed the survey with enough suitable data to be included in the analysis, which was an overall response rate of 8.3%. The response rate for conventional mail respondents was 3.3%. This brought the overall response rate to 7.6% (2019 WREB PA, p. 11). Of the 1,238 respondents, 36% were from the western region of the United States, with 1% (17) from California.

Finding 3: The intent of the sampling plans was reasonable and appears to meet professional standards. WREB made a noteworthy effort to gather data by using multiple surveys.

Occupational Analysis – Survey Results

After administering the surveys, WREB collected the data and analyzed the survey results.

Finding 4: The respondents to the WREB 2015 Examiner Practitioner Survey of Dental Practices had an average of 16 or more years in practice. This high level of experience was expected because of the population sampled. The majority of respondents were general practice dentists (86.7%).

Finding 5: The respondents to the WREB-CRDTS 2018 Practitioner Survey of Dental Practices were dentists from throughout the United States. Close to half of the respondents (46%) had been practicing fewer than 7 years. The majority of respondents were general practice dentists (78.1%).

Occupational Analysis – Decision Rules and Final Examination Outline and Contents

The 2015 WREB Practice Analysis Committee comprised eight SMEs. These SMEs were required to have “extensive state licensing board experience, board examiner experience, and/or current experience as educators in college dentistry” (2019 WREB PA, p. 6). Additionally, they represented a range of years of experience and were from various regions of the United States. Under the guidance of WREB’s psychometrician, the SMEs worked together to review the results of the Dental School Survey of Procedures Taught to Competency and the results of the WREB 2015 Examiner Practitioner Survey of Dental Practices. In addition, the SMEs compared the results of the two surveys to the United States Dental Procedures Frequency Data. This data source captures the frequency of performance of 271 dental procedures from 12,750 general dentists throughout the United States, with an average of 199 dentists per state. The purpose of the comparison was to add support to the results.

The 2018 CRDTS and WREB Joint Practice Analysis Committee comprised a panel of eight SMEs. There were four from each agency. These SMEs were required to meet the same experience criteria as the 2015 group and also represented a range of years of experience and were from various regions of the United States (2019 WREB PA, p. 6). Under the guidance of CRDTS and WREB staff, the SMEs worked together to review the results of the Dental School Survey of Procedures Taught to Competency, the results of the WREB 2015 Examiner Practitioner Survey of Dental Practices, and the WREB-CRDTS 2018 Practitioner Survey of Dental Practices. Again, the SMEs compared the results of the three surveys to the United States Dental Procedures Frequency Data.

Both the 2015 and 2018 SMEs were presented with an overview of the current WREB Dental Exam and the 2007 WREB Practice Analysis for General Dentist report. They were also given an orientation on examination validation, testing standards, and the OA process. The SMEs were then charged with evaluating and considering all of the data collected to complete the following tasks: reviewing current practice frequencies and changes in school curricula; considering how any changes to practice and curricula are reflected in the current examination; recommending immediate, gradual, or no changes to the examination; and identifying areas for further or future exploration (2019 WREB PA, p. 8). The findings and recommendations of the two committees were presented to the WREB Dental Exam Review Board.

The examination content outlines for the Comprehensive Treatment Planning (CTP), Operative, Endodontics, Periodontics, and Prosthodontics sections are linked to the important and frequently performed entry-level dental practices confirmed by the OA.

Finding 6: The linkage between critical clinical dental practices required by entry-level dentists and the major content areas of the examination sections demonstrates a sufficient level of validity, thereby meeting professional guidelines and technical standards.

CONCLUSIONS

Given the findings, the OA conducted by WREB appears to meet professional guidelines and technical standards. Additionally, the development of the examination outline for the WREB Dental Exam is based on the results of the OA and appears to meet professional guidelines and technical standards.

CHAPTER 3 | EXAMINATION DEVELOPMENT

STANDARDS

Examination development includes many steps within an examination program, from the development of an examination outline to scoring and analyzing items after the administration of an examination. Several specific activities involved in the examination development process are evaluated in this section. These activities include item writing, linking items to the examination outline, and developing both the scoring criteria and examination forms.

The following standards are most relevant to examination development for licensure examinations, as referenced in the *Standards*.

Standard 4.7

The procedures used to develop, review, and try out items and to select items from the item pool should be documented (p. 87).

Standard 4.12

Test developers should document the extent to which the content domain of a test represents the domain defined in the test specifications (p. 89).

FINDINGS

Examination Development – Subject Matter Experts

The WREB Dental Exam sections are developed by examination committees made up of SMEs who represent the 39 WREB member states. The SMEs are required to be experienced licensed dentists who either serve or have served on a state board or are educators at accredited dental schools. Each committee includes at least one educator because of their familiarity with the curricula and the candidate population. Additionally, most SMEs have been or are WREB examiners. In order to ensure regional diversity, SMEs are rotated regularly (2019 *WREB Report*, p. 9).

Finding 7: While the criteria used to select SMEs for item and test development are mostly consistent with professional guidelines and technical standards, OPES does not recommend that educators participate in certain examination development activities because of potential conflict of interest.

Finding 8: SMEs participating in item and test development are required to sign confidentiality agreements and are instructed about examination security, which is consistent with professional guidelines and technical standards.

Examination Development – Linkage to Examination Outline

For the computer-based section of the WREB Dental Exam, Comprehensive Treatment Planning (CTP), test items are based on three patient cases of varying complexity. Items are developed by examination committees to reflect the relevant areas of the respective content outlines. The cases include patient information, medical history, radiographic images, intraoral and extraoral photographs, dental and periodontal charts, and clinical findings.

Finding 9: The SMEs develop, review, and construct CTP items in alignment with the examination outline, which is consistent with professional guidelines and technical standards.

For the clinical sections of the WREB Dental Exam, Operative, Endodontics, Periodontics, and Prosthodontics, linkage to the respective examination content outlines consists of describing the clinical procedures to be evaluated, developing the grading criteria by which candidate performance is assessed, and ensuring that test components reflect the relative weighting of each criterion. The clinical procedures are based on the results of the OA and their respective scoring criteria and reflect different levels of ability in performing the clinical procedures employed in actual dental practice.

Finding 10: Content development of the clinical examination sections meets professional guidelines and technical standards.

Examination Development – Item Pilot Testing

The WREB Dental Exam sections are pilot tested before regular test administrations. They are pilot tested by either students or examiners acting as candidates. After pilot testing, the results are analyzed and reviewed by an examination committee. Additionally, when new sections are released, results are held until a sufficient amount of data is collected to ensure that the section is functioning as expected (WREB, 2020).⁴

Finding 11: The procedures used to develop, review, pilot test, and select examination content appear to meet professional guidelines and technical standards.

Examination Development – Examination Forms

The clinical WREB Dental Exam sections are based on the clinical procedures to be evaluated and the grading criteria by which candidate performance is assessed. SME consensus is used to develop the scoring weights for each clinical test. The scoring criteria are based on objective and observable outcome measures of ability related to completing the respective clinical procedure successfully. Scoring criteria are developed for five levels of ability scored 1 through 5, with 1 representing unacceptable performance, 3 representing minimal competency, and 5 representing optimal performance.

⁴ (WREB, 2020) refers to WREB email communication on March 31, 2020.

The CTP section consists of three patient cases of varying complexity, including one pediatric patient. The content of each case reflects the content and weights of the examination outline. The cases have been pretested using dental students or examiners acting as candidates (WREB, 2020). In addition, linear equating or Rasch model equating is used to address variations in form difficulty (*2019 WREB Report*, p. 8).

Finding 12: The criteria applied to create new examination forms meet professional guidelines and technical standards.

Finding 13: Given the procedures used by WREB test developers, tests capable of differentiating between minimally competent and incompetent candidates for licensure should result from examination development activities. Based on WREB test developers' examination development activities, the results of WREB exams should discriminate between minimally competent and incompetent candidates for licensure.

Examination Development – Size of Item Banks

WREB recognizes the importance of having a sufficient number of items within their item banks and maintains a sufficient number of items to select from (*2019 WREB Report*, p. 8).

Finding 14: The number of items maintained within the item banks is consistent with professional guidelines and technical standards.

CONCLUSION

Given the findings, the examination development activities conducted by WREB mostly meet professional guidelines and technical standards regarding the use of SMEs for item development and examination construction, the linkage of each item to the content outline, the pilot testing of new items, and the development of new examination forms.

CHAPTER 4 | PASSING SCORES AND PASSING RATES

STANDARDS

The passing score (i.e., cut score or cut point) of an examination is the score that represents the level of performance that divides those candidates for licensure who are minimally competent from those who are not competent.

The following standards are most relevant to passing scores for licensure examinations, as referenced in the *Standards*.

Standard 5.21

When proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be documented clearly (p. 107).

The comment associated with Standard 5.21 emphasizes its relevance:

Chapter 5 of the *Standards*, “Scores, Scales, Norms, Score Linking, and Cut Scores,” states that the standard-setting process used should be clearly documented and defensible. The qualifications of the judges involved and the process of selecting them should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to ensure that judges understand the process and procedures they are to follow (p. 101).

Standard 11.16

The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance in the occupation or profession and should not be adjusted to control the number or proportion of persons passing the test (p. 182).

The comment associated with Standard 11.16 emphasizes its relevance:

Chapter 11 of the *Standards*, “Workplace Testing and Credentialing,” states that the focus of tests used in credentialing is on “the standards of competence needed for effective performance (i.e., in licensure this refers to safe and effective performance in practice)” (p. 175). Chapter 11 further states, “Standards must be high enough to ensure that the public, employers, and government agencies are well served, but not so high as to be unreasonably limiting” (p. 176).

FINDINGS

Passing Scores – Process, Use of SMEs, and Methodology

The process of establishing passing scores for licensure examinations relies on the expertise and judgment of SMEs.

Passing scores for the WREB Dental Exam sections are based on standards of minimum competence developed by the examination committees and incorporated into the scale point definitions of the rating scales (1–5) used by the examiners, with the scale point 3 representing minimum competency. The minimum competence standards are determined by SMEs and reflect standards of professional behavior and performance in relation to the clinical procedures being completed by the candidates. The 6-10 members of the respective examination committee determine the standards initially, and the WREB Examination Board reviews and approves the standards. The performance standards defining the levels of ability in completing the clinical procedures range from 1, “unacceptable performance” to 5, “optimal performance.” The performance standards are written as objective and observable behavior and results.

Finding 15: The methodology used to establish the passing scores for the WREB Dental Exam sections is consistent with professional guidelines and technical standards.

Finding 16: The use of SMEs to review each criterion and performance level of the WREB Exam sections meets professional guidelines and technical standards. However, OPES recommends rotating SMEs rather than using a committee for examination development, including when establishing passing scores. This strategy helps to ensure fairness and validity.

Passing Rates – WREB Dental Exam Sections

Finding 17: OPES reviewed the first-time passing rates for the 2018 WREB Dental Exam sections. OPES found that the passing rates meet expectations for similar examinations for the dentistry profession.

CONCLUSION

Given the findings, the passing score methodologies conducted by WREB demonstrate a sufficient degree of validity to meet professional guidelines and technical standards.

CHAPTER 5 | TEST ADMINISTRATION

STANDARDS

The following standards are most relevant to standardizing the test administration process for licensing examinations, as referenced in the *Standards*.

Standard 3.4

Test takers should receive comparable treatment during the test administration and scoring process (p. 65).

Standard 4.15

The directions for test administration should be presented with sufficient clarity so that it is possible for others to replicate the administration conditions under which the data on reliability, validity, and (where appropriate) norms were obtained. Allowable variations in administration procedures should be clearly described. The process for reviewing requests for additional testing variations should also be documented (p. 90).

Standard 4.16

The instructions presented to test takers should contain sufficient detail so that test takers can respond to a task in the manner that the test developer intended. When appropriate, sample materials, practice or sample questions, criteria for scoring, and a representative item identified with each item format or major area in the test's classification or domain should be provided to the test takers prior to the administration of the test, or should be included in the testing material as part of the standard administration instructions (p. 90).

Standard 6.1

Test administrators should follow carefully the standardized procedures for administration and scoring specified by the test developer and any instructions from the test user (p. 114).

Standard 6.2

When formal procedures have been established for requesting and receiving accommodations, test takers should be informed of these procedures in advance of testing (p. 115).

Standard 6.3

Changes or disruptions to standardized test administration procedures or scoring should be documented and reported to the test user (p. 115).

Standard 6.4

The testing environment should furnish reasonable comfort with minimal distractions to avoid construct-irrelevant variance (p. 116).

Standard 6.5

Test takers should be provided appropriate instructions, practice, and other support necessary to reduce construct-irrelevant variance (p. 116).

Standard 8.1

Information about test content and purposes that is available to any test taker prior to testing should be available to all test takers. Shared information should be available free of charge and in accessible formats (p. 133).

Standard 8.2

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores (p. 134).

FINDINGS

Test Administration – Candidate Registration

Candidates register to take the WREB Dental Exam sections through their online candidate profiles. The 2020 Application Process page found on WREB’s website provides instructions and information regarding:

- Application process overview
- Candidate photo requirements
- Proof of qualifications documents
- Online application process
- Paying for an examination
- Wait-list status
- Re-examination

For the CTP section, once registration and payment have been processed, candidates receive an email with instructions on how to contact Prometric, the testing vendor, to schedule the examination. For the clinical examination sections, candidates register through their online profile by selecting the examination date and dental school. Candidates can refer to the WREB website for the list of examination dates and participating dental schools.

Finding 18: WREB's registration process appears straightforward. The information available to candidates is detailed and thorough. The candidate registration process appears to meet professional guidelines and technical standards.

Test Administration – Accommodation Requests

WREB approves accommodation requests under the Americans with Disabilities Act. Candidates requesting accommodation must submit a Request Form and documentation at least 45 days before the exam.

Finding 19: WREB's accommodation procedure appears to meet professional guidelines and technical standards.

Test Administration – Test Centers and Test Sites

Candidates take the CTP exam section at a Prometric test center. Prometric test centers are located throughout the United States and run by trained proctors. Candidates take the clinical exam sections at various dental schools on specified dates throughout the year.

Finding 20: Candidates have access to various Prometric test centers with trained proctors and standardized testing conditions.

Finding 21: Candidates have access to various participating dental schools with trained examiners and standardized testing conditions.

Test Administration – Directions and Instructions to Candidates

The WREB website provides information about the WREB Dental Exam. The two candidate manuals provided by WREB, the 2018 Comprehensive Treatment Planning Exam Candidate Guide (*2018 CTP CG*) and the 2018 Dental Exam Candidate Guide (*2018 CG*), provide detailed information to candidates about:

- Exam overview and exam procedures for each section
- Malpractice insurance requirements
- Exam materials and instruments
- Patient selection
- Reporting to the test center and test site
- Candidate exam guide
- Test center and test site procedures
- Security procedures
- Standards of conduct
- Infection control requirements
- Exam scoring criteria

Finding 22: The directions and instructions provided to candidates appear straightforward. The information available to candidates is detailed and thorough.

Test Administration – Standardized Procedures and Testing Environment

WREB administers each of its clinical exam sections 34 times per year. The clinical exam sections are administered on 30 dental school campuses throughout the United States. The CTP section is administered by Prometric at its test centers located throughout the United States.

Finding 23: WREB, using dental school campuses and Prometric facilities, provides candidates access to test centers across the United States with trained proctors and examiners.

CONCLUSION

Given the findings, the test administration protocols put in place by WREB appear to meet professional guidelines and technical standards.

CHAPTER 6 | EXAMINER TRAINING, SCORING, AND PERFORMANCE STANDARDS

STANDARDS

The following standards are most relevant to examiner training, test scoring, and performance for licensing examinations, as referenced in the *Standards*.

Standard 2.3

For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant indices of reliability/precision should be reported (p. 43).

Standard 4.10

When a test developer evaluates the psychometric properties of items, the model used for that purpose (e.g., classical test theory, item response theory, or another model) should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are screened and the data used for screening, such as item difficulty, item discrimination, or differential item functioning (DIF) for major examinee groups, should also be documented. When model-based methods (e.g., IRT) are used to estimate item parameters in test development, the item response model, estimation procedures, and evidence of model fit should be documented (pp. 88-89).

Standard 4.20

The process for selecting, training, qualifying, and monitoring scorers should be specified by the test developer. The training materials, such as the scoring rubrics and examples of test takers' responses that illustrate the levels on the rubric score scale, and the procedures for training scorers should result in a degree of accuracy and agreement among scorers that allows the scores to be interpreted as originally intended by the test developer. Specifications should also describe processes for assessing scorer consistency and potential drift over time in raters' scoring (p. 92).

Standard 4.21

When test users are responsible for scoring and scoring requires scorer judgment, the test user is responsible for providing adequate training and instruction to the scorers and for examining scorer agreement and accuracy. The test developer should document the expected level of scorer agreement and accuracy and should provide as much technical guidance as possible to aid test users in satisfying this standard (p. 92).

Standard 6.8

Those responsible for test scoring should establish scoring protocols. Test scoring that involves human judgment should include rubrics, procedures, and criteria for scoring. When scoring of complex responses is done by computer, the accuracy of the algorithm and processes should be documented (p. 118).

FINDINGS

Examiner Selection and Training

WREB examiners are typically state board members and dental educators, who are licensed and in good standing. Each examiner is required to complete an 8–10-hour training and self-assessment. In addition, examiners attend orientation and calibration before each examination. The calibration process requires examiners to practice scoring until their judgments reach an acceptable level of agreement. After an examination, examiners are given feedback on their performance. “Examiners with low percentages of agreement, high percentages of harshness or lenience, or erratic grading patterns are counseled, remediated and monitored to ensure increased understanding of definitions. Continued lack of agreement may result in dismissal from the examination pool” (2019 WREB Report, p. 33).

Finding 24: The selection and training of examiners for the WREB Dental Exam appears to meet professional guidelines and technical standards. OPES typically does not support the use of board members and educators in examination development, administration and scoring activities because of potential conflict of interest. However, after further discussions with WREB, OPES accepted use of board members and educators because of the following findings: (a) graders and candidates do not interact and are not identified by name; (b) conflict of interest forms are signed; (c) three graders are involved in the scoring process; (d) extensive calibration training is provided; (e) a psychometrician is employed to ensure testing standards are applied; and (f) the examination process is transparent and clearly articulated in the candidate guide.

Examination Scoring

Three grading examiners score each of the WREB Dental Exam sections. The median score is used to determine an individual score for each exam section, and those scores are then combined for a final conjunctive score. Grading examiners have no interaction with candidates “to provide total anonymity to remove possible bias from the scoring of candidate work” (2018 CG, p. 12). The 2019 WREB Report provides more detailed information about the scoring process.

Finding 25: The scoring criteria are applied equitably to ensure the validity and reliability of the examination results and are evaluated often. The test scoring process meets professional guidelines and technical standards.

Examination Performance

Classical item analysis statistics are calculated and reviewed for each examination section. Rasch analysis of the results of the rating process are also performed for each of the examination sections. For the Comprehensive Treatment Planning (CTP) section, scores are scaled to account for differences in form difficulty. The purpose of scaled scores is to account for form difficulty, to ensure that scores across forms hold the same meaning, and to ensure fairness among candidates (*2019 WREB Technical Report, p. 30*).

Finding 26: The use of scaled scores, examination-level statistics, item-level statistics, decision consistency reliability, and examiner agreement are consistent with professional guidelines and technical standards.

CONCLUSIONS

The steps taken by WREB to score the WREB Dental Exam appear to provide for a fair and objective evaluation of candidate performance. The steps taken by WREB to evaluate examination performance appear to meet professional guidelines and technical standards.

CHAPTER 7 | TEST SECURITY

STANDARDS

The following standards are most relevant to test security for licensure examinations, as referenced in the *Standards*.

Standard 6.6

Reasonable efforts should be made to ensure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means (p. 116).

Standard 6.7

Test users have the responsibility of protecting the security of test materials at all times (p. 117).

Standard 8.9

Test takers should be made aware that having someone else take the test for them, disclosing confidential test material, or engaging in any other form of cheating is unacceptable and that such behavior may result in sanctions (p. 136).

Standard 9.21

Test users have the responsibility to protect the security of tests, including that of previous editions (p. 147).

FINDINGS

Test Security – The WREB Dental Exam Clinical Sections

WREB has implemented test site and examination security policies and procedures for the clinical exam sections. The 2018 Dental Exam Candidate Guide outlines for candidates what constitutes improper and unethical conduct on the part of candidates and the consequences of such actions. Additional information about what is expected at the examination can be found on the WREB website: 2020 Important Exam Information.

Finding 27: The examination security protocols pertaining to test administration of the clinical examination sections meet professional guidelines and technical standards.

Test Security – WREB and Prometric Testing Vendor

Candidates take the CTP exam section at a Prometric test center via computer in a secure testing room. They must bring two forms of personal identification with them to the test center (one with a photo, both with a signature). Candidates are prohibited from bringing any personal items into the secure room. Candidates are monitored during testing by Prometric proctors. Prometric test center administrators receive enhanced security training on test delivery, test center communications, check-in and check-out procedures, managing in-test questions and issues, and monitoring the testing room. Other test safety measures taken by Prometric include metal detection wands to scan for prohibited devices, digital video recordings of the testing area, and various ID management verifications.

Finding 28: Prometric, through its internal test administration and security protocols, provides a robust framework of test site and examination security policies and procedures.

CONCLUSION

Given the findings, the test security policies, procedures, and protocols meet professional guidelines and technical standards.

CHAPTER 8 | COMPARISON OF THE CALIFORNIA DENTIST EXAMINATION OUTLINE WITH THE WREB EXAMINATION OUTLINE AND EXAMINATION CONTENTS

PARTICIPATION OF SUBJECT MATTER EXPERTS

OPES convened a two-day meeting on February 27-28, 2020 to critically evaluate and compare the following items:

- The task and knowledge statements of the California dentist examination outline resulting from the 2018 California Dentist OA.
- The examination outline and examination contents of the WREB Dental Exam, CTP section.
- The examination outline and examination contents of the WREB Dental Exam – Operative, Endodontics, Periodontics, and Prosthodontics sections.

The Board, with direction from OPES, recruited eight dentists to participate as SMEs.

The SMEs represented both northern and southern California. Two of the SMEs had been licensed for 5 years, three had been licensed 6–10 years, and three had been licensed 11–19 years. All SMEs worked as dentists in various settings.

WORKSHOP PROCESS

First, the SMEs completed OPES' security agreement, self-certification, secure area agreement, and personal data (demographic) forms. The OPES test specialist explained the importance of security during and outside the workshop, and explained security guidelines. The SMEs were then asked to introduce themselves.

Next, the OPES test specialist gave a PowerPoint presentation about the purpose and importance of occupational analysis, validity, reliability, test administration standards, examination security, and the role of SMEs. The OPES test specialist also explained the purpose of the workshop.

The SMEs were then asked to review the parts of the B&P Code and the California Code of Regulations (CCR) relating to the scope of practice, qualifications, and examination requirements for dentists. They were informed that the purpose of reviewing these documents was to acquire an understanding of California's examination requirements, and they were asked to use this understanding when assessing the WREB Dentist Exam examination outline and examination contents.

After reviewing the B&P Code and the CCR, the SMEs were instructed to evaluate and link each task and knowledge statement of the California dentist examination outline to the WREB Dentist Exam examination outline and examination contents.

The OPES test specialist then split the eight SMEs into 4 groups. The first group of SMEs was assigned content areas 1–4 of the California dentist examination outline. The second group of three SMEs was assigned to content areas 5–8 of the California dentist examination outline. The third group of two SMEs was assigned to content areas 9–12 of the California dentist examination outline. The fourth group of two SMEs was assigned to content areas 13–16 of the California dentist examination outline. Each group was also assigned the examination contents of the WREB Dental Exam sections to link to the California examination outline.

The SMEs performed their linkages within their independent groups. Each group worked separately to document their linkages on an electronic spreadsheet. They were provided with only the task and knowledge statements of the content areas assigned to them. The groups were instructed to flag statements that they had questions about or could not find a related task or knowledge statement for.

Once all four groups completed their respective linkages, each group evaluated the linkages of another group. The purpose of this secondary verification was to provide additional validation evidence. Again, the groups were instructed to flag statements if they had questions about them, could not find linkages to them, disagreed with the linkages made for them by the previous group, or wanted them discussed by the entire group.

After completing the linkages, the SMEs reconvened as one group and discussed all the statements that had been flagged. The SMEs also reviewed the linkages of the five exam sections. Task and knowledge statements that were linked by two or more groups were considered validated linkages. If only one group indicated a linkage, then that task or knowledge statement was reviewed and evaluated.

The content domains of the WREB Dental Exam examination outline are provided in Tables 1 through 5. Table 6 provides the content areas of the 2018 California dentist examination outline.

TABLE 1 – COMPREHENSIVE TREATMENT PLANNING SECTION

Restorative Treatment
Removable Prosthodontics
Periodontal Treatment
Endodontics Treatment
Surgery
Prescription Writing
Follow-up/Prognosis/Maintenance
Diagnosis, Etiology and Treatment Planning

TABLE 2 – OPERATIVE SECTION

Direct posterior Class II amalgam (MO, DO or MOD)	
Direct posterior Class II composite restoration (MO, DO or MOD)	At least one II Class procedure required
Indirect posterior Class II cast gold restoration (up to and including a 3/4 crown)	
Direct Class III composite restoration (ML, DL, MF, DF)	Optional, if combined with a Class II

TABLE 3 – ENDODONTICS SECTION

Anterior Tooth: Access, Instrumentation, Obturation
Posterior Tooth: Access

TABLE 4 – PERIODONTICS SECTION

Scaling and Root Planing (minimum eight qualifying surfaces)

TABLE 5 – PROSTHODONTICS SECTION

Preparation of Anterior Tooth for Full Coverage Crown

Preparation of Two Abutments for Posterior Three-unit Partial Denture Prosthesis

TABLE 6 – CONTENT AREAS OF THE 2018 CALIFORNIA DENTIST EXAMINATION OUTLINE

Content Area	Content Area Description	Weight
1. Patient Evaluation	This area assesses the candidate's ability to conduct a medical and dental evaluation to develop a comprehensive dental treatment plan for the patient.	13%
2. Endodontics	This area assesses the candidate's ability to diagnose the patient's endodontic condition, develop a treatment plan, and perform endodontic therapy.	6%
3. Indirect Restoration	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform an indirect restoration.	7%
4. Direct Restoration	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and perform a direct restoration.	7%
5. Preventative Care	This area assesses the candidate's ability to perform prophylactic, preventative procedures, and provide oral hygiene instructions to patients.	5%
6. Periodontics	This area assesses the candidate's ability to diagnose the patient's periodontal condition, develop a treatment plan, and perform periodontal therapy.	4%
7. Fixed Partial Dentures	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and prepare a fixed partial denture.	6%
8. Removable Partial Dentures	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a removable partial denture.	4%
9. Complete Dentures	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and design and deliver a complete denture.	4%

Content Area	Content Area Description	Weight
10. Implant Restoration	This area assesses the candidate's ability to diagnose the patient's restorative needs, develop a treatment plan, and deliver an implant restoration.	3.5%
11. Oral Surgery	This area assesses the candidate's ability to diagnose the patient's oral condition, develop a treatment plan, and perform oral surgical procedures.	5%
12. Teeth Whitening	This area assesses the candidate's ability to perform teeth whitening procedures on a patient.	2%
13. Occlusal Splint Therapy	This area assesses the candidate's ability to determine a patient's need for occlusal splint therapy and to perform occlusal splint therapy procedures.	3%
14. Safety and Sanitation	This area assesses the candidate's ability to prevent injury and the spread of diseases in dental services by following Board regulations on safety, sanitation, and sterilization.	10.5%
15. Ethics	This area assesses the candidate's ability to comply with ethical standards for dentistry, including scope of practice and professional conduct.	7%
16. Law	This area assesses the candidate's ability to comply with legal obligations, including patient confidentiality, professional conduct, and information management.	13%
Total		100%

FINDINGS

The SMEs performed a comparison between the task and knowledge statements of the 2018 California dentist examination outline and the examination outline and examination contents of the WREB Dental Exam sections. The SMEs concluded that all except two topic areas were congruent in assessing the general knowledge required for entry-level dentistry practice in California.

Finding 29: All except two content areas were congruent in assessing the general knowledge required for entry-level dentistry practice in California.

The two content areas that could not be fully linked to the WREB Dental Exam were:

- Content Area 15 Ethics
- Content Area 16 Law

Finding 30: During the workshop, the SMEs also discussed the use of patients versus the use of non-patients such as simulated teeth, full mouth models, or manikins for each of the examination sections. The group discussed the benefits of both methods but did not come to consensus that one method was clearly superior.

CONCLUSIONS

Overall, the SMEs concluded that the content of the WREB Dental Exam assesses what a California dentist is expected to have mastered at the time of licensure. The two content areas not fully assessed were California law and ethics. Because California already administers a law and ethics examination, OPES recommends continued development and administration of this California-specific examination.

CHAPTER 9 | CONCLUSION

COMPREHENSIVE REVIEW OF THE WREB DENTAL EXAM

OPES completed a comprehensive analysis and evaluation of the documents provided by WREB. The procedures used to establish and support the validity and defensibility of the WREB Dental Exam (i.e., OA, examination development, passing scores and passing rates, test administration, examination scoring and performance, and test security) were found to meet professional guidelines and technical standards outlined in the *Standards* and B&P Code § 139. Additionally, the use of the WREB Dental Exam for licensure in dentistry in California was found to meet the requirements of the Dental Board of California under B&P Code §§ 1630 and 1632.

Based on SME evaluation, OPES believes that the content of the WREB Dental Exam is congruent with entry-level California dentistry practice with the exception of California law and ethics. If the Board continues to use the WREB Dental Exam for licensure in California, the Board should also continue requiring candidates to pass the California Dentistry Law and Ethics Examination.

CHAPTER 10 | REFERENCES

American Educational Research Association, American Psychological Association, National Council on Measurement in Education, and Joint Committee on Standards for Educational and Psychological Testing. (2014). *Standards for educational and psychological testing*.

Department of Consumer Affairs (DCA). *Policy OPES 18-02 Licensure Examination Validation Policy*. State of California.

Popp, S. E. O. (October 2019). *WREB 2018 Dental examination technical report*. Western Regional Examining Board.

Popp, S. E. O. (September 2019). *WREB 2018 Practice analysis general dentist*. Western Regional Examining Board.

Western Regional Examining Board. (2018). *2018 Dental exam candidate guide*.

Western Regional Examining Board. (2018). *2018 Comprehensive treatment planning exam candidate guide*.



MEMORANDUM

DATE	November 4, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 14(b): Western Regional Examination Board (WREB) Report

Background:

The Dental Board of California received the attached update from the Western Regional Examination Board (WREB) regarding the administration of examinations in 2021. Dr. Bruce Horn, WREB representative, will be available to provide a verbal update of the WREB examination.

Action Requested:

No action requested.

WREB Dental Examination Sections 2021

Comprehensive Treatment Planning (CTP) Section. CTP is a performance-based, examiner-graded section that requires candidates to review three patient cases and create treatment plans, construct responses to questions, and perform tasks (e.g., write prescriptions). CTP requires a broad understanding of diagnosis, prevention, restoration, endodontics, periodontics, prosthodontics, oral surgery, radiology, pediatric dentistry, and patient-management procedures. Failure can result if a candidate commits a critical error, i.e., constructs a response that could result in life-threatening harm, e.g., administering more than the upper limit of a safe dose of local anesthetic to a pediatric patient.

Endodontics Simulation Section. The Endodontics Section is a performance-based, examiner-graded clinical simulation examination. Candidates must perform two endodontic procedures on simulated teeth mounted in a segmented arch within a manikin that is positioned to simulate working on a patient. The teeth, scanned from human teeth and produced via 3-D printing, replicate internal and external anatomy, including polymer hardness for enamel, dentin, and pulp tissue. The anterior tooth procedure requires treatment of a maxillary central incisor, including access, instrumentation and obturation. The posterior tooth procedure requires access of a mandibular first molar tooth. Access of the posterior tooth must enable grading examiners to identify all canal orifices. Candidates are also required to provide post-operative radiographic images for examiner grading.

Prosthodontics Simulation Section. The Prosthodontics Section is a performance-based, examiner-graded clinical simulation examination. Candidates complete two prosthodontic procedures (three preparations) on simulated teeth in a mounted articulator and manikin that is positioned to simulate working on a patient. Candidates are required to prepare an anterior tooth for a full-coverage crown and prepare two abutments to support a posterior three-unit fixed partial denture prosthesis (i.e., bridge). The three-unit bridge must have a path of insertion that allows full seating of the restoration.

Periodontics Section. The Periodontics section will be available in either a patient-based form or simulation form. The patient-based form is unchanged. The simulation form will not involve qualifying a patient but will involve the removal of subgingival calculus on teeth in an assigned quadrant mounted in a manikin to simulate performing the procedure on a patient. WREB has worked to develop a realistically colored calculus for the simulation. Grading criteria and scoring for the removal of calculus are as published for performance of the same task on a patient.

Operative Dentistry Section. The Operative section will be available in either a patient-based form or simulation form. The patient-based form is unchanged. The simulation form involves performing a Class II (composite or amalgam) and a Class III composite restoration on a posterior tooth and anterior tooth, respectively. The teeth for preparation have simulated caries, a DEJ, dentin, enamel, and a pulp chamber. The exam will involve limited radiographic interpretation and the depth of the simulated caries will require candidates to modify their preparations. As in the patient-based form, modifications will be initially reviewed by a Floor Examiner. Both preparation and restoration will be accomplished with full clinical simulation and with rubber-dam isolation.

WREB Dental Hygiene Examination 2021

Dental Hygiene Clinical Examination. The Dental Hygiene Clinical Examination will be available in either a patient-based form or manikin-based form. The patient-based form is unchanged. The manikin exam is comprised of two exercises: 1) Assessment and Detection, and 2) Removable Calculus. Each exercise is completed on a simulated quadrant mounted in a typodont/manikin, positioned to simulate the treatment of a patient. Periodontal features of the Assessment and Detection model are unique in design and the color of the calculus on the Removable Calculus typodont has been changed to reflect a more natural appearance than the calculus currently being utilized in educational programs and by other testing agencies.

- The Assessment and Detection exercise requires the candidate to assess periodontal conditions, accurately record periodontal measurements, and note the presence of subgingival calculus on a maxillary quadrant.
- The Removable Calculus exercise requires candidates to thoroughly remove subgingival calculus from all teeth in the assigned quadrant using ultrasonic and/or hand instrumentation.

Dental Hygiene Objective Structured Clinical Examination (DH OSCE). The DH OSCE will continue to be offered as a stand-alone examination for those states that do not require a demonstration of hand skills or as a psychometrically sound alternative in the event that the pandemic impacts the delivery of alternative forms of the exam.

The DH OSCE examination is a standardized, multiple-choice examination that employs images and radiographs to replicate authentic oral conditions and clinical situations. DH OSCE content focuses on the clinical aspects and knowledge-based skills necessary to safely treat a patient in a clinical setting. The content categories assessed are medical history, risk assessment, extraoral/intraoral examination, periodontal assessment, dental hygiene care/treatment plan, and instrumentation. The DH OSCE is tailored to specific clinical aspects of dental hygiene care in order to evaluate critical thinking skills that cannot be assessed comprehensively on the clinic-based examination. The examination is administered at dental hygiene schools by WREB personnel with social distancing and adherence to current COVID-19 guidelines. Site-based administration eliminates the need for students to wait for availability at a testing center.



MEMORANDUM

DATE	November 6, 2020
TO	Members of the Dental Board of California
FROM	Pahoua Thao, Administrative Analyst Dental Board of California
SUBJECT	Agenda Item 14(c): American Board of Dental Examiners (ADEX) Report

Background:

Dr. William Pappas and Dr. Guy Champaine, ADEX representatives, will be available to provide a verbal update of the ADEX examination.

Action Requested:

No action requested.



MEMORANDUM

DATE	November 09, 2020
TO	Members of the Dental Board of California
FROM	Mirela Taran, Licensing Analyst Dental Board of California
SUBJECT	Agenda Item 15(a): Review of Dental Licensure and Permit Stats

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 November 05, 2020

Dental License (DDS) Status	Licensee Population
Active	34,837
Inactive	1,755
Retired	1,319
Disabled	108
Renewal in Process	354
Delinquent	5,702
Total Cancelled Since Licensing was required	17,942

*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 15(a): Review of Dental Licensing and Permit Statistics

Dental Board of California Meeting

December 4, 2020

Dental Licenses Issued via Pathway	Total Issued in 2020	Total Issued in 2019	Total Issued in 2018	Total Issued to Date	Date Pathway Implemented
WREB Exam	690	958	877	12,246	January 1, 2006
Licensure by Residency	128	140	147	2,414	January 1, 2007
Licensure by Credential	157	161	177	4,088	July 1, 2002
(LBC Clinic Contract)	10	8	11	85	July 1, 2002
(LBC Faculty Contract)	5	4	7	43	July 1, 2002
Portfolio	0	4	8	84	November 5, 2014
ADEX	62	0	0	62	November 15, 2019
Total	1,037	1,263	1,209		

License/Permit /Certification/Registration Type	Current Active Permits	Delinquent	Total Cancelled Since Permit was Required
Additional Office Permit	2,628	1,009	7,007
Conscious Sedation	534	39	560
Continuing Education Registered Provider Permit	872	808	2,229
Elective Facial Cosmetic Surgery Permit	31	5	1
Extramural Facility Registration*	187	N/A	N/A
Fictitious Name Permit	7,038	1,827	6,979
General Anesthesia Permit	920	25	1,017
Mobile Dental Clinic Permit	42	47	59
Medical General Anesthesia	120	28	206
Oral Conscious Sedation Certification (Adult Only 1,185; Adult & Minors 1,218)	2,403	656	986
Oral & Maxillofacial Surgery Permit	98	4	22
Referral Service Registration*	158	N/A	N/A
Special Permits	37	9	185

*Current population for Extramural Facilities and Referral Services are approximated because they are not automated programs

Active Licensees by County as of June 28, 2020

County	DDS	Population	Population per DDS
Alameda	1,500	1,645,359	1,096
Alpine	1	1,151	1,151
Amador	23	38,382	1,668
Butte	128	226,404	1,768
Calaveras	19	45,168	2,377
Colusa	6	22,043	3,673
Contra Costa	1,123	1,139,513	1,014
Del Norte	15	27,124	1,808
El Dorado	159	185,062	1,163
Fresno	620	995,975	1,606
Glenn	10	28,731	2,873
Humboldt	63	136,953	2,173
Imperial	39	188,334	4,829
Inyo	9	18,619	2,068
Kern	353	895,112	2,535
Kings	68	149,537	2,199

Lake	45	64,945	1,443
Lassen	24	30,918	1,288
Los Angeles	8,436	10,241,278	1,213
Madera	45	156,492	3,477
Marin	302	263,604	872
Mariposa	7	18,148	2,592
Mendocino	55	89,134	1,620
Merced	93	274,665	2,953
Modoc	4	9,580	2,395
Mono	3	13,713	4,571
Monterey	257	442,365	1,721
Napa	115	142,408	1,238
Nevada	76	98,828	1,300
Orange	3,947	3,194,024	809
Placer	473	382,837	809
Plumas	13	19,819	1,524
Riverside	1,111	2,384,783	2,146
Sacramento	1,145	1,514,770	1,322
San Benito	23	56,854	2,471
San Bernardino	1,385	2,160,256	1,559
San Diego	2,751	3,316,192	1,205
San Francisco	1,247	874,228	701
San Joaquin	376	746,868	1,986
San Luis Obispo	234	280,101	1,197
San Mateo	873	770,203	882
Santa Barbara	320	450,663	1,408
Santa Clara	2,277	1,938,180	851
Santa Cruz	172	276,603	1,608
Shasta	114	178,605	1,566
Sierra	1	3,207	3,207
Siskiyou	24	44,688	1,862
Solano	283	436,023	1,540
Sonoma	395	505,120	1,278
Stanislaus	273	548,057	2,007
Sutter	51	96,956	1,901
Tehama	28	63,995	2,285
Trinity	3	13,628	4,542
Tulare	228	471,842	2,069
Tuolumne	46	54,707	1,189
Ventura	667	857,386	1,285
Yolo	112	218,896	1,954
Yuba	7	74,577	10,653
Out of State/Country	2,660		
TOTAL	34,837	39,523,613	

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

*The counties with the highest Population per DDS are:

1. Yuba County (1:9,322)
2. Imperial County (1:4,708)
3. Mono County (1:4,571)
4. Trinity County (1:4,542)
5. Colusa County (1:3,673)

*The counties with the lowest Population per DDS are:

1. San Francisco County (1:703)
2. Orange County (1:818)
3. Placer County (1:818)
4. Marin County (1:850)
5. Santa Clara County (1:853)

*The counties with the biggest increase in active licensed dentists as of November 02, 2020 were Marin, with 8 additional dentists, Kern and Humboldt with 7 additional dentists, and Santa Barbara and Monterey with 6 additional dentists. Orange had a decrease of 46 dentists and Sacramento had a decrease of 36 dentists.

B. Following are monthly dental statistics by pathway as of November 2, 2020

Dental Applications Received by Month (2020)											Total Apps: 1,908 -1,298		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	30	11	18	35	103	185	262 140	298 156	191 99	120 66			1,253 843
Residency	11	6	8	11	13	33	76 42	29 15	46 8	40 5			213 152
Credential	16	18	22	21	20	28	30 15	37 19	43 22	50 27			285 208
Portfolio	0	0	0	0	0	0	0	0	0	0			0
ADEX	N/A	N/A	N/A	1	1	17	43 22	51 28	44 9	30 16			157 95
Total	57	35	48	68	137	263	411 219	415 218	264 138	210 114			1,908 1,298
Dental Applications Approved by Month (2020)											% of All Apps: 79%		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	32	8	11	5	8	46	264 135	384 199	272 140	197 100			1,227 684
Residency	4	5	4	1	1	9	49 25	92 49	32 16	46 8			213 122
Credential	13	10	14	14	12	13	48 9	48 25	49 25	40 20			231 155
Portfolio	0	0	0	0	0	0	0	0	0	0			0
ADEX	N/A	N/A	N/A	0	1	0	-4 2	47 24	33 17	36 19			121 63
Total	49	23	29	20	22	68	335 171	571 297	386 198	289 147			1,792 1,024
Dental Licenses Issued by Month (2020)											% of All Apps: 80%		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	39	20	12	8	13	45	133	190	140	90			690
Residency	9	2	5	0	2	9	27	49	16	9			128
Credential	16	8	11	12	17	16	9	22	24	22			157
Portfolio	0	0	0	0	0	0	0	0	0	0			0
ADEX	N/A	N/A	N/A	0	1	0	2	25	17	17			62
Total	64	30	28	20	33	70	171	286	197	138			1,037
Cancelled Dental Applications by Month (2020)											% of All Apps: 14%		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	4	5	1	6	22	41	38	31	3	2			153
Residency	3	1	1	4	3	5	8	0	0	0			25
Credential	1	0	0	0	0	0	0	2	1	1			5

Portfolio	0	0	0	0	0	0	0	0	0	0			0
ADEX	N/A	N/A	N/A	0	1	2	8	2	0	0			13
Total	8	6	2	10	26	48	54	35	4	3			183

Withdrawn Dental Applications by Month (2020) % of All Apps: <1%

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	0	2	0	0	1	2	8	17	30	20			80
Residency	0	0	1	0	1	0	1	4	2	3			12
Credential	0	0	0	0	0	0	0	0	1	1			2
Portfolio	0	0	0	0	0	0	0	0	0	0			0
ADEX	N/A	N/A	N/A	0	N/A	N/A	2	4	5	2			13
Total	0	2	1	0	2	2	11	25	38	26			107

Denied Dental Applications by Month (2020) % of All Apps: 0%

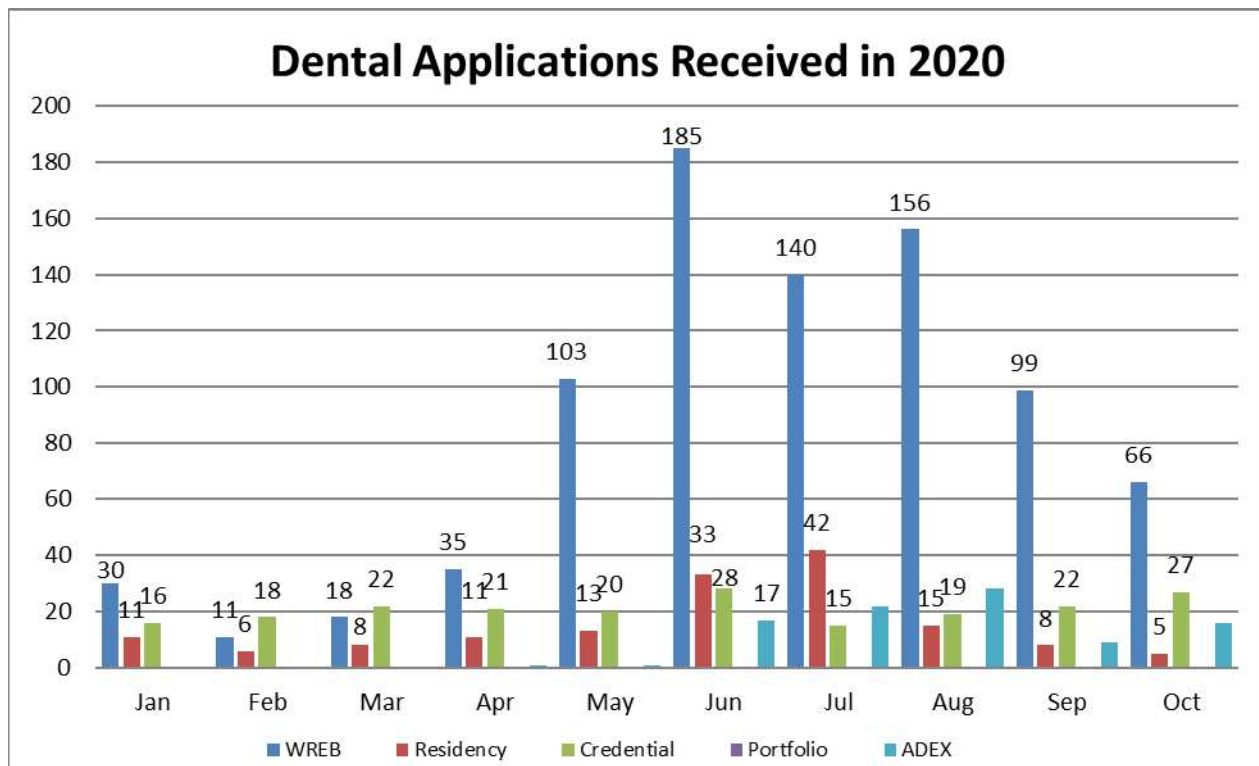
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
WREB	0	0	0	0	0	0	1	0	0	0			1
Residency	0	0	0	0	0	0	0	0	0	0			0
Credential	0	0	0	0	0	0	2	0	0	1			3
Portfolio	0	0	0	0	0	0	0	0	0	0			0
ADEX	N/A	N/A	N/A	0	N/A	N/A	0	0	0	0			0
Total	0	0	0	0	0	0	3	0	0	1			4

*Deficient Applications by pathway: WREB – 308, ADEX – 39, Residency – 52, Credential – 167, Portfolio – 0, **Total 566**

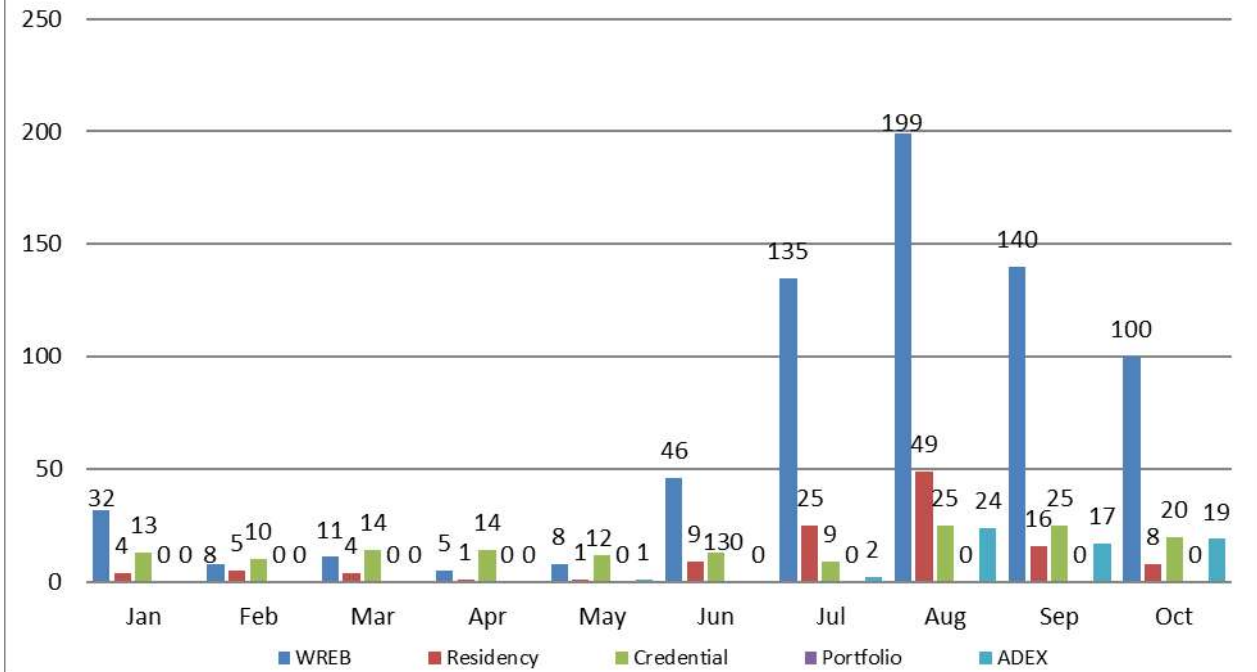
Application Definitions

Received	Application submitted in physical form or digitally through Breeze system.
Approved	Application for eligibility of licensure processed with all required documentation.
License Issued	Application processed with required documentation and paid prorated fee for initial license.
Cancelled	Board requests staff to remove application (i.e. duplicate).
Withdrawn	Applicant requests Board to remove application
Denied	Applicant fails to provide requirements for licensure (BPC 1635.5)
Deficient	Application processed lacking one or more requirements

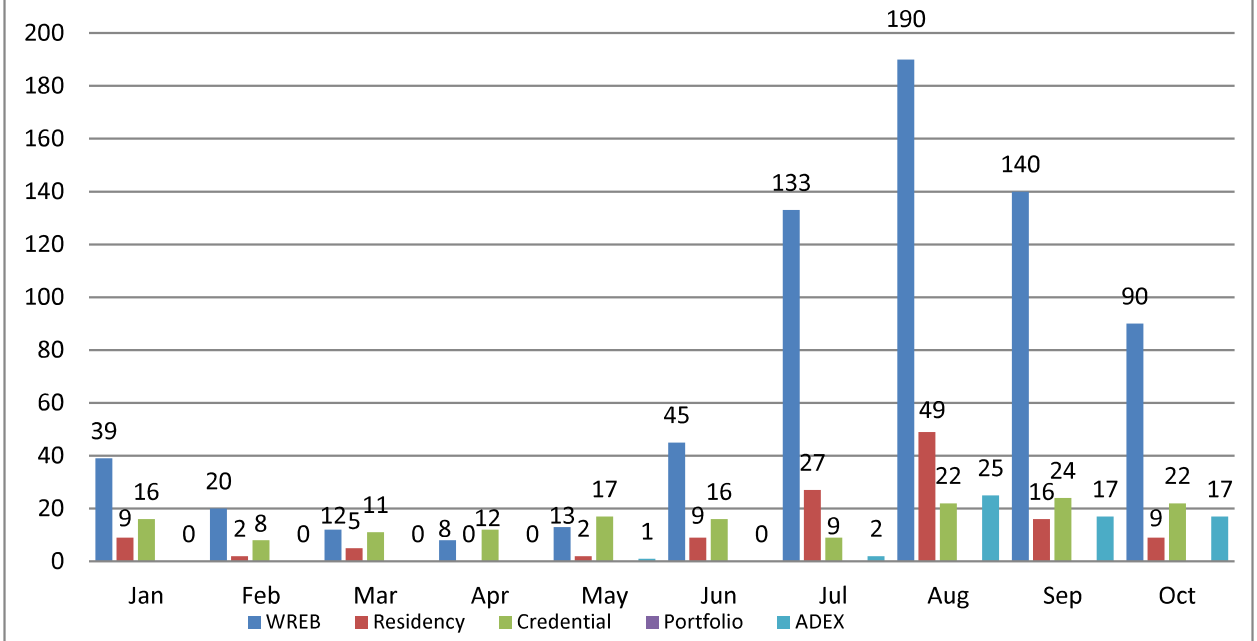
C. Following are graphs of monthly Dental statistics as of November 02, 2020



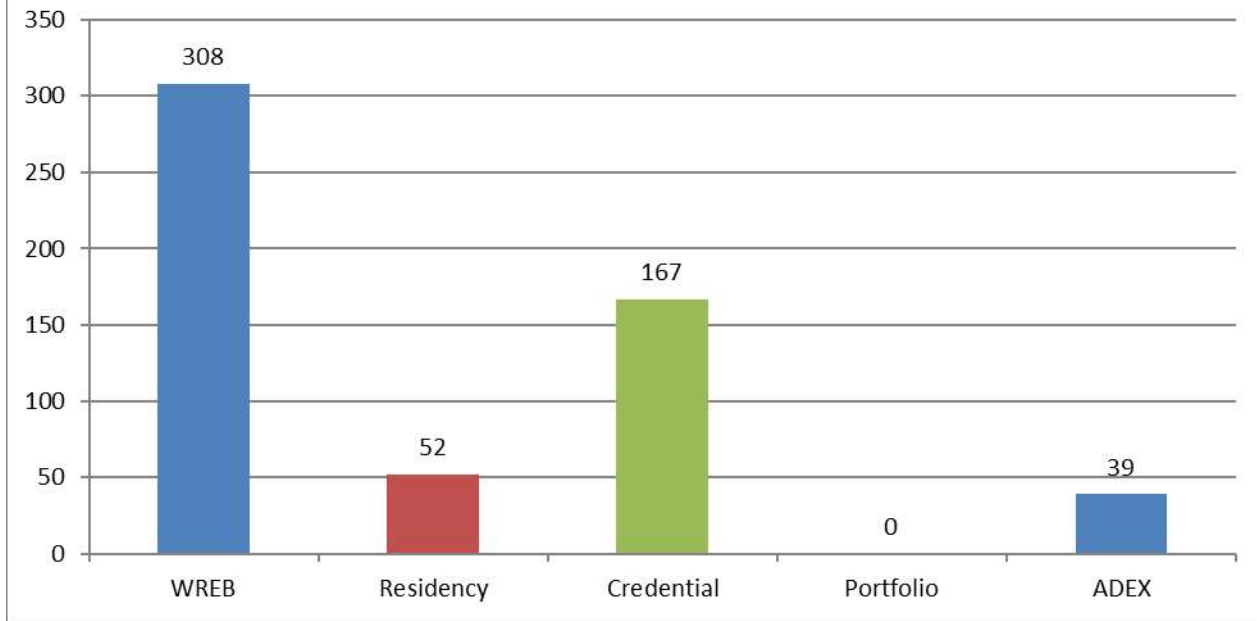
Dental Applications Approved in 2020



Dental Licenses Issued in 2020

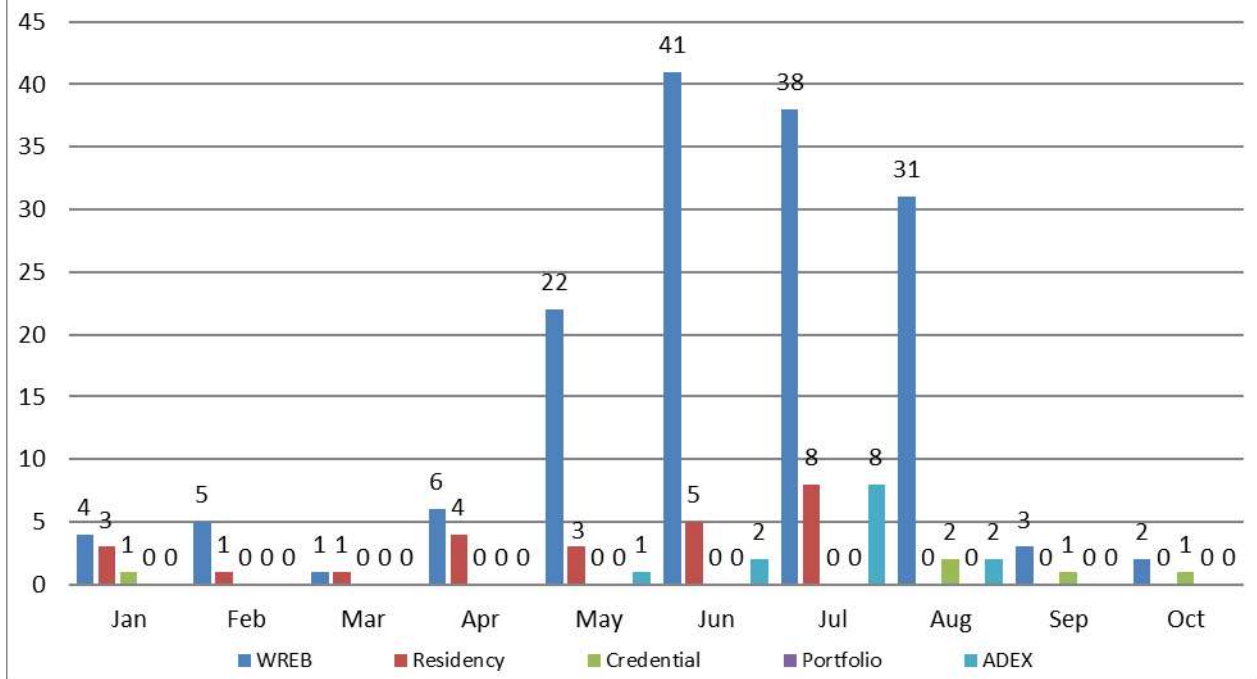


Deficient Applications as of November 09, 2020

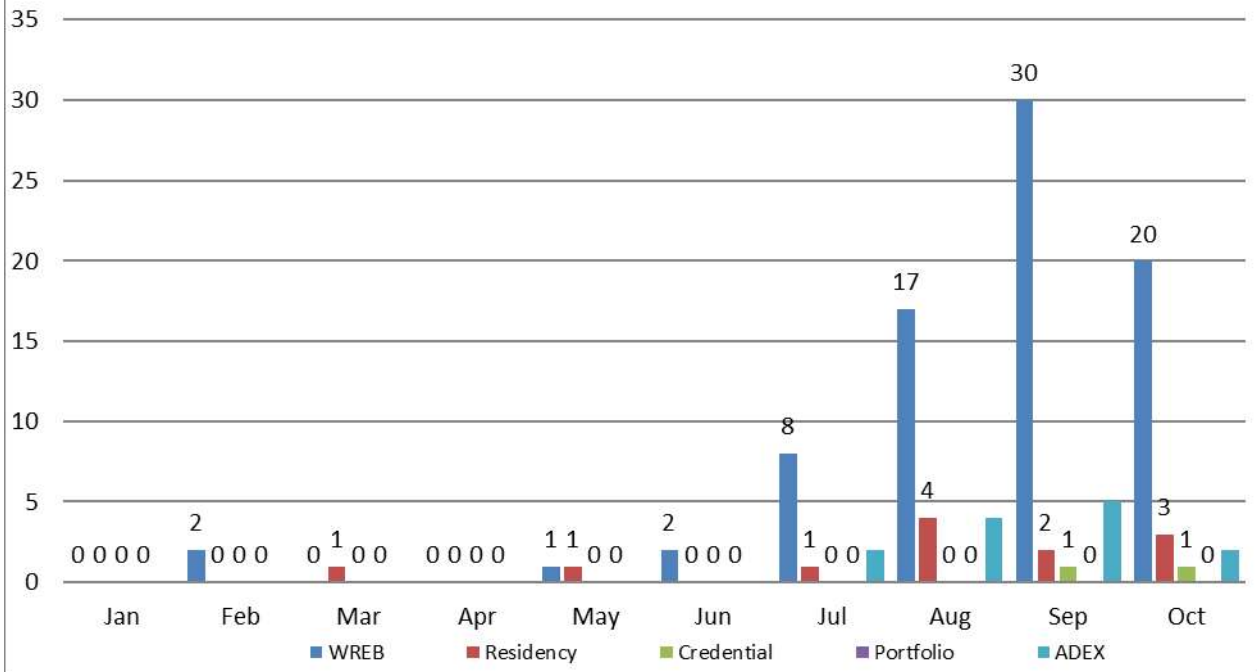


**Deficient*: Pending with one or more requirements missing in application

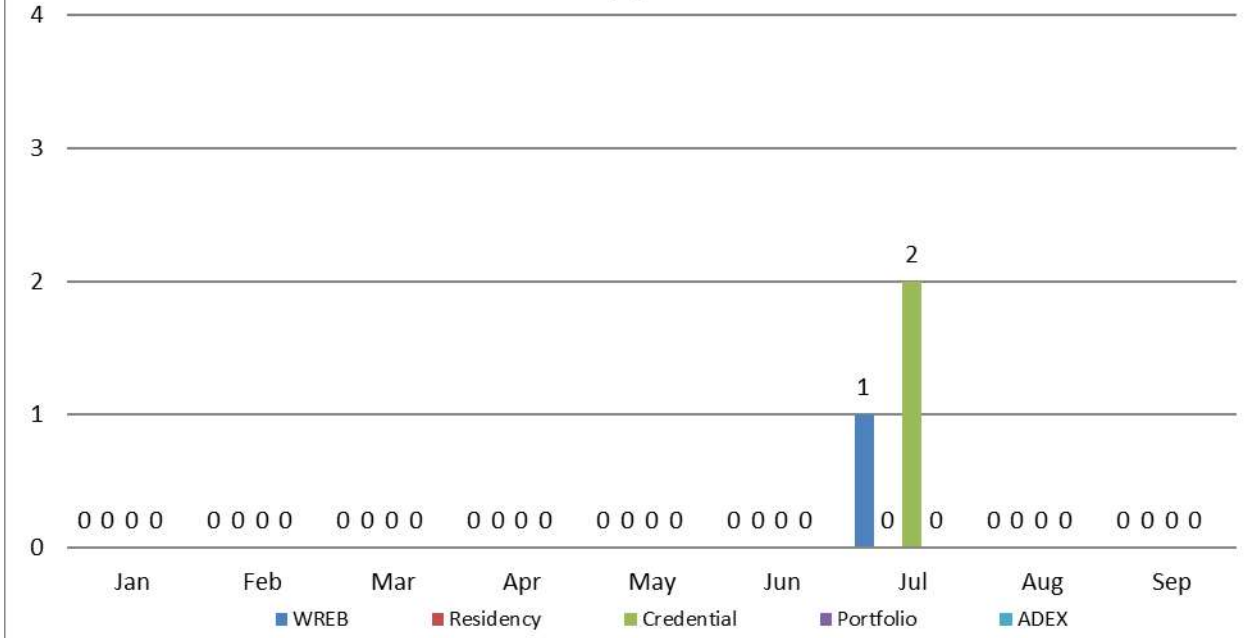
Cancelled Dental Applications in 2020



Withdrawn Dental Applications in 2020



Denied Dental Applications in 2020





MEMORANDUM

DATE	November 4, 2020
TO	Members of the Dental Board of California
FROM	John Tran, Associate Governmental Program Analyst Dental Board of California
SUBJECT	Agenda Item 15(b): General Anesthesia and Conscious Sedation Permit Evaluations Statistics

2019 - 2020 Statistical Overviews of the On-Site Inspections and Evaluations Administered by the Board

General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postponed / No Evaluators	Postponed by Request	Permit Cancelled by Request
Nov 2019	8	1	2	0	1	4
Dec 2019	9	1	2	0	0	2
Jan 2020	19	0	0	1	1	1
Feb 2020	15	0	0	2	2	2
Mar 2020	10	0	0	1	10	2
April 2020	0	0	0	3	20	0
May 2020	1	0	0	0	19	0
June 2020	5	0	0	6	7	0
July 2020	10	0	0	2	3	2
Aug 2020	6	0	0	2	0	0
Sept 2020	24	1	0	1	4	0
Oct 2020*	14	0	0	1	4	3
Nov 2020*	16	0	0	3	4	0
Dec 2020*	21	0	0	0	0	0
Total	158	3	4	22	75	16

*Approximate number of evaluations scheduled for October, November, and December 2020.

Conscious Sedation Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postponed / No evaluators	Postponed by request	Permit Cancelled by Request
Nov 2019	4	0	3	2	1	1
Dec 2019	7	0	2	0	1	4
Jan 2020	4	0	0	0	4	3
Feb 2020	12	0	1	0	2	0
Mar 2020	4	0	3	1	5	1
April 2020	0	0	0	0	10	0
May 2020	0	0	0	0	11	3
June 2020	1	0	0	1	6	0
July 2020	2	1	0	1	5	0
Aug 2020	4	0	0	0	0	0
Sept 2020	9	0	0	0	2	0
Oct 2020*	9	0	0	0	2	0
Nov 2020*	7	0	0	0	3	3
Dec 2020*	7	0	0	0	1	1
Total	69	1	9	5	53	16

*Approximate number of evaluations scheduled for October, November, and December 2020.

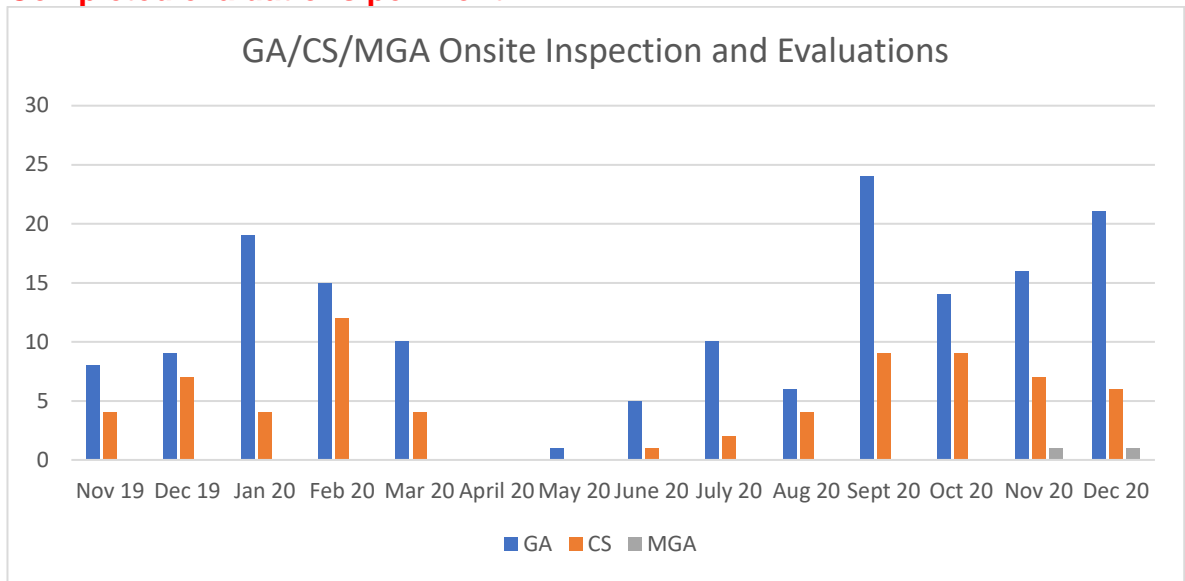
There is a great need for conscious sedation evaluators throughout California. Several evaluations have been postponed recently due to a lack of available evaluators. The Board is actively recruiting for the evaluation program.

Medical General Anesthesia Evaluations

	Pass Eval	Fail Eval	Permit Cancelled / Non-Compliance	Postponed / No Evaluators	Postponed by Request	Permit Cancelled by Request
Nov 2019	0	0	0	0	0	1
Dec 2019	0	0	0	0	0	0
Jan 2020	0	0	3	0	0	0
Feb 2020	0	0	3	0	0	0
Mar 2020	0	0	1	1	0	0
April 2020	0	0	0	0	1	0
May 2020	0	0	1	0	2	0
June 2020	0	0	0	0	1	0
July 2020	0	0	0	0	0	0
Aug 2020	0	0	0	0	0	0
Sept 2020	0	0	0	0	1	0
Oct 2020*	0	0	0	0	0	0
Nov 2020*	1	0	0	0	0	0
Dec 2020*	1	0	0	0	0	0
Total	2	0	8	1	5	1

*Approximate number of evaluations scheduled for October, November, and December 2020.

Completed evaluations per month



Current Evaluators per Region

Region	GA	CS	MGA
Northern California	131	90 97	17
Southern California	254 159	423 70	19

Action Requested:

No action requested, data provided is informational only.



MEMORANDUM

DATE	November 17, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 16(a): 2021 Tentative Legislative Calendar – Information Only

Background:

The 2021 Tentative Legislative Calendar for both the Senate and Assembly is enclosed.

Action Requested:

No action requested.

2021 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11-17-20

DEADLINES

JANUARY							
	S	M	T	W	TH	F	S
						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
Wk. 4	24	25	26	27	28	29	30
Wk. 1	31						

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 4** Legislature reconvenes (J.R. 51(a)(1)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 18** Martin Luther King, Jr. Day.
- Jan. 22** Last day to submit **bill requests** to the Office of Legislative Counsel.

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Wk. 1	28						

- Feb. 15** Presidents' Day.
- Feb. 19** Last day for bills to be **introduced** (J.R. 61(a)(1), J.R. 54(a)).

MARCH							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Spring Recess	28	29	30	31			

- Mar. 25** **Spring Recess** begins upon adjournment (J.R. 51(a)(2)).
- Mar. 31** Cesar Chavez Day observed.

APRIL							
	S	M	T	W	TH	F	S
Spring Recess					1	2	3
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Wk. 3	18	19	20	21	22	23	24
Wk. 4	25	26	27	28	29	30	

- Apr. 5** Legislature reconvenes from Spring Recess (J.R. 51(a)(2)).
- Apr. 30** Last day for **policy committees** to meet and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

MAY							
	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
No Hrgs.	30	31					

- May 7** Last day for **policy committees** to meet and report to the floor **non-fiscal bills** introduced in their house (J.R. 61(a)(3)).
- May 14** Last day for **policy committees** to meet prior to June 7 (J.R. 61(a)(4)).
- May 21** Last day for **fiscal committees** to meet and report to the floor bills introduced in their house (J.R. 61(a)(5)).
Last day for **fiscal committees** to meet prior to June 7 (J.R. 61(a)(6)).
- May 31** Memorial Day.

*Holiday schedule subject to final approval by Rules Committee.

JUNE							
	S	M	T	W	TH	F	S
No Hrgs.			1	2	3	4	5
Wk. 1	6	7	8	9	10	11	12
Wk. 2	13	14	15	16	17	18	19
Wk. 3	20	21	22	23	24	25	26
Wk. 4	27	28	29	30			

June 1-4 **Floor session only.** No committee may meet for any purpose except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(7)).

June 4 Last day for each house to pass bills introduced in that house (J.R. 61(a)(8)).

June 7 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)(3)).

JULY							
	S	M	T	W	TH	F	S
Wk. 4					1	2	3
Wk. 1	4	5	6	7	8	9	10
Wk. 2	11	12	13	14	15	16	17
Summer Recess	18	19	20	21	22	23	24
Summer Recess	25	26	27	28	29	30	31

July 2 Independence Day observed.

July 14 Last day for **policy committees** to meet and report bills (J.R. 61(a)(11)).

July 16 **Summer Recess** begins upon adjournment, provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess	1	2	3	4	5	6	7
Summer Recess	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
No. Hrgs.	29	30	31				

Aug. 16 Legislature reconvenes from Summer Recess (J.R. 51(a)(3)).

Aug. 27 Last day for **fiscal committees** to meet and report bills (J.R. 61(a)(12)).

Aug. 30-Sept. 10 **Floor session only.** No committees may meet for any purpose, except Rules Committee, bills referred pursuant to A.R. 77.2, and Conference Committees (J.R. 61(a)(13)).

SEPTEMBER							
	S	M	T	W	TH	F	S
No Hrgs.				1	2	3	4
No Hrgs.	5	6	7	8	9	10	11
Interim Recess	12	13	14	15	16	17	18
Interim Recess	19	20	21	22	23	24	25
Interim Recess	26	27	28	29	30		

Sept. 3 Last day to **amend** bills on the floor (J.R. 61(a)(14)).

Sept. 6 Labor Day.

Sept. 10 Last day for any bill to be passed (J.R. 61(a)(15)). **Interim Recess** begins upon adjournment (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM RECESS

2021

Oct. 10 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 10 and in the Governor's possession after Sept. 10 (Art. IV, Sec. 10(b)(1)).

2022

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51(a)(4)).

*Holiday schedule subject to final approval by Rules Committee.

2021 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE CHIEF CLERK
 11-18-2020

DEADLINES

JANUARY						
S	M	T	W	TH	F	S
					<u>1</u>	2
3	<u>4</u>	5	6	7	8	9
<u>10</u>	11	12	13	14	15	16
17	<u>18</u>	19	20	21	<u>22</u>	23
24	25	26	27	28	29	30
31						

FEBRUARY						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	<u>15</u>	16	17	18	<u>19</u>	20
21	22	23	24	25	26	27
28						

MARCH						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	<u>25</u>	26	27
28	29	30	<u>31</u>			

APRIL						
S	M	T	W	TH	F	S
				1	2	3
4	<u>5</u>	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	<u>30</u>	

MAY						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	<u>7</u>	8
9	10	11	12	13	<u>14</u>	15
16	17	18	19	20	<u>21</u>	22
23	24	25	26	27	28	29
30	<u>31</u>					

- [Jan. 1](#) Statutes take effect (Art. IV, Sec. 8(c)).
- [Jan. 4](#) Legislature **reconvenes** (J.R. 51(a)(1)).
- [Jan. 10](#) Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).
- [Jan. 18](#) Martin Luther King, Jr. Day.
- [Jan. 22](#) Last day to submit **bill requests** to the Office of Legislative Counsel.

- [Feb. 15](#) Presidents' Day
- [Feb. 19](#) Last day for bills to be **introduced** (J.R. 61(a)(1)), (J.R. 54(a)).

- [Mar. 25](#) **Spring Recess** begins upon adjournment of this day's session (J.R. 51(a)(2)).
- [Mar. 31](#) Cesar Chavez Day.

- [Apr. 5](#) Legislature reconvenes from **Spring Recess** (J.R. 51(a)(2)).
- [Apr. 30](#) Last day for **policy committees** to hear and report to Fiscal Committees **fiscal bills** introduced in their house (J.R. 61(a)(2)).

- [May 7](#) Last day for **policy committees** to hear and report to the Floor **non-fiscal** bills introduced in their house (J.R. 61(a)(3)).
- [May 14](#) Last day for **policy committees** to meet prior to June 7 (J.R. 61(a)(4)).
- [May 21](#) Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61 (a)(5)). Last day for **fiscal committees** to meet prior to June 7 (J.R. 61 (a)(6)).
- [May 31](#) Memorial Day.

* Holiday schedule subject to final approval by Rules Committee

2021 TENTATIVE LEGISLATIVE CALENDAR
 COMPILED BY THE OFFICES OF THE SECRETARY OF THE SENATE AND THE CHIEF CLERK
 11-18-2020

JUNE						
S	M	T	W	TH	F	S
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	5
6	<u>7</u>	8	9	10	11	12
13	14	<u>15</u>	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

June 1-4 Floor Session Only. No committee, other than Conference or Rules, may meet for any purpose (J.R. 61(a)(7)).

June 4 Last day for bills to be **passed out of the house of origin** (J.R. 61(a)(8)).

June 7 Committee meetings may resume (J.R. 61(a)(9)).

June 15 Budget bill must be passed by **midnight** (Art. IV, Sec. 12 (c)(3)).

JULY						
S	M	T	W	TH	F	S
				1	<u>2</u>	3
4	5	6	7	8	9	10
11	12	13	<u>14</u>	15	<u>16</u>	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

July 2 Independence Day observed.

July 14 Last day for **policy committees** to meet and report bills (J.R. 61(a)(10)).

July 16 Summer Recess begins upon adjournment of this day's session, provided Budget Bill has been passed (J.R. 51(a)(3)).

AUGUST						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	<u>16</u>	17	18	19	20	21
22	23	24	25	26	<u>27</u>	28
29	<u>30</u>	<u>31</u>				

Aug. 16 Legislature reconvenes from **Summer Recess** (J.R. 51(a)(3)).

Aug. 27 Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(a)(11)).

Aug. 30-Sept. 10 Floor Session only. No committees, other than conference committees and Rules Committee, may meet for any purpose (J.R. 61(a)(12)).

SEPTEMBER						
S	M	T	W	TH	F	S
			<u>1</u>	<u>2</u>	<u>3</u>	4
5	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

Sept. 3 Last day to **amend** bills on the Floor (J.R. 61(a)(13)).

Sept. 6 Labor Day.

Sept. 10 Last day for **each house to pass bills** (J.R. 61(a)(14)). **Interim Study Recess** begins at end of this day's session (J.R. 51(a)(4)).

IMPORTANT DATES OCCURRING DURING INTERIM STUDY RECESS

2021

Oct. 10 Last day for Governor to sign or veto bills passed by the Legislature on or before Sept. 10 and in the Governor's possession after Sept. 10 (Art. IV, Sec. 10(b)(1)).

2022

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 3 Legislature reconvenes (J.R. 51 (a)(4)).

** Holiday schedule subject to final approval by Rules Committee



MEMORANDUM

DATE	November 9, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 16(b): 2019-2020 End of Session Legislative Summary Report

Background:

Throughout the 2019-2020 Legislative Session, the Board and staff have tracked several bills that would impact operations. Board members and staff have actively partaken in this year's Legislative Session by communicating with Legislators and their staff and taking positions on proposed bills. The bills that the Board has followed during the 2019-2020 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](#) (Blanca 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 613](#) (Low) Dentists: clinical laboratories: license examinations.
- [AB 768](#) (Brough) Professions and Vocations.
- [AB 954](#) (Wood) Dental Services: Third-Party Network Access.
- [AB 994](#) (Mathis) Business License Fees: Veterans.
- [AB 1263](#) (Low) Contracts: consumer services: consumer complaints.
- [AB 1519](#) (Low) Healing Arts.
- [AB 1622](#) (Carrillo) Family Physicians.
- [AB 1998](#) (Low) Dental Practice Act: unprofessional conduct: patient of record.
- [AB 2028](#) (Aguiar-Curry) State Agencies: meetings.
- [AB 2113](#) (Low; Co-authors: Carrillo, Chiu, Medina, Blanca Rubio, and Gonzalez) Refugees, asylees, and special immigrant visa holders: professional licensing: initial licensure process.

- [AB 2146](#) (Chiu (Co-authors: Assembly Members Frazier and Mayes, Senator Allen) Public University Dental School Intergovernmental Transfer Program.
- [AB 2185](#) (Patterson, Gallagher) Professions and Vocations: applicants licensed in other states: reciprocity.
- [AB 2411](#) (Nazarian) Healing arts licensees: remuneration: drug or device companies: disclosure.
- [AB 2520](#) (Chiu; Co-author: Senator Leyva) Access to Medical Records.
- [AB 2535](#) (Mathis and Lackey) Denti-Cal Provider pilot program.
- [AB 2549](#) (Salas; Co-author: Gonzalez) Department of Consumer Affairs: temporary licenses.
- [AB 2569](#) (Grayson) Crimes: juvenile victim confidentiality.
- [AB 2631](#) (Cunningham Co-authors: Horvath, Fong, Lackey, Mayes and Senators Jones and Wilk) License Fees: military partners and spouses.
- [AB 2704](#) (Ting, Co-author Rodriguez) Healing arts licensees: data collection.
- [AB 3045](#) (Gray and Patterson; Co-authors: Gallagher, Fong, Gipson, Grayson, and Obernolte) Department of Consumer Affairs: Boards: Veterans: Military Spouses: licenses.
- [AB 3095](#) (Mullin) Healthcare Practitioners: stem cell therapy.
- [AB 3315](#) (Assembly Members Eduardo Garcia, Gonzalez, and Reyes (Co-authors: Assembly Members Carrillo, Cooper, Gipson, Medina, Quirk-Silva, and Salas)) Dentistry: Foreign Dental Schools: applications.
- [AB 3330](#) (Calderon) Department of Consumer Affairs: boards: licensees: regulatory fees.
- [SB 53](#) (Wilk): Open Meetings.
- [SB 154](#) (Pan): Medi-Cal: restorative dental services.
- [SB 653](#) (Chang) Registered Dental Hygienist in Alternative Practice.
- [SB 776](#) (Skinner) College admissions: criminal history inquiry: prohibition.
- [SB 878](#) (Jones) Department of Consumer Affairs: license: application: processing timeframes.
- [SB 1097](#) (Durazo) Medical services: credit and loan.
- [SB 1168](#) (Morrell) State agencies: licensing services.
- [SB 1324](#) (Allen) Professional licenses.

The following bills were vetoed by Governor Newsom:

- [AB 476](#) (Blanca Rubio) DCA: Foreign-Trained Professionals.
- [SB 154](#) (Pan): Medi-Cal: restorative dental services.

The following bills have been signed by Governor Newsom:

- [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.

- [AB 2113](#) (Low; Co-authors: Carrillo, Chiu, Medina, Blanca Rubio, and Gonzalez) Refugees, asylees, and special immigrant visa holders: professional licensing: initial licensure process.
- [AB 2520](#) (Chui; Co-author: Senator Leyva) Access to Medical Records.
- [AB 3330](#) (Calderon) Department of Consumer Affairs: boards: licensees: regulatory fees.
- [SB 878](#) (Jones) Department of Consumer Affairs: license: application: processing timeframes.

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 Two-Year Legislative Session 2019-2020* and direct staff to post the report on the Board's web site.

LEGISLATIVE SUMMARY FOR END OF TWO YEAR LEGISLATIVE SESSION 2019-2020



DEPARTMENT OF CONSUMER AFFAIRS DENTAL BOARD OF CALIFORNIA

Legislative Summary for
End of Two-Year
Legislative Session 2019-2020
Compiled by
The Dental Board of California

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**Legislative Summary for
End of Two-Year
Legislative Session 2019-2020**

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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](#) Carrillo (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.

[AB 2113](#) Low; Co-authors: Carrillo, Chiu, Medina, Blanca Rubio, and Gonzalez (Chapter 186, Statutes of 2020)

**REFUGEES, ASYLEES, AND SPECIAL IMMIGRANT VISA HOLDERS:
PROFESSIONAL LICENSING: INITIAL LICENSURE PROCESS.**

This bill would require the Board to expedite, and authorize it to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the Board that they are a refugee, have been granted asylum, or have a special immigrant visa. It does not otherwise change the requirements for licensure.

The Board already has a process for expediting certain licenses. Implementing this bill would require adding three classes of applicants (Refugee, Asylee and Special Immigrant Visa) to that process, and updating the application to include the request for expedited processing on the basis of one of the three classes. However this would not otherwise change the licensing requirements. Therefore this bill is expected to have minimal fiscal impact which is absorbable within the current budget.

[AB 2520](#) Chiu; Co-author: Senator Leyva (Chapter 101, Statutes of 2020)
ACCESS TO MEDICAL RECORDS.

Existing law requires a health care provider, including a Dentist, to provide a patient or the patient's representative with all or any part of the patient's medical records that the patient has a right to inspect, subject to the payment of clerical costs incurred in locating and making the records available, following a written request from the patient. Existing law requires the health care provider to provide one copy of the relevant portion of the patient's record at no charge if the patient or patient's representative presents proof to

the provider that the records are needed to support an appeal regarding eligibility for a public benefit program, as defined. Existing law makes a willful violation of these provisions by specified health care providers an infraction.

This bill would require a health care provider to provide an employee of a nonprofit legal services entity representing the patient a copy of the medical records at no charge under those conditions. The bill would expand the definition of a public benefit program to include the Cash Assistance Program for Aged, Blind, and Disabled Legal Immigrants, and a government-funded housing subsidy or tenant-based housing assistance program. The bill additionally would require a health care provider to provide the records at no charge upon proof that the records are needed for a petition for U nonimmigrant status under the Victims of Trafficking and Violence Protection Act or a self-petition for lawful permanent residency under the Violence Against Women Act.

This bill also prohibits a health care provider from charging a fee to a patient for filling out forms or providing information responsive to forms that support a claim or appeal regarding eligibility for a public benefit program. The bill would require the health care provider to provide information responsive to those portions of the form for which the health care provider has the information necessary to provide a medical opinion, as specified. The bill would also authorize a health care provider to honor a request to disclose a patient record or complete a public benefit form that contains the written or electronic signature of the patient or the patient's personal representative.

This legislation increases the persons to whom a Dentist must produce medical records upon receipt of a valid request; and increases the instances in which the dentist will have to bear the cost of the record production or filling out forms. However, existing law already requires Dentists to produce copies of patient records to patients and their representatives in similar circumstances. This bill would merely expand the explicit definition of patient representative to include employees of non-profit legal services entities, expand the definition of public benefit programs, and expand the times when these records must be produced at no cost to patients. Because this bill expands the application of an existing law, the impact on the Board is expected to be minor and absorbable, and limited to educating practitioners.

[AB 3330](#) Calderon (Chapter 359, Statutes of 2020)

DEPARTMENT OF CONSUMER AFFAIRS: BOARDS: LICENSEES: REGULATORY FEES.

Existing law requires a Controlled Substance Utilization Review and Evaluation System (CURES) fee of \$6 to be assessed annually, at the time of license renewal, on specified active licensees to pay the costs associated with operating and maintaining CURES.

This bill, beginning January 1, 2021, would increase that fee to \$11 and beginning April 1, 2023, would reduce the fee to 9\$.

This would equate to a \$22 CURES fee at each biennial license renewal for dentists until 2023 at which time the fee will be lowered to \$18. The fee increases and decreases will require changes to the BreEze system.

[SB-878](#) Jones (Chapter 131, Statutes of 2020)

DEPARTMENT OF CONSUMER AFFAIRS: LICENSE: APPLICATION: PROCESSING TIMEFRAMES.

This bill would require beginning July 1, 2021, on at least a quarterly basis, that each board within the department that issues licenses to prominently display the current average timeframe for processing initial and renewal license applications, or the combined average processing time for both on its internet website, as provided.

The Board will need to work with the Office of Information Services, QBIRT, and the BreEze Reports Team to develop a report that would capture the required average processing times information. Staff will also need to run the reports quarterly, verify the data for inaccuracies and prepare the report for posting to the website. The cost of BreEze implementation and quarterly reporting is expected to be minor and absorbable.

2019 ENROLLED BILLS

<u>BILL NUMBER</u>	<u>AUTHOR</u>	<u>FINAL STATUS</u>	<u>CHAPTER NUMBER</u>	<u>STATUTE YEAR</u>
<u>AB 5</u>	Gonzalez	Chaptered	296	2019
<u>AB 149</u>	Cooper	Chaptered	04	2019
<u>AB 528</u>	Low	Chaptered	677	2019
<u>AB 954</u>	Ting	Chaptered	540	2019
<u>AB 1519</u>	Low	Chaptered	865	2019
<u>AB 1622</u>	Carrillo	Chaptered	632	2019
<u>AB 2113</u>	Low	Chaptered	186	2020
<u>AB 2520</u>	Chiu	Chaptered	101	2020
<u>AB 3330</u>	Calderon	Chaptered	359	2020
<u>SB 878</u>	Jones	Chaptered	131	2020



MEMORANDUM

DATE	November 9, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 16(c)i: Discussion and Possible Action Regarding Legislative Proposals for 2021 – Healing Arts Omnibus Bill

Background:

The Senate Business, Professions, and Economic Development Committee (Committee) will be introducing two omnibus bills for 2021; one bill will be designated for health care Board and Bureau legislation and the other will be for non-health care Board and Bureau legislation. The Committee plans to introduce the bills in early 2021 and has requested that Board and Bureau proposals be submitted to the Committee by early January 2021 for inclusion in the introduced version of the bill. Omnibus bill proposals should be non-controversial and are intended to be used for clean-up.

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

2021 Omnibus Bill Proposal:

Board Staff have identified a gap in the statutory structure for anesthesia licenses which was last modified by Senate Bill (SB) 501 (Glazer, Chapter 929, Statutes of 2018). SB 501 will, beginning January 1, 2022, create a new Pediatric Minimal Sedation Permit to replace the current Oral Conscious Sedation for Minors Permit. In addition to creating the permit, SB 501 established at Business and Professions Code (BPC) section 1647.33 that the application and renewal fee for the newly created Pediatric Minimal Sedation permit shall not exceed the amount prescribed by BPC section 1724. BPC section 1724 establishes the maximum fee for Board licensing and renewals.

Despite the clear reference to section 1724 contained in BPC section 1647.33, it appears that BPC section 1724 was not updated by SB 501 to include the maximum fees for Pediatric Minimal Sedation permit. Staff recommend adding a provision to BPC section 1724 which covers the Pediatric Minimal Sedation Permit application and renewal maximum fee to close this gap.

Staff suggest mirroring the language and fee amounts prescribed for the application and renewal of the Oral Conscious Sedation Permit which is found at BPC section 1724(r). Specifically staff suggest the amending BPC 1724 beginning at subsection (s). The code section and proposed changes follow. All changes are marked in highlight, additions are underlined, and deletions are notated in ~~strikethrough~~:

BPC section 1724: “The amount of charges and fees for dentists licensed pursuant to this chapter shall be established by the board as is necessary for the purpose of carrying out the responsibilities required by this chapter as it relates to dentists, subject to the following limitations:

- (a) The fee for an application for licensure qualifying pursuant to paragraph (1) of subdivision (c) of Section 1632 shall not exceed one thousand five hundred dollars (\$1,500). The fee for an application for licensure qualifying pursuant to paragraph (2) of subdivision (c) of Section 1632 shall not exceed one thousand dollars (\$1,000).
- (b) The fee for an application for licensure qualifying pursuant to Section 1634.1 shall not exceed one thousand dollars (\$1,000).
- (c) The fee for an application for licensure qualifying pursuant to Section 1635.5 shall not exceed one thousand dollars (\$1,000).
- (d) The fee for an initial license and for the renewal of a license is five hundred twenty-five dollars (\$525). On and after January 1, 2016, the fee for an initial license shall not exceed six hundred fifty dollars (\$650), and the fee for the renewal of a license shall not exceed six hundred fifty dollars (\$650). On and after January 1, 2018, the fee for an initial license shall not exceed eight hundred dollars (\$800), and the fee for the renewal of a license shall not exceed eight hundred dollars (\$800).
- (e) The fee for an application for a special permit shall not exceed one thousand dollars (\$1,000), and the renewal fee for a special permit shall not exceed six hundred dollars (\$600).
- (f) The delinquency fee shall be 50 percent of the renewal fee for such a license or permit in effect on the date of the renewal of the license or permit.
- (g) The penalty for late registration of change of place of practice shall not exceed seventy-five dollars (\$75).
- (h) The fee for an application for an additional office permit shall not exceed seven hundred fifty dollars (\$750), and the fee for the renewal of an additional office permit shall not exceed three hundred seventy-five dollars (\$375).
- (i) The fee for issuance of a replacement pocket license, replacement wall certificate, or replacement engraved certificate shall not exceed one hundred twenty-five dollars (\$125).

(j) The fee for a provider of continuing education shall not exceed five hundred dollars (\$500) per year.

(k) The fee for application for a referral service permit and for renewal of that permit shall not exceed twenty-five dollars (\$25).

(l) The fee for application for an extramural facility permit and for the renewal of a permit shall not exceed twenty-five dollars (\$25).

(m) The fee for an application for an elective facial cosmetic surgery permit shall not exceed four thousand dollars (\$4,000), and the fee for the renewal of an elective facial cosmetic surgery permit shall not exceed eight hundred dollars (\$800).

(n) The fee for an application for an oral and maxillofacial surgery permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an oral and maxillofacial surgery permit shall not exceed one thousand two hundred dollars (\$1,200).

(o) The fee for an application for a general anesthesia permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a general anesthesia permit shall not exceed six hundred dollars (\$600).

(p) The fee for an onsite inspection and evaluation related to a general anesthesia or moderate sedation permit shall not exceed four thousand five hundred dollars (\$4,500).

(q) The fee for an application for a moderate sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of a conscious sedation permit shall not exceed six hundred dollars (\$600).

(r) The fee for an application for an oral conscious sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an oral conscious sedation permit shall not exceed six hundred dollars (\$600).

(s) The fee for an application for a pediatric minimal sedation permit shall not exceed one thousand dollars (\$1,000), and the fee for the renewal of an pediatric minimal sedation permit shall not exceed six hundred dollars (\$600).

(ts) The fee for a certification of licensure shall not exceed one hundred twenty-five dollars (\$125).

(ut) The fee for an application for the law and ethics examination shall not exceed two hundred fifty dollars (\$250).

(vt) This section shall become operative on January 1, 2022.”

Staff believe that this is a technical clean up which will not be controversial and is therefore a good candidate for inclusion in an omnibus bill. However if the Committee or stakeholders find this proposal too controversial for inclusion in an omnibus bill, staff will seek out an appropriate legislative vehicle for this legislative proposal.

Action Requested:

After consideration of the staff recommendation, staff requests the Board accept, reject, or modify the recommendations, and direct staff to prepare the proposal for submission to the Committee for inclusion in the 2021 Healing Arts Omnibus Bill. Staff also request that if the Committee will not include this proposal in the omnibus, the Board direct staff to find an appropriate legislative vehicle or author to carry this proposal.



MEMORANDUM

DATE	November 9, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 16(c)ii: Discussion and Possible Action Regarding Legislative Proposal to Eliminate the Registered Dental Assistant in Extended Functions (RDAEF) Practical and Clinical Examination

Background:

The Dental Board of California (Board) administers the Registered Dental Assistant in Extended Functions (RDAEF) clinical and practical examinations as outlined in Business and Professions Code (BPC) section 1753.4.

The examination is offered approximately eight (8) times per year at California dental schools. Approximately 25 to 30 candidates are tested at each examination administration. There are currently eleven (11) Board-approved RDAEF programs. The RDAEF examination consists of a clinical and practical examination, therefore, it must be held at a dental school which also must have enough space to accommodate the increasing number of applicants. Currently, there are six (6) dental schools in California.

The procedures tested in the clinical and practical examinations are specified in statute, at BPC section 1753.4. The clinical examination consists of two (2) evaluated procedures (cord retraction and final impression) requiring the candidate to secure a sponsoring Dentist (DDS), who is most often their employer, and a patient. The practical examination consists of two (2) evaluated procedures (amalgam and composite restorations) performed on a typodont (mannikin). These examinations are administered in dental clinics and dental laboratories at the designated California dental schools.

The RDAEF clinical and practical examinations are normally offered at the University of California, Los Angeles (UCLA) School of Dentistry, and the University of California, San Francisco (UCSF) School of Dentistry and are administered by Board staff. These schools have been used for the clinical and practical examinations administration due to their size and ability to accommodate the number of candidates. The Board attempts to reserve the sites and alternate Northern and Southern California examinations dates; however, the dental schools are also used by other testing agencies, continuing education course providers and the dental school's own dental students.

Agenda Item 16(c)ii: Legislative Proposal to Eliminate the RDAEF Practical and Clinical Examination
 Dental Board of California Meeting
 December 4, 2020

In May, staff received notification that UCLA and UCSF would not be able to host the Board's RDAEF clinical and practical examinations due to the Governor's stay at home order and concerns surrounding COVID-19. In response, the Board cancelled the two practical and clinical examinations that were scheduled for June 2020. In July, Board staff again received notification from UCLA and UCSF that they will not be able to host the RDAEF examinations scheduled for August 2020, due to COVID-19 concerns.

Under the Governor's Declaration of Emergency regarding Covid-19 (Executive Order N-39-20), the Director of the Department of Consumer Affairs is authorized to waive laws and regulations pertaining to professional licensing requirements during this state of emergency. In accordance with the Executive Order, on August 21, 2020, the Board submitted a waiver to the Director requesting temporary suspension of the requirement for RDAEF applicants to successfully pass the clinical and practical examination for licensure due to the inability of the Board to secure examination testing locations to host the clinical and practical examination because of COVID-19 related concerns. On August 31, 2020 the Board received notice that the waiver was denied. Furthermore, the Department has not waived any clinical or practical examinations for any other licensing board at this time.

The Board has already established by working with OPES that due to ethical and practical considerations, dental licensure examinations are moving away from patient-based assessments and this trend has been accelerated by the COVID-19 pandemic.

At the August 2020 meeting the Board acknowledged the challenges with the administration of the RDAEF clinical and practical examinations, the fact that RDAEFs are a supervised profession requiring supervising dentists to determine when a RDAEF is ready to practice and perform the duties of their licensure, the fact the Board has not received consumer complaints relating to RDAEFs performing these tested procedures, and the fact the Board has already suspended and then eliminated the Registered Dental Assistant (RDA) practical examination for similar issues.

As a result the Board directed Staff to seek an author to carry legislation to repeal the requirements of the RDAEF clinical and practical examinations permanently. Staff have not yet identified an author to carry this legislation. However with the assistance of counsel, staff have developed the proposed statutory changes which are attached to this memo. With the approval of the Board, staff will use this legislative language to solicit an author to carry this proposed language as new legislation in 2021.

Action Requested:

Approve or modify the attached proposed statutory changes eliminating the statutory authority for the RDAEF practical and clinical examinations and direct staff to find an author to carry legislation to repeal the requirements of the RDAEF clinical and practical examinations permanently.

TO Members of the Dental Board of California	
FROM	RDAEF Association
SUBJECT	Agenda Item 16(c)ii: Discussion and Possible Action Regarding Legislative Proposal to Eliminate the Registered Dental Assistant in Extended Functions (RDAEF) Practical and Clinical Examination

The RDAEF Association has testified before the Board many times in the past 9 years in an attempt to update language in regards to RDAEF Functions and to make changes to the clinical and practical examinations that are more representative of current procedures and materials utilized in a modern dental practice. The RDAEF Association fought for many years to create the EF2 category of licensure and want to make sure that the profession represents the best professional care possible for the citizens of California.

We agree that dental licensure examinations should move away from patient-based assessments and we therefore support the removal of the clinical patient portion of the examination from requirements for licensure for the RDAEF. We are however concerned that without any type of bench-restorative examination, or other definitive process, the Board will not have any statistical information on the performance of the individual schools/programs that they have approved.

You may recall several years ago that the Board staff became alarmed at the extremely high examination fail rate of a particular program and required that the program make adjustments to their program and student outcomes. Without the test result knowledge, the Board staff would not have been aware of such a problem. There have been a significant number of programs approved since that time. Although only antidotal evidence is available, it would appear that several programs do not require their students to meet the mandates set forth in regulatory language for an RDAEF Program. Without examination results, or another definitive process, the Board cannot accurately assess these programs once they are approved.

Although there is a Board approval process and site visits that can be repeated at designated intervals required by regulation, a site visit is only a quick glimpse into a program and curriculum/application packets can and have been purchased by several programs in the past.

Should the Board move forward with the elimination of both the clinical and restorative portion of the examination, the RDAEF Association would look forward to working with the Dental Assisting Council, and Board staff to develop a meaningful process to maintain quality educational programs for the RDAEF.

DENTAL BOARD OF CALIFORNIA
LEGISLATIVE PROPOSAL REGARDING
RDAEF CLINICAL AND PRACTICAL EXAMINATIONS

Proposed amendments to the statutory language are shown in single underline for new text and ~~single strikethrough~~ for deleted text.

Amend sections 1753, 1753.55, and 1753.6 and repeal section 1753.4 of article 7 of chapter 4 of division 2 of the Business and Professions Code as follows:

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

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

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

(3) Successful completion of either of the following:

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

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

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

(b) A registered dental assistant in extended functions may apply for an orthodontic assistant permit or a dental sedation assistant permit, or both, by providing written evidence of the following:

(1) Successful completion of a board-approved orthodontic assistant or dental sedation assistant course, as applicable.

(2) Passage of a written examination administered by the board that shall encompass the knowledge, skills, and abilities necessary to competently perform the duties of the particular permit.

(c) A registered dental assistant in extended functions with permits in either orthodontic assisting or dental sedation assisting shall be referred to as an "RDAEF with orthodontic

assistant permit,” or “RDAEF with dental sedation assistant permit,” as applicable. These terms shall be used for reference purposes only and do not create additional categories of licensure.

(d) Completion of the continuing education requirements established by the board pursuant to Section 1645 by a registered dental assistant in extended functions who also holds a permit as an orthodontic assistant or dental sedation assistant shall fulfill the continuing education requirement for such permit or permits.

~~**1753.4.** On and after January 1, 2010, each applicant for licensure as a registered dental assistant in extended functions shall successfully complete an examination consisting of the procedures described in subdivisions (a) and (b). On and after January 1, 2010, each person who holds a current and active registered dental assistant in extended functions license issued prior to January 1, 2010, who wishes to perform the duties specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, shall successfully complete an examination consisting of the procedures described in subdivision (b). The specific procedures shall be assigned by the board, after considering recommendations of its Dental Assisting Council, and shall be graded by examiners appointed by the board. Each applicant shall furnish the required materials necessary to complete the examination.~~

~~(a) Successful completion of the following two procedures on a patient provided by the applicant. The prepared tooth, prior to preparation, shall have had mesial and distal contact. The preparation performed shall have margins at or below the free gingival crest and shall be one of the following: $\frac{7}{8}$ crown, $\frac{3}{4}$ crown, or full crown, including porcelain fused to metal. Alginate impression materials alone shall not be acceptable:~~

~~(1) Cord retraction of gingiva for impression procedures.~~

~~(2) Take a final impression for a permanent indirect restoration.~~

~~(b) Successful completion of two of the following procedures on a simulated patient head mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment, or mounted on a dental chair in a dental operatory:~~

~~(1) Place, condense, and carve an amalgam restoration.~~

~~(2) Place and contour a nonmetallic direct restoration.~~

~~(3) Polish and contour an existing amalgam restoration.~~

1753.55. (a) A registered dental assistant in extended functions is authorized to perform the additional duties as set forth in subdivision (b) pursuant to the order, control, and full professional responsibility of a supervising dentist, if the licensee meets one of the following requirements:

(1) Is licensed on or after January 1, 2010.

(2) Is licensed prior to January 1, 2010, and has successfully completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and

(7) to (11), inclusive, of subdivision (b) of Section 1753.5, ~~and passed the examination as specified in Section 1753.4.~~

(b) (1) Determine which radiographs to perform on a patient who has not received an initial examination by the supervising dentist for the specific purpose of the dentist making a diagnosis and treatment plan for the patient. In these circumstances, the dental assistant in extended functions shall follow protocols established by the supervising dentist. This paragraph only applies in the following settings:

(A) In a dental office setting.

(B) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.

(2) Place protective restorations, which for this purpose are identified as interim therapeutic restorations, and defined as a direct provisional restoration placed to stabilize the tooth until a licensed dentist diagnoses the need for further definitive treatment. An interim therapeutic restoration consists of the removal of soft material from the tooth using only hand instrumentation, without the use of rotary instrumentation, and subsequent placement of an adhesive restorative material. Local anesthesia shall not be necessary for interim therapeutic restoration placement. Interim therapeutic restorations shall be placed only in accordance with both of the following:

(A) In either of the following settings:

(i) In a dental office setting, under the direct or general supervision of a dentist as determined by the dentist.

(ii) In public health settings, using telehealth, as defined by Section 2290.5, for the purpose of communication with the supervising dentist, including, but not limited to, schools, head start and preschool programs, and community clinics, under the general supervision of a dentist.

(B) After the diagnosis, treatment plan, and instruction to perform the procedure provided by a dentist.

(c) The functions described in subdivision (b) may be performed by a registered dental assistant in extended functions only after completion of a program that includes training in performing those functions, or after providing evidence, satisfactory to the board, of having completed a board-approved course in those functions.

(d) No later than January 1, 2018, the board shall adopt regulations to establish requirements for courses of instruction for the procedures authorized to be performed by a registered dental assistant in extended functions pursuant to this section using the competency-based training protocols established by the Health Workforce Pilot Project (HWPP) No. 172 through the Office of Health Planning and Development. The board shall submit to the committee proposed regulatory language for the curriculum for the Interim Therapeutic Restoration to the committee for the purpose of promulgating regulations for registered dental hygienists and registered dental hygienists in alternative practice as described in Section 1910.5. The language submitted by the

board shall mirror the instructional curriculum for the registered dental assistant in extended functions. Any subsequent amendments to the regulations that are promulgated by the board for the Interim Therapeutic Restoration curriculum shall be submitted to the committee.

(e) The board may issue a permit to a registered dental assistant in extended functions who files a completed application, including the fee, to provide the duties specified in this section after the board has determined the registered dental assistant in extended functions has completed the coursework required in subdivision (c).

(f) This section shall become operative on January 1, 2018.

1753.6. (a) Each person who holds a license as a registered dental assistant in extended functions on the operative date of this section may only perform those procedures that a registered dental assistant is allowed to perform as specified in and limited by Section 1752.4, and the procedures specified in paragraphs (1) to (6), inclusive, until he or she provides evidence of having completed a board-approved course in the additional procedures specified in paragraphs (1), (2), (5), and (7) to (11), inclusive, of subdivision (b) of Section 1753.5, ~~and an examination as specified in Section 1753.4:~~

(1) Cord retraction of gingiva for impression procedures.

(2) Take final impressions for permanent indirect restorations.

(3) Formulate indirect patterns for endodontic post and core castings.

(4) Fit trial endodontic filling points.

(5) Apply pit and fissure sealants.

(6) Remove excess cement from subgingival tooth surfaces with a hand instrument.

(b) This section shall become operative on January 1, 2010.



MEMORANDUM

DATE	November 17, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 16(c)iii: Discussion and Possible Action Regarding California Dental Association's (CDA) Legislative Proposals for 2021

Background:

The California Dental Association (CDA) has provided the attached letter regarding a legislative proposal for informational purposes. A CDA representative will be available at the Board meeting to speak to this item.

Action Requested:

No action requested.

Nov. 16, 2020

Karen Fischer, MPA
Executive Officer, Dental Board of California

Submitted via email

Re: Lab Testing Licensure Legislative Proposal

Dear Ms. Fischer:

Although rapid point of care COVID-19 testing for purposes of screening a patient before dental treatment is within the scope of dentistry, dentists aren't able to maintain state regulatory compliance in order to perform them onsite. Current nasal swab COVID tests are considered "high complexity" tests, dentists are planning to begin to use rapid/point of care testing once technology advances to make them readily available and approved for use on asymptomatic individuals. Similar to dipstick pregnancy tests or blood glucose tests, rapid point of care COVID-19 tests will be classified as "waived tests" which require federal CLIA Certificate of Waivers through CMS and state lab registrations through CDPH's Lab Field Services. Dentists can obtain the federal CLIA certificate but are not eligible to obtain an LFS lab registration because dentists are not specifically listed in statute to serve as their own lab director under California law.

There are no federal qualifications for lab directors that have Certificate of Waivers, however, dentists are eligible to serve as lab directors that conduct higher complexity PPM tests. On the other hand, California law states a dentist is not eligible to serve as lab director for labs exclusively performing waived tests (in this case, the lab would be the dental office).

The proposed bill language below was largely what CDA advocated for earlier this year in AB 613 (Low) but eventually was amended into the Sen. B&P omnibus bill (AB 1474). The language received some "oppose unless amended" positions from Teamsters and the CA Assoc. Of Medical Laboratory Technologists who believed that the bill would expand the scope of dentistry. CDA incorporated opposition's proposed clarifying amendments (which are also included in the language below) that specified that dentists can only perform waived tests within their scope of practice. However, by

the time amendments were proposed, the language was in an omnibus bill and the committee did not want to continue to include any language that had opposition or needed amends.

CDA is optimistic that a point of care rapid test for asymptomatic patients will be available next year. When this happens, California law must be aligned with federal law so that dentists can obtain the appropriate state licensure alongside their CLIA certificate in order to conduct COVID-19 rapid tests for patients.

Proposed Bill Language

California Business and Professions Code Section 1209 shall be amended to read:

(a) As used in this chapter, "laboratory director" means any person who is any of the following:

- (1) A duly licensed physician and surgeon.
- (2) Only for purposes of a clinical laboratory test or examination classified as waived, is any of the following:
 - (A) A duly licensed clinical laboratory scientist.
 - (B) A duly licensed limited clinical laboratory scientist.
 - (C) A duly licensed naturopathic doctor.
 - (D) A duly licensed optometrist serving as the director of a laboratory that only performs clinical laboratory tests authorized in paragraph (10) of subdivision (d) of Section 3041.
 - (E) A duly licensed dentist serving as the director of a laboratory that only performs clinical laboratory tests authorized with Section 1625.

Please contact me at 916.554.5359 or mary.mccune@cda.org should you require any clarification or additional information regarding CDA's legislative proposal.

Sincerely,



Mary McCune
Director, Community Programs & Regulatory Affairs



MEMORANDUM

DATE	November 9, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 16(d): Discussion of Prospective Legislative Proposals

Background:

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

Action Requested:

No action requested.



MEMORANDUM

DATE	November 9, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 17(a): Discussion and Possible Action to Initiate A Rulemaking to Amend California Code of Regulation, Title 16, Sections §§ 1067, 1068, 1070, 1070.1, 1070.2, 1070.3, 1070.4, 1070.5, 1070.6, 1070.7, 1070.8, 1071, 1076, 1077, 1077.1, 1080, 1080.2, 1080.3, 1081, 1081.2, 1083, 1085, 1087; Repeal Sections §§ 1014, 1014.1, 1069, 1071.1, 1072, 1072.1, 1080.1, 1081.1, 1086; and Add Sections §§ 1070.9, 1077.2, 1077.3, 1081.3, and All Forms Therein Incorporated by Reference Relating to the Dental Assisting Comprehensive Rulemaking.

Background:

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

During the November 14, 2019 meeting, the Dental Assisting Council (Council) considered the draft language of the dental assisting comprehensive rulemaking proposal. After review and discussion, the Council voted to direct staff to prepare the proposed language in the 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 recommended the proposal be forwarded to the Board to consider initiation of the rulemaking at its February, 2020, Board meeting.

After the November 14, 2019 meeting, staff received extensive feedback from the California Association of Dental Assisting Teachers (CADAT), the California Dental Association (CDA), the Foundation for Allied Dental Education (FADE), the California Dental Assisting Association (CDAA), DAGGERS, and individual licensees regarding the proposed language. This feedback resulted in numerous amendments to the proposed language that

Agenda Item 17(a): Discussion and Possible Action to Initiate A Rulemaking to Amend California Code of Regulation, Relating to the Dental Assisting Comprehensive Rulemaking
 Dental Board of California Meeting
 December 4, 2020

staff presented at the February 2020 Council meeting for approval. The Council accepted the proposed amendments and voted to direct staff to prepare the proposed language in the 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 recommended the proposal be forwarded to the Board to consider initiation of the rulemaking at its May, 2020, Board meeting.

The forms that will be incorporated by reference were a substantial undertaking. Despite invaluable assistance from stakeholders and Regulatory Counsel, staff could not finish the forms until the December 2020 meeting. However, the forms have been completed and the forms and the proposed language are attached to this memo for the Board's consideration and approval. In addition staff made the following technical and nonsubstantive changes to cleanup the language and make it more internally consistent:

- Repeal of 16 CCR 1014 & 1014.1. Text of these sections in ~~strikeout~~ has been added back to the proposed language document. This repeal was discussed by the Council and the repeal was noted in previous drafts but was not included in more recent drafts of the proposed language. The repeal is also implied by the addition of 1070.9 because without repealing sections 1014 & 1014.1 there would be two areas of the regulatory code which related to the requirements for radiation safety courses.
- Clean up of references to required Basic Life Support (BLS) education and certification. There were numerous references to requirements for certification in BLS "for healthcare professionals to include the use of Automated External Defibrillator (AED) as required by 16 CCR 1016(b)(1)(C)" These have been changed throughout to reference only certification in BLS "as required by 16 CCR 1016(b)(1)(C)". There are limited providers whose courses are titled "BLS for Healthcare Professionals/Providers" so the reference could be mistaken as proscribing only those specific BLS courses and providers which was not the intention of the section. This is made clear by the reference to 16 CCR 1016(b)(1)(C) which lists the required curriculum for a class in BLS, to qualify for continuing education credit. This is intended to clarify that it is the taught curriculum which determines what BLS class is acceptable and not the specific provider or class title. 16 CCR 1016 also specifically lists that the curriculum of BLS classes include more than just the use of an AED, and so this reference has been removed so that readers do not mistakenly believe that a class limited to the use of an AED would be sufficient.
- Conforming clean-up of requirement in 16 CCR 10170(l) that all course and program directors be responsible for maintaining meeting minutes of Advisory Board meetings. The Advisory Board is only required of Registered Dental Assistant (RDA) Programs therefore the language of this section has been modified to reflect that this requirement only applies to RDA programs.
- Correcting citation in 1070.2(g)(2) which applies a limit of 40 hours of didactic and laboratory instruction devoted to clerical, dental practice management curriculum as part of an RDA program. The previous citation referenced course and program curriculum requirements writ large and did not cite to the specific RDA program

curriculum devoted to clerical administrative and dental practice management curriculum.

- Correcting a citation in 1070.2(h)(5)(A) which previously referenced the radiation safety course requirements found at 16 CCR 1014 and 1014.1. This citation has been updated to reflect that the rulemaking will repeal section 1014 and 1014.1 and replace them with 16 CCR 1070.9.
- Moving the language of former 16 CCR 1070.4(h)(6)(A) to 16 CCR 1070.4(h). The language in question states that “Successful completion of a written examination to include all areas of didactic instruction shall occur prior to pre-clinical instruction.” The previous location of this language at (6)(A) location was incongruous. First it was a one item list which disfavored by OAL. Second, by its own terms the language applies to all areas of didactic instruction and therefore is more logically located in subsection (h) which also applies to all areas of didactic instruction as opposed to being placed as a subsection to only one of the required areas of didactic instruction as was previously proposed.
- Conforming the equipment required in 16 CCR 1070.5(e) to the equipment required by 1070.5(j). 1070.5(e) purports to list the equipment required for an ultrasonic scaling course. However orthodontically banded typodonts were not listed in subsection (e) despite being required for course completion in 1070.5(j). This conforming addition will assist applicants in understanding the equipment requirements by listing the required equipment in the appropriate section referencing equipment requirements.
- Numerous inapplicable references to ‘programs’ contained in requirements for courses, have been changed from ‘program’ to ‘course’. While there was a concentration of these references in 16 CCR 1070.5(i) related to extramural instruction in ultrasonic scaling courses, these inapplicable references were changed in other places throughout the document to conform to the language of the particular code section.
- Clean up of reference to fees in 16 CCR 1071(a)(3). This section previously referenced a fee for the processing of an Application for Registered Dental Assistant in Extended Functions Program Approval and left a blank space for a to-be-determined application fee. However this would have duplicated the fee amounts provided for in 16 CCR 1022. In addition, any change to the fees would have required two regulation amendments to implement. Therefore the previous reference to a specific fee amount has been replaced with a citation to 16 CCR 1022 which codifies all of the fee amounts for all course and program applications.
- Conforming the required hours of educational methodology instruction in 16 CCR 1071(c) to changes previously made to 1070(d)(3)(D) reflecting the Council’s decision to require 6 hours of educational methodology for RDAEF program instructors instead of 30 hours.
- Deleting a repetitive subsection at 1071(h)(3). The previous subsection (h)(3) was duplicated verbatim including the subsection (3). This was clearly an inadvertent repetition and has been deleted.
- Conforming changes were made to the names and dates of the forms to be incorporated by reference so that the names and dates of forms are consistent across the rulemaking.

Action Requested:

Consider and possibly approve the proposed regulatory language and all forms therein incorporated by reference relative to the dental assisting comprehensive rulemaking, and direct staff to take all steps necessary to initiate the formal rulemaking process, including noticing the proposed language and forms for 45-day public comment, setting the proposed language and forms 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 language to Amend California Code of Regulation, Title 16, Sections §§ 1067, 1068, 1070, 1070.1, 1070.2, 1070.3, 1070.4, 1070.5, 1070.6, 1070.7, 1070.8, 1071, 1076, 1077, 1077.1, 1080, 1080.2, 1080.3, 1081, 1081.2, 1083, 1085, 1087; Repeal Sections §§ 1014, 1014.1, 1069, 1071.1, 1072, 1072.1, 1080.1, 1081.1, 1086; and Add Sections §§ 1070.9, 1077.2, 1077.3, 1081.3, and all forms therein incorporated by reference relating to the Dental Assisting Comprehensive Rulemaking as noticed in the proposed text.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

**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**

~~§ 1014. Approval of Radiation Safety Courses.~~

~~(a) A radiation safety course is one which has as its primary purpose providing theory and clinical application in radiographic techniques. A single standard of care shall be maintained and the board shall approve only those courses which continuously maintain a high quality standard of instruction.~~

~~(b) A radiation safety course applying for approval shall submit to the board an application and other required documents and information on forms prescribed by the board. The board may approve or deny approval of any such course. Approval may be granted after evaluation of all components of the course has been performed and the report of such evaluation indicates that the course meets the board's requirements. The board may, in lieu of conducting its own investigation, accept the findings of any commission or accreditation agency approved by the board and adopt those findings as its own.~~

~~(c) The board may withdraw its approval of a course at any time, after giving the course provider written notice setting forth its reason for withdrawal and after affording a reasonable opportunity to respond. Approval may be withdrawn for failure to comply with the board's standards or for fraud, misrepresentation or violation of any applicable federal or state laws relating to the operation of radiographic equipment.~~

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

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

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

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

7
8 ~~(a) Educational Level. The course shall be established at the postsecondary educational level or~~
9 ~~a level deemed equivalent thereto by the board.~~

10
11 ~~(b) Program Director. The program director, who may also be an instructor, shall actively~~
12 ~~participate in and be responsible for at least all of the following:~~

- 13
14 ~~(1) Providing daily guidance of didactic, laboratory and clinical assignments;~~
15 ~~(2) Maintaining all necessary records, including but not limited to the following:~~

16
17 ~~(A) Copies of current curriculum, course outline and objectives;~~

18
19 ~~(B) Faculty credentials;~~

20
21 ~~(C) Individual student records, which shall include pre-clinical and clinical~~
22 ~~evaluations, examinations and copies of all successfully completed radiographic~~
23 ~~series used toward course completion. Records shall be maintained for at least~~
24 ~~five years from the date of course completion.~~

25
26 ~~(3) Issuing certificates to each student who has successfully completed the course and~~
27 ~~maintaining a record of each certificate for at least five years from the date of its~~
28 ~~issuance;~~

29
30 ~~(4) Transmitting to the board on a form prescribed by the board the name, last four~~
31 ~~digits of the social security number and, where applicable, license number of each~~
32 ~~student who has successfully completed the course;~~

33
34 ~~(5) Informing the board of any significant revisions to the curriculum or course outlines.~~

35
36 ~~(c) Faculty. The faculty shall be adequate in number, qualifications and composition and shall be~~
37 ~~suitably qualified through academic preparation, professional expertise, and/or appropriate~~
38 ~~training, as provided herein. Each faculty member shall possess the following qualifications:~~

39
40 ~~(1) Hold a valid special permit or valid license as a dentist, registered dental hygienist,~~
41 ~~registered dental assistant, registered dental assistant in extended functions, registered~~
42 ~~dental hygienist in extended functions, or registered dental hygienists in alternative~~
43 ~~practice issued by the board;~~

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

7
8 ~~(3) Shall have either passed the radiation safety examination administered by the board~~
9 ~~or equivalent licensing examination as a dentist, registered dental hygienist, registered~~
10 ~~dental assistant, registered dental assistant in extended functions, registered dental~~
11 ~~hygienist in extended functions, or registered dental hygienists in alternative practice or,~~
12 ~~on or after January 1, 1985, shall have successfully completed a board approved~~
13 ~~radiation safety course.~~

14
15 ~~(d) Facilities. There shall be a sufficient number of safe, adequate, and educationally conducive~~
16 ~~lecture classrooms, radiography operatories, developing or processing facilities, and viewing~~
17 ~~spaces for mounting, viewing and evaluating radiographs. Adequate sterilizing facilities shall be~~
18 ~~provided and all disinfection and sterilization procedures specified by board regulations shall be~~
19 ~~followed.~~

20
21 ~~(1) A radiographic operatory shall be deemed adequate if it fully complies with the~~
22 ~~California Radiation Control Regulations (Title 17, Cal. Code Regs., commencing with~~
23 ~~section 30100), is properly equipped with supplies and equipment for practical work and~~
24 ~~includes for every seven students at least one functioning radiography machine which is~~
25 ~~adequately filtered and collimated in compliance with Department of Health Services~~
26 ~~regulations and which is equipped with the appropriate position indicating devices for~~
27 ~~each technique being taught.~~

28
29 ~~(2) The developing or processing facility shall be deemed adequate if it is of sufficient~~
30 ~~size, based upon the number of students, to accommodate students' needs in learning~~
31 ~~processing procedures and is properly equipped with supplies and equipment for~~
32 ~~practical work using either manual or automatic equipment.~~

33
34 ~~(3) X-ray areas shall provide protection to patients, students, faculty and observers in~~
35 ~~full compliance with applicable statutes and regulations.~~

36
37 ~~(e) Program Content. Sufficient time shall be available for all students to obtain laboratory and~~
38 ~~clinical experience to achieve minimum competence in the various protocols used in the~~
39 ~~application of dental radiographic techniques.~~

40
41 ~~(1) A detailed course outline shall be provided to the board which clearly states~~
42 ~~curriculum subject matter and specific instructional hours in the individual areas of~~
43 ~~didactic, laboratory, and clinical instruction.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

7
8 ~~(3) Objective evaluation criteria shall be used for measuring student progress toward~~
9 ~~attainment of specific course objectives. Students shall be provided with specific unit~~
10 ~~objectives and the evaluation criteria that will be used for all aspects of the curriculum~~
11 ~~including written, practical and clinical examinations.~~

12
13 ~~(4) Areas of instruction shall include at least the following as they relate to exposure,~~
14 ~~processing and evaluations of dental radiographs:~~

15
16 ~~(A) Radiation physics and biology~~

17
18 ~~(B) Radiation protection and safety~~

19 ~~(C) Recognition of normal anatomical landmarks and abnormal conditions of the~~
20 ~~oral cavity as they relate to dental radiographs~~

21
22 ~~(D) Radiograph exposure and processing techniques using either manual or~~
23 ~~automatic methods~~

24
25 ~~(E) Radiograph mounting or sequencing, and viewing, including anatomical~~
26 ~~landmarks of the oral cavity~~

27
28 ~~(F) Intraoral techniques and dental radiograph armamentaria, including holding~~
29 ~~devices~~

30
31 ~~(G) Interproximal examination including principles of exposure, methods of~~
32 ~~retention and evaluation~~

33
34 ~~(H) Intraoral examination including, principles of exposure, methods of retention~~
35 ~~and evaluation~~

36
37 ~~(I) Identification and correction of faulty radiographs~~

38
39 ~~(J) Supplemental techniques including the optional use of computerized digital~~
40 ~~radiography~~

41
42 ~~(K) Infection control in dental radiographic procedures~~

43
44 ~~(L) Radiographic record management.~~

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

3
4 ~~(f) Laboratory Instruction. Sufficient hours of laboratory instruction shall be provided to ensure~~
5 ~~that a student successfully completes on an x ray manikin at least the procedures set forth~~
6 ~~below. A procedure has been successfully completed only if each radiograph is of diagnostic~~
7 ~~quality. There shall be no more than 6 students per instructor during laboratory instruction.~~

8
9 ~~(1) Two full mouth periapical series, consisting of at least 18 radiographs each, 4 of~~
10 ~~which must be bitewings; no more than one series may be completed using computer~~
11 ~~digital radiographic equipment;~~

12
13 ~~(2) Two bitewing series, consisting of at least 4 radiographs each;~~

14
15 ~~(3) Developing or processing, and mounting or sequencing of exposed radiographs;~~

16
17 ~~(4) Student and instructor written evaluation of radiographs.~~

18
19 ~~(g) Clinical Experience. The course of instruction shall include sufficient clinical experience, as~~
20 ~~part of an organized program of instruction, to obtain clinical competency in radiographic~~
21 ~~techniques. There shall be no more than 6 students per instructor during clinical instruction.~~
22 ~~Clinical instruction shall include clinical experience on four patients with one of the four~~
23 ~~patients used for the clinical examination. Clinical experience shall include:~~

24
25 ~~(1) Successful completion of a minimum of four full mouth periapical series, consisting~~
26 ~~of at least 18 radiographs each, 4 of which must be bitewings. Traditional film packets~~
27 ~~must be double film. No more than three series may be completed using computer~~
28 ~~digital radiographic equipment. Such radiographs shall be of diagnostic quality. All~~
29 ~~exposures made on human subjects shall only be made for diagnostic purposes, and~~
30 ~~shall in no event exceed three (3) exposures per subject. All clinical procedures on~~
31 ~~human subjects shall be performed under the supervision of a licensed dentist in~~
32 ~~accordance with section 106975 of the Health and Safety Code.~~

33
34 ~~(2) Developing or processing, and mounting or sequencing of exposed human subject~~
35 ~~radiographs;~~

36
37 ~~(3) Student and instructor written evaluation of radiographs.~~

38
39 ~~(h) Clinical Facilities. There shall be a written contract of affiliation with each clinical facility~~
40 ~~utilized by a course. Such contract shall describe the settings in which the clinical training will~~
41 ~~be received and shall provide that the clinical facility has the necessary equipment and~~
42 ~~accessories appropriate for the procedures to be performed and that such equipment and~~
43 ~~accessories are in safe operating condition. Such clinical facilities shall be subject to the same~~
44 ~~requirements as those specified in subdivision (g).~~

**WORKING DOCUMENT:
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1
2 ~~(i) Length of Course. The program shall be of sufficient duration for the student to develop~~
3 ~~minimum competence in the radiation safety techniques, but shall in no event be less than 32~~
4 ~~clock hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory~~
5 ~~instruction, and at least 12 hours of clinical instruction.~~

6
7 ~~(j) Certificates. A certificate shall be issued to each student who successfully completes the~~
8 ~~course. The certificate shall specify the number of course hours completed. A student shall be~~
9 ~~deemed to have successfully completed the course if the student has met all the course~~
10 ~~requirements and has obtained passing scores on both written and clinical examinations.~~

11
12
13 ~~Note: Authority cited: Sections 1614 and 1656, Business and Professions Code. Reference:~~
14 ~~Section 1656, Business and Professions Code; and Section 106975, Health and Safety Code.~~

15
16
17 **§ 1067. Definitions.**

18 As used in this subchapter:

19
20 (a) "Dental auxiliary" means a person who may perform dental supportive procedures
21 authorized by the provisions of these regulations under the specified supervision of a licensed
22 dentist.

23
24 (b) "Dental assistant" means an unlicensed person who may perform basic supportive dental
25 procedures specified by these regulations under the supervision of a licensed dentist.

26
27 (c) "Registered dental assistant" or "RDA" means a licensed person who may perform all
28 procedures authorized by the provisions of these regulations and in addition may perform all
29 functions which may be performed by a dental assistant under the designated supervision of a
30 licensed dentist.

31
32 (d) "Registered dental hygienist" or "RDH" means a licensed person who may perform all
33 procedures authorized by the provisions of these regulations and in addition may perform all
34 functions which may be performed by a dental assistant and registered dental assistant, under
35 the designated supervision of a licensed dentist.

36
37 (e) "Registered dental assistant in extended functions" or "RDAEF" means a person licensed as
38 a registered dental assistant who has completed post-licensure clinical and didactic training
39 approved by the board and satisfactorily performed on an examination designated by the board
40 for registered dental assistant in extended function applicants.

41
42 (f) "Registered dental hygienist in extended functions" or "RDHEF" means a person licensed as a
43 registered dental hygienist who has completed post-licensure clinical and didactic training

**WORKING DOCUMENT:
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1 approved by the board and satisfactorily performed on an examination designated by the board
2 for registered dental hygienist in extended functions applicants.

3
4 (g) "Oral prophylaxis" means the preventive dental procedures including complete removal of
5 explorer-detectable calculus, soft deposits, plaque, stains, and the smoothing of unattached
6 tooth surfaces. The objective of this treatment shall be creation of an environment in which
7 hard and soft tissues can be maintained in good health by the patient.

8
9 (h) "Coronal polishing" means a procedure limited to the removal of plaque and stain from
10 exposed tooth surfaces, utilizing an appropriate rotary instrument with ~~rubber~~ cup or brush and
11 a polishing agent.

12
13 (i) "Direct supervision" means supervision of dental procedures based on instructions given by a
14 licensed dentist who shall be physically present in the treatment facility during performance of
15 those procedures.

16
17 (j) "General supervision" means supervision of dental procedures based on instructions given
18 by a licensed dentist, but not requiring the
19 physical presence of the supervising dentist during the performance of those procedures.

20
21 ~~(k) "Satisfactory educational qualification" means theory, laboratory and/or clinical experience
22 approved by the board.~~

23
24 (l) "Basic supportive dental procedures" means ~~fundamental~~ duties or functions which may be
25 performed by an unlicensed dental assistant under the supervision of a licensed dentist
26 ~~because and are of their~~ technically elementary characteristics, completely reversible
27 reversibility and inability unlikely to precipitate potentially hazardous conditions for the patient
28 being treated.

29
30 (m) "Root planing" means the process of instrumentation by which the unattached surfaces of
31 the root are made smooth by the removal of calculus and/or cementum.

32
33 (n) "Periodontal soft tissue curettage" means the closed removal of tissue lining the periodontal
34 pocket, not involving the reflection of a flap.

35
36 (o) "Gingival" means pertaining to the gingivae, the mucous membrane with the supporting
37 fibrous tissue.

38
39
40 Note: Authority cited: Sections 1614, 1750, 1750.1, 1750.3, and 1752.4, ~~1762~~, Business and
41 Professions Code. Reference: Sections 1741(d), 1752.1 ~~1754, 1759, 1760 and 1762~~, Business
42 and Professions Code.

43
44 **§ 1068. Posting of Dental Auxiliary Duties.**

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 All dentists utilizing the services of dental auxiliaries shall post a notice in a common area of the
2 office which delineates duties and functions deemed by the board as delegable within
3 stipulated settings and/or circumstances. Such notice shall be readily accessible to all
4 individuals under supervision of the dentist.
5

6 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1751,
7 ~~1754~~1752.1, ~~1757~~, ~~1759~~ and ~~1762~~, Business and Professions Code.
8
9

10
11 **§ 1069. Permit Reform Act**

12 ~~Permit” as defined by the Permit Reform Act of 1981 means any license, certificate,~~
13 ~~registration, permit, or any other form of authorization required by a state agency to engage in~~
14 ~~a particular activity or act. Processing times for the committee's programs are set forth below.~~
15 ~~The actual processing times apply to those persons who take and pass the first available~~
16 ~~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

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RDHEF Educational Programs	90 days	120 days	60 days	90 days	150 days
Auxiliary Licensure Renewal	30 days	90 days	20 days	30 days	60 days

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

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, orthodontic assisting permit courses, dental sedation assistant permit courses, pit and fissure sealant courses, 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 reevaluated by the Board approximately every seven years but may be subject to reevaluation and inspection by the Board at any time to review and investigate compliance with this Article and the Dental Practice Act (Act). Reevaluation may include a site visit or written documentation that ensures compliance with all regulations. Results of reevaluation 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 therefor 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.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 If the Board denies approval of a program, the specific reasons therefor shall be
2 provided to the program by the Board in writing within 90 days after such action.
3

4 (b) Requirements to Obtain and Maintain Board Approval. A new program or course provider
5 shall submit an application for approval to the Board accompanied by a non-refundable
6 application fee as specified in Section 1022.
7

8 (1) The Board may approve only those educational programs and courses that
9 continuously meet all requirements as set forth in this Article.
10

11 (2) For the application process for approval of registered dental assistant (RDA)
12 programs and registered dental assistant in extended functions (RDAEF) programs:
13

14 (A) The Board may approve, provisionally approve, or deny approval of an
15 application.
16

17 (B) If the Board provisionally approves a program, the Board shall state the
18 reasons for such provisional approval in writing within 90 days of such finding.
19

20 (i) Provisional approval shall be limited to those programs that
21 substantially comply with all existing requirements for full approval.
22

23 (ii) A program applying for Board approval shall receive a finding of
24 provisional approval from the Board prior to enrollment and instruction
25 of students.
26

27 (iii) A program granted provisional approval shall immediately inform all
28 applicants and enrolling student of its provisional status and again prior
29 to the beginning of instruction. In addition, students shall be informed of
30 the potential for graduation while still under provisional status.
31

32 (iii) Within one year of granting provisional approval, the Board shall
33 conduct a final program site visit to ensure adherence to regulations and
34 shall be granted "full approval" status upon successful reporting of the
35 final site visit team to the Board.
36

37 (3) For the application process for approval of stand-alone certification courses in
38 radiation safety, infection control, coronal polishing, pit and fissure sealants,
39 orthodontic assistant permit, and the dental sedation assistant permit:
40

41 (A) The Board may approve or deny approval of an application.
42

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

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (C)All stand-alone certification course providers shall sequence curriculum in
3 such a manner so as to ensure that students become certified in basic life
4 support (BLS) as required by 16 CCR 1016(b)(1)(C) of the California Code of
5 Regulations prior to the beginning of the pre-clinical or clinical experiences.

6
7 (D) Recertification intervals may not exceed two years.

8
9 (4) In the event a course or program application is found to be deficient, such deficiency
10 shall be sufficiently addressed and cleared by the applicant provider within 30 days from
11 the date of the deficiency notification. Otherwise, the application may be withdrawn
12 from consideration and a new application filing with fee may be required at the
13 discretion of the Board.

14
15 (A) In the event a subsequent deficiency is issued, the applicant provider shall
16 have 30 days to clear the deficiency or the Board will withdraw such application
17 from consideration.

18
19 (B) In the event application requirements are not met upon issuance of a
20 subsequent deficiency, the Board shall issue a denial of approval, and the
21 applicant shall be subject to all application and fee requirements as a new
22 applicant.

23
24 (5) Each approved course or program shall be subject to audit of records or site
25 evaluation and review by the Board at any time.

26 (6) A course or program shall provide the resources necessary to accomplish education as
27 specified in this Article.

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

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

36 (9) The program or course provider shall evaluate all course and program faculty
37 periodically utilizing student, administration, and peer evaluation to help identify areas
38 of strengths and weaknesses for each instructor. The program or course provider shall
39 communicate the evaluations to each faculty member.

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1 (c) Additional Board Actions. Board-approved registered dental assisting programs evaluated
2 and found to be non-compliant with these regulations shall be placed on “probationary status”
3 following notification of the evaluation findings. The program shall have 120 days to respond to
4 the findings, demonstrate compliance, and take corrective action.

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

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

19
20 **(d) Qualifications for Program and Course Faculty and Instructional Staff.**

21
22 (1) For stand-alone certificate courses, all faculty and instructional staff providing
23 didactic, laboratory, pre-clinical, and clinical instruction shall meet and maintain, at
24 minimum, the following qualifications:

25
26 (A) Possess a valid, active California license to practice dentistry or registered
27 dental assisting,-registered dental assisting in extended functions, dental
28 sedation assisting, or orthodontic assisting for at least two years immediately
29 preceding any provision of course instruction; or possess a valid, active California
30 license to practice as a registered dental hygienist, registered dental hygienist in
31 alternative practice, or registered dental hygienist in extended functions which
32 was issued on or before December 31, 2005;

33
34 (B) Provide pre-clinical and clinical instruction only in procedures within the
35 scope of practice of their respective license or permit and shall have a
36 background in and current knowledge of the subjects they are teaching and the
37 educational theory and methodology consistent with their teaching assignment;

38
39 (C) Prior to instruction, or within six months of initial hire, complete two hours of
40 educational methodology or its equivalent as determined by the Board unless he
41 or she holds any one of the following: a degree in education, a valid Ryan
42 Designated Subjects Vocational Education Teaching Credential, a valid Standard
43 Designated Subjects Teaching Credential, or a valid Community College Teaching
44 Credential;

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1
2 (D) Certification in basic life support (BLS) as required by section 1016 (b)(1)(C)
3 (recertification intervals may not exceed two years); and

4
5 (E) Be calibrated in instruction and grading at least once per semester, quarter,
6 or other regular interval instruction period used by the program.

7
8 (2) For dental assisting and registered dental assisting programs and registered dental
9 assisting programs with stand-alone certificate courses, all faculty and instructional staff
10 providing didactic, laboratory, pre-clinical, and clinical instruction, except those serving
11 as a clinical supervising dentist, shall meet and maintain, at minimum, the following
12 qualifications:

13
14 (A) Possess a valid, active California license to practice dentistry or registered
15 dental assisting, registered dental assisting in extended functions, dental sedation
16 assisting or orthodontic assisting for at least two years immediately preceding any
17 provision of course instruction; or possess a valid, active California license to
18 practice as a registered dental hygienist, registered dental hygienist in alternative
19 practice, or registered dental hygienist in extended functions which was issued on
20 or before December 31, 2005;

21
22 (B) Shall possess at least two years of experience in the application of clinical
23 chairside dental assisting;

24
25 (C) Provide laboratory, pre-clinical, and clinical instruction only in procedures
26 within the scope of practice of their respective license or permit and demonstrate
27 to the program expertise in each subject area for which they are teaching;

28
29 (D) Prior to instruction, or within six months of initial hire, complete 30 hours of
30 educational methodology unless he or she holds any one of the following: a
31 degree in education, a valid Ryan Designated Subjects Vocational Education
32 Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or,
33 a valid Community College Teaching Credential; and

34
35 (E) Be calibrated in instruction and grading at least once per semester, quarter, or
36 other regular interval instruction period used by the program.

37
38 (3) For registered dental assisting in extended functions programs, all faculty and
39 instructional staff providing didactic, laboratory, pre-clinical and clinical instruction,
40 except those serving as a clinical supervising dentist, shall meet and maintain, at
41 minimum, the following qualifications:

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

4
5 (B) Shall possess at least two years of experience working as an RDAEF in a clinical
6 setting;

7
8 (C) Provide laboratory, pre-clinical and clinical instruction only in procedures
9 within the scope of practice of their respective license or permit and shall have a
10 background in and current knowledge of the subjects they are teaching and the
11 educational theory and methodology consistent with their teaching assignment;

12
13 (D) Prior to instruction, or within six months of initial hire, complete six hours of
14 educational methodology unless he or she holds any one of the following: a
15 degree in education, a valid Ryan Designated Subjects Vocational Education
16 Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or,
17 a valid Community College Teaching Credential; and

18
19 (E) Be calibrated in instruction and grading by the program director at least once
20 per semester, quarter, or other regular interval instruction period used by the
21 program.

22
23 (4) In accordance with Business and Professions Code section 1907(b), a registered
24 dental hygienist shall be deemed qualified to teach in a course or program only if
25 licensure as a registered dental hygienist was obtained prior to January 1, 2006.
26 Otherwise, licensure as a registered dental assistant shall be required prior to instruction
27 in the program.

28
29 **(e) Qualifications and Responsibilities of Stand-Alone Course Directors.**

30
31 (1) On or after [the effective date of these regulations – OAL to insert date], the course
32 director of a stand-alone certificate course shall possess, at minimum, the following
33 qualifications:

34
35 (A) Possess a valid, active California license to practice dentistry or registered
36 dental assisting or registered dental assisting in extended functions for at least
37 two years immediately preceding any provision of course instruction; or possess
38 a valid, active California license to practice as a registered dental hygienist,
39 registered dental hygienist in alternative practice, or registered dental hygienist
40 in extended functions which was issued on or before December 31, 2005;

41
42 (B) Provide pre-clinical and clinical instruction only in procedures within the
43 scope of practice of their respective license or permit and shall have a

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1 background in and current knowledge of the subjects they are teaching and the
2 educational theory and methodology consistent with their teaching assignment;
3

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

10 (2) A course director shall actively participate in and be responsible for the following
11 responsibilities:
12

13 (A) The implementation and maintenance of all applicable statutory and
14 regulatory requirements;
15

16 (B) Ensuring all faculty and instructional staff complete or show evidence of
17 completion of educational methodology courses equaling two hours of training
18 prior to instruction, or within six months of initial hire unless he or she holds any
19 one of the following: a degree in education, a valid Ryan Designated Subjects
20 Vocational Education Teaching Credential, a valid Standard Designated Subjects
21 Teaching Credential, or, a valid Community College Teaching Credential;
22

23 (C) Maintaining for a period of not less than five years copies of curricula,
24 program outlines, course goals and objectives, grading criteria, copies of
25 faculty/staff credentials, licenses, and certificates, and individual student
26 records, including those necessary to establish satisfactory completion of the
27 course;
28

29 (D) Informing the Board of any major change to the course including without
30 limitation, changes to course content, physical facilities including the use of
31 extramural facilities, faculty or instructional staff, ownership, or intent to
32 conclude business operations within 10 days of the change; and
33

34 (E) Ensuring all faculty and staff are calibrated in curriculum, instructional
35 methods and grading criteria at least once per semester, quarter, or other
36 regular interval instruction period used by the program.
37

38 **(f) Qualifications and Responsibilities of Program Directors.**
39

40 (1) On or after the effective date of these regulations (insert date), the program director
41 of a registered dental assisting program, registered dental assisting programs offering
42 stand-alone certificate courses or registered dental assisting in extended functions
43 program shall possess, at minimum, the following qualifications:
44

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1 (A) Possess a valid, active California license to practice dentistry or registered
2 dental assisting or registered dental assisting in extended functions for at least
3 two years immediately preceding any provision of program instruction;
4

5 (B) Provide pre-clinical and clinical instruction only in procedures within the
6 scope of practice of their respective license or permit and shall have a
7 background in and current knowledge of the subjects they are teaching and the
8 educational theory and methodology consistent with their teaching assignment;
9

10 (C) Possess at least three years of experience in the application of clinical
11 chairside dental assisting involving four-handed dentistry; and
12

13 (D) Complete and show evidence of completion of educational methodology
14 coursework as required by subsections i-ii below prior to instruction, or within
15 six (6) months of initial hire unless he or she holds any one of the following: a
16 degree in education, a valid Ryan Designated Subjects Vocational Education
17 Teaching Credential, a valid Standard Designated Subjects Teaching Credential,
18 or, a valid Community College Teaching Credential.
19

20 i. 30 hours for dental assisting programs, registered dental assisting
21 programs, and registered dental assisting programs with stand-alone
22 certificate courses; or
23

24 ii. Six hours for registered dental assisting in extended functions
25 programs.
26

27 (2) The program director shall actively participate in and be responsible for the
28 following:
29

30 (A) Implementing and complying with all applicable statutory and regulatory
31 requirements;
32

33 (B) Ensuring that all faculty and instructional staff complete or show evidence of
34 completion of educational methodology courses as defined herein immediately
35 preceding provision of course instruction and maintaining evidence of
36 compliance;
37

38 (C) Maintaining for a period of not less than five years after the course is offered,
39 copies of curricula, program outlines, objectives, grading criteria, copies of
40 faculty/staff credentials, licenses, and certifications, and individual student
41 records, including those necessary to establish satisfactory completion of the
42 program;
43

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1 (D) Informing the Board of any major change to the program including without
2 limitation, changes to theoretical content, physical facilities including the use of
3 extramural facilities, faculty or instructional staff, ownership, or intent to
4 conclude business operations within 10 days of the change;

5
6 (E) Ensuring all faculty and staff are calibrated in curriculum, instructional
7 methods, and grading criteria at least once per semester, quarter, or other
8 regular interval instruction period used by the program.; and

9
10 (F) Ensuring opportunities have been provided by the institution or program for
11 faculty and instructional staff of a program to continue their professional
12 development in order to stay current with advancing technologies and
13 educational theory. The program director shall ensure that time and budget
14 allocations are provided by the institution or program for professional
15 association activities, continuing education, or practical experiences related to
16 dental assisting education.

17
18 (g) **Facilities and Equipment.** The facilities of all programs and courses shall provide each student
19 with sufficient opportunity, with instructor supervision, to develop minimum competency in all
20 duties for which the program or course is approved to instruct.

21
22 (1) Facilities and equipment shall be maintained and updated to ensure instruction using
23 contemporary equipment occurs.

24
25 (2) All radiographic equipment and facilities shall follow the 17 CCR 30100 et seq. and 17
26 CCR 30400 et seq. regarding requirements for radiologic equipment and facilities.

27
28 (3) In addition, a facility shall have all of the following:

29
30 (A) A lecture classroom or the capability to facilitate distance learning modalities,
31 a lab area, a clinical area, a central sterilization area, and a radiology area for use
32 by the students.

33
34 (B) Operatories shall be sufficient in number to allow a ratio of at least one
35 operatory for every six students who are simultaneously engaged in clinical
36 instruction.

37
38 (C) Each operatory shall contain functional equipment, including a power-operated
39 chair for patient or simulation-based instruction in a supine position, dental units
40 and mobile stools for the operator and the assistant which are designed for the
41 application of current principles of dental assistant utilization, air-water syringe,
42 adjustable overhead patient light, oral evacuation equipment, work surface,
43 handpiece connection, and hand hygiene area.

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1
2 (D) Each operatory shall be of sufficient size to simultaneously accommodate one
3 student, one instructor, and one patient or student partner.

4
5 (E) Access by all students to equipment necessary to develop dental assisting skills
6 in each designated duty.

7
8 (F) Infection control equipment shall be provided according to the requirements of
9 section 1005.

10
11 **(h) Minimum Standards for Health and Safety.** All programs and courses shall establish written
12 laboratory, preclinical, and clinical protocols including mechanisms to ensure the health and
13 safety of faculty and students and the management of emergencies.

14
15 (1) Written protocols for handling emergencies shall be provided to all students, faculty,
16 and appropriate staff. All students and faculty shall have access to a resource notebook
17 to include the Safety Data Sheets for all materials and chemicals used in the program or
18 course.

19
20 (2) Emergency equipment shall include an oxygen delivery system and first aid kits readily
21 accessible and fully functional within the area(s) of instruction. Additional emergency
22 equipment may be onsite as deemed appropriate and in compliance with individual
23 institutional guidelines, where applicable.

24
25 (3) Students, faculty and appropriate support staff shall be encouraged to be immunized
26 against and/or tested for infectious diseases in accordance with current Centers for
27 Disease Control and Prevention guidelines for Dental Healthcare Professionals, prior to
28 contact with patients and/or infectious objects or materials, to minimize the risk to
29 patients and personnel.

30
31 **(i) Curriculum Organization, Competency and Learning Resources.** The organization of the
32 curriculum for all courses and programs shall be flexible, creating opportunities for adjustments
33 to and research of advancements and emerging technologies in the profession of dental assisting
34 as provided in this Article. The dental assisting program must have a formal written curriculum
35 management plan which includes:

36
37 (1) An ongoing curriculum review and evaluation process with input from faculty,
38 students, administration and other appropriate sources;

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

41 (3). A defined mechanism for coordinating instruction among dental assisting program
42 faculty;

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1
2 (4) Curriculum that provides students with an understanding of all procedures as provided
3 in each Section of this Article and an ability to perform each procedure with competence;
4

5 (5) The sequencing of curriculum in such a manner as to ensure that students become
6 certified in basic life support (BLS) as required by section 1016(b)(1)(C) prior to pre-clinical
7 or clinical experiences, wherein recertification intervals may not exceed two years;
8

9 (6) Remediation procedures and a policy outlining guidelines for students who fail to
10 successfully complete the course or program.
11

12 (7) A course syllabus provided to students that contains:
13

14 (A) A course title, course number or identifier, course description, course hours,
15 assignments, all faculty names, and contact information;
16

17 (B) Course content outline including topics to be presented;
18

19 (C) Specific instructional objectives including competency statement for each topic
20 presented;
21

22 (D) Learning experiences with associated assessment mechanisms;
23

24 (E) Course or program schedule including time allocated for didactic, laboratory or
25 preclinical, and clinical learning experiences;
26

27 (F) Specific evaluation criteria for final course-grade calculating which includes
28 competency evaluations and rubrics, and
29

30 (G) A remediation policy and procedures.
31

32 (8) A course outline provided to students that contains:
33

34 (A) Specific performance objectives and the evaluation criteria used for all
35 assessments of laboratory, pre-clinical, and clinical experiences;
36

37 (B) The minimum number of satisfactory performances in each evaluated area
38 necessary for program or course success; and
39

40 (C) The minimum standards for performance in each evaluated area, the grading
41 criteria, and the protocols or procedures that may cause the student to fail the task
42 or procedure.
43

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1 (9) Access by students to dental and medical reference textbooks, electronic and internet
2 resources, current scientific journals, audiovisual materials and other relevant resources.

3
4 (j) Didactic Instruction. All didactic instruction shall meet the content and hours requirements of
5 each Section within this Article.

6
7 (1) The total required didactic hours of a program or course may be delivered through in-
8 person, hybrid, or online instruction. Online learning shall be overseen by faculty with
9 experience and education in online learning formats and electronic delivery of curriculum
10 content.

11
12 (A) All students shall have access to the course’s hazardous waste management
13 plan for the disposal of needles, cartridges, and medical waste.

14
15 (B) All students shall have access to the course’s clinic and radiation hazardous
16 communication plan.

17
18 (C) All students shall receive a copy of the course’s bloodborne and infectious
19 diseases exposure control plan, which shall include emergency exposure
20 information.

21
22 (D) All instructional staff and faculty of programs and courses shall review
23 emergency management protocols at least annually during staff calibration
24 meetings to ensure consistency and compliance and such meetings shall be
25 documented and maintained by the course or program director for a period for no
26 less than five years after review occurs.

27
28 (k) Clinical Instruction. Unless otherwise stated herein, clinical instruction shall be of sufficient
29 duration to allow the procedures to be performed to minimum clinical competency.

30
31 (1) Prior to demonstrating clinical competencies, patient-based assignments, and
32 externships, students shall demonstrate minimum competence in laboratory or preclinical
33 performance of each procedure they will be expected to perform in their clinical
34 experiences.

35
36 (2) Each program or course provider utilizing a dental clinic or dental practice as an
37 extramural dental facility for the purposes of clinical training shall have a contract of
38 affiliation completed and retained for a period of at least five years from the date the
39 contract is entered into and made available upon site evaluation by the Board. Such
40 written contract shall include a description of the settings in which the clinical training
41 may be received and shall provide for direct supervision of such training by qualified
42 course faculty and the supervising licensed dentist of the facility.

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

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

11
12 (5) Prior to clinical experiences on any subject, including student partners, the patient
13 shall complete a health history and consent acknowledging the procedure is being
14 performed by a student of the course or program. Such documentation shall be
15 maintained by the clinical facility.

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

27
28 (l) **Recordkeeping.** Unless otherwise provided, all course and program directors shall be
29 responsible to obtain and maintain the following records for a period of not less than five years:

30
31 (1) A copy of each approved curriculum including a course/program syllabus and
32 course/program outline(s);

33
34 (2) A copy of institutional grading policies, rubrics used for student evaluation, and
35 procedures for evaluating competency;

36
37 (3) Evidence of department meetings and faculty calibration meetings to be held at least
38 once per semester, quarter, or other regular interval instruction period used by the
39 program, and evidence of faculty credentials, licenses, and certificates;

40
41 (4) For RDA programs only, minutes of all advisory board meetings, to include the
42 recording of attendance at the meeting;

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

3
4 (6) A copy of all certificates issued at the time of completion of the course or program.

5
6 **(m) Certificate of Completion as Prescribed by the Board.** All course providers and programs shall
7 issue an original certificate of completion which shall have been approved by the Board at the
8 time of course and program application for approval. In accordance with 16 CC 1070(l) providers
9 shall retain hard copy or electronic copy of records of course or program completion for five years
10 from the date of completion and provide records upon written request by the Board within 30
11 days. Only after a student has demonstrated successful completion of all educational
12 requirements and final examinations in accordance with each Section of this Article shall a
13 program or course issue a certificate of completion, which shall contain the following:

14
15 (1) The student’s name, the provider name, the provider’s location, the provider’s approval
16 number issued by the board, the course or program name, the number of course hours
17 completed, and the date of course completion,

18
19 (2) An authorizing signature of the provider or the providing entity and a statement that
20 reads: “All of the information contained on this certificate is truthful and accurate.”

21
22 (3) A statement on each certification that reads: “This Certificate of Completion does
23 not constitute authorization for the attendee to perform any services that the attendee
24 is not legally authorized to perform based on the attendee’s license or permit type.”

25
26 (4) The Board shall issue an individual provider number to all approved dental assisting
27 stand-alone courses and programs.

28
29 (5) For coursework in radiation safety, infection control coronal polish, pit and fissure
30 sealant, and the Act completed by students of a registered dental assisting program who,
31 with or without graduation, successfully completes the educational requirements for each
32 subject as part of the program curriculum, the program shall issue such certificates of
33 completion. The Board shall recognize certificates of completion issued by the program as
34 equivalent to having completed a stand-alone course.

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

39
40 (1) Any course or program provider for whom approval is denied or withdrawn shall be
41 granted an informal conference before the Executive Officer or his or her designee, prior
42 to the effective date of such action. The course provider shall be given at least ten (10)

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1 days' notice of the time and place of such informal conference and the specific grounds
2 for the proposed action.

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

5
6 (A) Appearing at the informal conference. The Executive Officer shall notify the
7 course or program provider of the final decision of the Board within ten days of
8 the informal conference. Based on the outcome of the informal conference, the
9 provider may then request a hearing to contest the Board's final decision. A
10 provider shall request a hearing by written notice to the Board within thirty (30)
11 calendar days of the postmark date of the letter of the Board's final decision after
12 informal conference. Hearings shall be held pursuant to the provisions of Chapter
13 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the
14 Government Code; or

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

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

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

37
38 ~~(3) Program and course records shall be subject to inspection by the Board at any time.~~

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

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

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

12
13 ~~(b) The program or course director shall possess a valid, active, and current license issued by~~
14 ~~the Board or the dental hygiene committee. The program or course director shall actively~~
15 ~~participate in and be responsible for the administration of the program or course. Specifically,~~
16 ~~the program or course director shall be responsible for the following requirements:~~

17
18 ~~(1) Maintaining for a period of not less than five years copies of curricula, program~~
19 ~~outlines, objectives, and grading criteria, and copies of faculty credentials, licenses, and~~
20 ~~certifications, and individual student records, including those necessary to establish~~
21 ~~satisfactory completion of the program or course.~~

22
23 ~~(2) Informing the Board of any major change to the program or course content, physical~~
24 ~~facilities, or faculty, within 10 days of the change.~~

25
26 ~~(3) Ensuring that all staff and faculty involved in clinical instruction meet the~~
27 ~~requirements set forth in this Article.~~

28
29 ~~(c) Course faculty and instructional staff shall be authorized to provide instruction by the~~
30 ~~program or course director at the educational facility in which instruction is provided.~~

31
32 ~~(d) No faculty or instructional staff member shall instruct in any procedure that he or she does~~
33 ~~not hold a license or permit in California to perform. Each faculty or instructional staff member~~
34 ~~shall possess a valid, active, and current license issued by the Board or the Dental Hygiene~~
35 ~~Committee of California, shall have been licensed or permitted for a minimum of two years, and~~
36 ~~possess experience in the subject matter he or she is teaching. An instructor who has held a~~
37 ~~license as a registered dental assistant or registered dental assistant in extended functions for~~
38 ~~at least two years, who then becomes a permit holder as an Orthodontic Assistant on or after~~
39 ~~January 1, 2010, shall not be required to have held such a permit for two years in order to~~
40 ~~instruct in the subject area.~~

41
42 ~~(e) A certificate, diploma, or other evidence of completion shall be issued to each student who~~
43 ~~successfully completes the program or course and shall include the following: the student's~~

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1 name, the name of the program or course, the date of completion, and the signature of the
2 program or course director or his or her designee.

3
4 ~~(f) Facilities and class scheduling shall provide each student with sufficient opportunity, with
5 instructor supervision, to develop minimum competency in all duties for which the program or
6 course is approved to instruct.~~

7
8 ~~(1) The location and number of general use equipment and armamentaria shall ensure
9 that each student has the access necessary to develop minimum competency in all of
10 the duties for which the program or course is approved to instruct. The program or
11 course provider may either provide the specified equipment and supplies or require that
12 the student provide them. Nothing in this Section shall preclude a dental office that
13 contains the equipment required by this Section from serving as a location for
14 laboratory instruction.~~

15
16 ~~(2) Clinical instruction shall be of sufficient duration to allow the procedures to be
17 performed to clinical proficiency. Operatories shall be sufficient in number to allow a
18 ratio of at least one operatory for every five students who are simultaneously engaged
19 in clinical instruction.~~

20
21 ~~(A) Each operatory shall contain functional equipment, including a power-
22 operated chair for patient or simulation based instruction in a supine position,
23 operator and assistant stools, air-water syringe, adjustable light, oral evacuation
24 equipment, work surface, handpiece connection, and adjacent hand-washing
25 sink.~~

26
27 ~~(B) Each operatory shall be of sufficient size to simultaneously accommodate one
28 student, one instructor, and one patient or student partner.~~

29
30 ~~(C) Prior to clinical assignments, students shall demonstrate minimum
31 competence in laboratory or preclinical performance of the procedures they will
32 be expected to perform in their clinical experiences.~~

33
34 ~~(g) The program or course shall establish written clinical and laboratory protocols that comply
35 with the Board's Minimum Standards for Infection Control (Cal. Code Regs., Title 16, Section
36 1005) and other federal, state, and local requirements governing infection control. The program
37 or course shall provide these protocols to all students, faculty, and instructional staff to ensure
38 compliance. Adequate space shall be provided for handling, processing, and sterilizing all
39 armamentarium.~~

40
41 ~~(h) A written policy on managing emergency situations shall be made available to all students,
42 faculty, and instructional staff. All faculty and staff involved in the direct oversight of patient
43 care activities shall be certified in basic life support procedures, including cardiopulmonary
44 resuscitation. Recertification intervals may not exceed two years. The program or course~~

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1 ~~director shall ensure and document compliance by faculty and instructional staff. A program or~~
2 ~~course shall sequence curriculum in such a manner so as to ensure that students complete~~
3 ~~instruction in basic life support prior to performing procedures on patients used for clinical~~
4 ~~instruction and evaluation.~~

5
6 ~~(i) A detailed program or course outline shall clearly state, in writing, the curriculum subject~~
7 ~~matter, hours of didactic, laboratory, and clinical instruction, general program or course~~
8 ~~objectives, instructional objectives, theoretical content of each subject, and, where applicable,~~
9 ~~the use of practical application. Objective evaluation criteria shall be used for measuring~~
10 ~~student progress toward attainment of specific program or course objectives. Students shall be~~
11 ~~provided with all of the following:~~

12
13 ~~(1) Specific performance objectives and the evaluation criteria used for measuring levels~~
14 ~~of competence for each component of a given procedure including those used for~~
15 ~~examinations.~~

16
17 ~~(2) Standards of performance that state the minimum number of satisfactory~~
18 ~~performances that are required for each performance-evaluated procedure.~~

19
20 ~~(3) Standards of performance for laboratory, preclinical, and clinical functions, those~~
21 ~~steps that would cause the student to fail the task being evaluated, and a description of~~
22 ~~each of the grades that may be assigned during evaluation procedures.~~

23
24 ~~(j) (1) If an extramural dental facility is utilized, students shall, as part of an extramural~~
25 ~~organized program of instruction, be provided with planned, supervised clinical~~
26 ~~instruction. Laboratory and preclinical instruction shall be performed under the direct~~
27 ~~supervision of program or course faculty or instructional staff and shall not be provided~~
28 ~~in an extramural dental facility.~~

29
30 ~~(2) The program or course director, or a designated faculty member, shall be responsible~~
31 ~~for selecting extramural dental facility and evaluating student competence before and~~
32 ~~after the clinical assignment.~~

33
34 ~~(3) Prior to student assignment in an extramural dental facility, the program or course~~
35 ~~director, or a designated faculty or instructional staff member, shall orient dentists and~~
36 ~~all licensed dental healthcare workers who may provide instruction, evaluation, and~~
37 ~~oversight of the student in the clinical setting. Orientation shall include, at a minimum,~~
38 ~~the objectives of the program or course, the student's preparation for the clinical~~
39 ~~assignment, and a review of procedures and criteria to be used by the dentist or the~~
40 ~~licensed personnel in the extramural dental facility in evaluating the student during the~~
41 ~~assignment, which shall be the same as the evaluation criteria used within the program~~
42 ~~or course.~~

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

4
5 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750,
6 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.

7
8 **§ 1070.1. Educational Program and Course Definitions and Instructor Ratios.**

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

10
11 (a) "Clinical instruction" means instruction in which students receive supervised
12 experience in performing procedures in a clinical setting on patients. Clinical procedures
13 shall only be allowed upon successful demonstration and evaluation of laboratory and
14 preclinical skills. There shall be at least one instructor for every six students who are
15 simultaneously engaged in clinical instruction.

16
17 (b) "Didactic instruction" means lectures, demonstrations, and other instruction
18 involving theory that may or may not involve active participation by students. The
19 faculty or instructional staff of an educational institution or approved provider may
20 provide didactic instruction via electronic media, home study materials, or live lecture
21 modality.

22
23 (c) "Extramural dental facility" means any clinical facility utilized by a Board-approved
24 dental assisting educational program or course for instruction in dental assisting that
25 exists outside or beyond the walls, boundaries or precincts of the primary location of
26 the Board-approved program or course and in which dental treatment is rendered.

27
28 (d) "Laboratory instruction" means instruction in which students receive supervised
29 experience performing procedures using study models, ~~mannequin~~ manikins, or other
30 simulation methods. There shall be at least one instructor for every ~~14~~12 students who
31 are simultaneously engaged in laboratory instruction.

32
33 (e) "Pre-clinical instruction" means instruction in which students receive supervised
34 experience within the educational facilities performing procedures on ~~simulation patient~~
35 replica devices or patients which are limited to students partners, faculty, or
36 instructional staff members. There shall be at least one instructor for every six students
37 who are simultaneously engaged in pre-clinical instruction.

38
39 (f) "Simulated clinical instruction" means instruction in which students receive
40 supervised experience performing procedures using ~~simulated~~ replica patient heads
41 mounted in appropriate position and accommodating an articulated typodont in an
42 enclosed intraoral environment, or mounted on a dental chair in a dental operatory.
43 Clinical simulation spaces shall be sufficient to permit one ~~simulation~~ work space for
44 each two (2) students at any one time.

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1
2 (g) "Instructional staff" refers non-faculty qualified employees of a program or course
3 who provide instruction in dental assisting course or program content consistent with
4 the course or program regulations.

5
6 (h) "Educational methodology" refers to various courses of study that include, but are
7 not limited to, the principles and methods used for instruction, assessment and
8 evaluation.

9
10
11 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1750,
12 1750.2, 1750.4, 1752.1, 1752.4, 1752.6 and 1753, Business and Professions Code.

13
14 **§ 1070.2. Approval of Board-Approved Registered Dental Assistant Educational Programs**
15 **Requirements.**

16
17 (a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive, at
18 minimum, provisional approval prior to operation and in compliance with Sections 1070 and
19 1070.1.

20
21 (b) A registered dental assistant program provider applying for approval shall submit to the Board
22 a completed "Application for Registered Dental Assistant (RDA) Program Provider Approval"
23 (New 12/2020), which is hereby incorporated by reference, accompanied by the designated, non-
24 refundable fee as defined in Section 1022.

25
26 (c) New programs approved by the American Dental Association, Commission on Dental
27 Accreditation (Commission) prior to submission of an application for approval by the Board may
28 submit proof of approved status by the Commission, an electronic copy of the institutional self-
29 study in addition to the application requirements set forth in this Section.

30
31 (d) **General Provisions.** In order for a registered dental assistant program to secure and maintain
32 approval by the Board, it shall establish and continually adhere to the requirements of Sections
33 1070 and 1070.1. In addition:

34
35 (1) A program shall notify the Board, in writing, if it wishes to increase the maximum
36 student enrollment for which it is approved and shall provide documentation to the Board
37 to reapprove the program for the increased enrollment prior to accepting additional
38 students.

39
40 (2) The program shall establish goals and objectives that measure instructional
41 effectiveness through ongoing planning and outcome assessments that are documented
42 and annually reviewed. Findings and conclusions of the assessments are used by the
43 program for program improvement and revisions to the overall planning and outcomes
44 assessment.

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1
2 (3) Programs shall establish and maintain an advisory committee comprised of practicing
3 dentists and clinical dental assistants, all currently licensed by the Board. In addition,
4 consideration shall be given to appointing a student, a recent graduate, or a public
5 representative to serve on the advisory committee.

6
7 (A) The advisory committee shall meet at least once each academic year with the
8 program director, faculty, and appropriate institutional personnel to monitor the
9 ongoing quality and performance of the program.

10
11 (B) The advisory committee shall review the program’s goals, objectives, and
12 overall effectiveness.

13
14 (4) The program director and faculty shall ensure a form of governance that allows
15 participation in the program and institution’s decision-making process by the advisory
16 committee. The program director shall be consulted by the committee when matters
17 directly related to the program are considered by a committee that does not include
18 program faculty.

19
20 (5) The program shall have sufficient financial resources available to support the program
21 and to comply with this Section.

22
23 (6) If the program or institution requires approval by any other governmental agency, that
24 approval shall be obtained prior to application to the Board for approval and shall be
25 maintained at all times. The failure to maintain that approval may result in the automatic
26 withdrawal of Board approval of the program.

27
28 **(e) Program Directors of Registered Dental Assisting Programs.**

29
30 (1) The Program Director shall have a full time commitment to no more than one
31 institution as a director. The Program Director shall not have full time instructor or
32 administrator responsibilities. The program director’s teaching contact hours and
33 program responsibilities shall be less than a full-time instructor who does not have
34 administrative responsibilities and he or she shall be given time to fulfill assigned
35 administrative responsibilities. In addition to the requirements of 16 CCR 1070,
36 regarding the qualification and responsibilities of the program director, the program
37 director shall have the authority and responsibilities for:

38
39 (A) Budget preparation

40
41 (B) Fiscal administration

42
43 (C) Curriculum development and coordination
44

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1 (D) Selection and recommendation of individuals for faculty appointment and
2 promotion

3
4 (E) Supervision and evaluation of faculty

5
6 (F) Determining faculty teaching assignments and schedules

7
8 (G) Determining admissions criteria and procedures

9
10 (H) Scheduling use of program facilities

11
12 (I) Development and responsibilities to maintain compliance and documentation

13
14 **(f) Facilities, Equipment and Resources.** The program shall provide all necessary equipment
15 specific to the current duties and functions of dental assisting and registered dental assistant
16 duties (with the exception of duties pertaining to patient monitoring) and shall be able to
17 demonstrate how the equipment shall be utilized during laboratory, preclinical, and clinical
18 instruction as appropriate to each type of session.

19
20 (1) The following are minimum requirements for equipment and armamentaria during
21 laboratory, preclinical, and clinical sessions as appropriate to each type of session:
22 amalgamator, model trimmers in the ratio of one for every seven students, dental rotary
23 equipment in the ratio of one for every three students, vibrators in the ratio of one for
24 every three students, light curing devices in the ratio of one for every operator, functional
25 typodonts and bench mounts in the ratio of one for every two students, functional
26 orthodontically banded typodonts in the ratio of one for every four students, facebows in
27 the ratio of one for every ten students, automated blood pressure device,
28 electrocardiogram (EKG) machine, pulse oximeters in the ratio of one for every ten
29 students, capnograph or simulated device, one set of hand instruments in the ratio of one
30 set for every two students for each procedure, respiration device, camera for intraoral use,
31 camera for extraoral use, computer aided drafting (CAD) machine or simulated device,
32 caries detection device in the ratio of one for every ten students, and all other equipment
33 and armamentaria required to teach dental assistant and registered dental assistant
34 duties. With the exception of a CAD machine and patient monitoring equipment specific
35 to EKG machine, pulse oximeter, and capnograph, the program shall own the necessary
36 equipment and have it readily available upon inspection. Patient monitoring equipment
37 owned by the institution and utilized by more than one program within the institution
38 premises is acceptable and may be used by the RDA program as needed for instruction.
39 Instruction by a licensed healthcare provider is acceptable. In the event instruction in
40 patient monitoring procedures and use of the CAD machine is provided by an outside
41 provider, the RDA program shall not be required to have available or own patient
42 monitoring equipment or CAD machine.

43
44 (2) The program shall demonstrate how the equipment and armamentaria ratios

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1 established successfully support the total number of enrolled students of each class.

2
3 (3) Instruments shall be provided to accommodate students' needs in learning to identify,
4 exchange, prepare procedural trays and assist in procedures as they relate to general and
5 specialty dentistry.

6
7 (4) Provision shall be made for reasonable access to current and diverse dental assisting
8 and multidisciplinary literature including reference texts, current journals, audiovisual
9 materials, and other resources necessary to support teaching, student learning needs,
10 services and research. Library holdings, which may include access through the Internet,
11 shall include materials relating to all subject areas of the program curriculum.

12
13 (5) Consistent with Section 1070, all necessary emergency and first aid equipment shall be
14 maintained in good operating order.

15
16 **(g) Length of Program.**

17
18 (1) The program shall be of sufficient duration for the student to develop minimum
19 competence in performing dental assistant and registered dental assistant duties, but in
20 no event less than 800 hours, which shall be comprised of at least 275 hours of didactic
21 instruction, at least 260 hours of combined laboratory or pre-clinical instruction
22 conducted under the direct supervision of program faculty or instructional staff, and at
23 least 265 hours in a clinical externship in an extramural or onsite dental facility providing
24 direct patient care and performing chairside assisting functions.

25
26 (2) As part of the program's curriculum, no more than 40 hours of didactic and laboratory
27 instruction shall be devoted to clerical, administrative, dental practice management
28 specific curriculum content as described in Section 1070.2(i)(7).

29
30 **(h) Program Curriculum – General Guidelines.** Didactic, laboratory, preclinical, and clinical
31 performance evaluations are integral parts of the program's curriculum.

32
33 (1) In addition to the requirements of Sections 1070 and 1070.1, curriculum content and
34 instruction in all registered dental assisting programs shall include theoretical content,
35 laboratory, and clinical experiences in a well-defined sequence that ensures each
36 student's level of learning is consistent with the program's stated learning outcomes in
37 each content area described herein.

38
39 (2) Where regulations exist specific to areas of study resulting in an independent
40 certificate, such as, but not limited to, Radiation Health and Safety, Infection Control, Pit
41 and Fissure Sealant and Coronal Polishing, instruction in each subject shall be consistent
42 with related regulations.

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1 (3) Curriculum documentation shall be reviewed annually and revised, as needed, to
2 reflect new concepts and techniques. Program content shall be integrated with continued
3 curriculum advancement throughout. Curriculum must demonstrate sufficient depth,
4 scope, sequence of instruction, quality, and emphasis to ensure achievement of all of the
5 curriculum's defined competencies.

6
7 (4) Programs that admit students in phases, including modular, wheel, or open-entry
8 programs, shall provide at minimum, basic prerequisite instruction in tooth dental
9 anatomy, tooth numbering, emergencies, first-aid and safety precautions, infection
10 control, Occupational Health and Safety Administration (OSHA) and sterilization protocols
11 prior to instruction in any other area of the program's curriculum. Such prerequisite
12 instruction shall consist of no less than 100 hours of direct, live, interactive didactic
13 instruction, and shall occur prior to performances or activities involving patients including
14 student partners.

15
16 (5) In addition to the requirements of section 1070 and 1070.1 and, programs shall include
17 the following content:

18
19 (A) Instruction in radiation safety that meets all of the requirements of 16 CCR
20 1070.9.

21
22 (B) Instruction in coronal polishing that meets all of the requirements of 16 CCR
23 1070.4.

24
25 (C) Instruction in the application of Pit and Fissure Sealants that meets all of the
26 requirements of 16 CCR 1070.3.

27
28 (D) Instruction in basic life support (BLS) as required by 16 CCR 1016(b)(1)(C) prior
29 to the beginning of the pre-clinical or clinical experiences, wherein recertification
30 intervals may not exceed two years. The program may require that the student
31 complete this course as a prerequisite to program enrollment, or that the student
32 provide evidence of having completed the course from another provider.

33
34 (E) Instruction in the Act that includes the content specified in 16 CCR 1016
35 governing the Act continuing education courses.

36
37 (6) All programs shall provide students with instruction in the California Division of
38 Occupational Safety and Health (Cal/OSHA) Regulations (8 CCR 330-344.85) and the
39 Board's Minimum Standards for Infection Control (16 CCR 1005). Students shall be
40 enrolled in or have a program-approved plan to enroll in courses culminating in a
41 comprehensive written final examination prior to the student's performance of
42 procedures on patients.

43
44 (7) Ongoing instruction and utilization of safety procedures, infection control protocols,

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1 and equipment care shall be adhered to at all times. Students shall meet a minimum level
2 of satisfactory competency as defined by the program.
3

4 (i) **Didactic Laboratory, Preclinical and Clinical Instruction.** The content categories of this
5 instruction include, but are not limited to Biomedical and Dental Sciences, Dental Materials,
6 Ethics and Professional Responsibilities, Dental Instruments and Equipment, Chairside Assisting,
7 Health and Safety, Dental Practice Management, and Emergencies, Dental Office
8 Communication, New and Emerging Technologies, and Basic Life Support. Laboratory, preclinical
9 and clinical instruction shall be of sufficient duration and content for each student to achieve
10 minimum competence in the performance of each procedure that dental assistants and
11 registered dental assistants are authorized to perform.
12

13 (1) In the area of Biomedical Sciences, the program shall integrate throughout the
14 didactic, preclinical, laboratory, and clinical performance components of the curriculum,
15 the following content:
16

17 (A) Bloodborne pathogens and related diseases

18 (B) Hazard Communication Standards

19 (C) Infection Control

20 (D) Radiology
21

22 (2) In the area of Dental Sciences, the program shall provide instruction in and didactic
23 evaluation of the following areas:
24

25 (A) Dental and medical terminology

26 (B) General anatomy and physiology

27 (C) Head and neck anatomy

28 (D) Microbiology

29 (E) Nutrition

30 (E) Oral anatomy, histology and embryology

31 (F) Oral pathology

32 (G) Pharmacology related to dentistry and the patient shall include:
33
34
35
36
37
38
39
40
41
42
43

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1 (i) Drug requirements, agencies and regulations

2
3 (ii) Common drugs and prescriptions used in dentistry

4
5 (iv) Anesthetics and topical agents used in dentistry

6
7 (vi) Administration of nitrous oxide-oxygen

8
9 (vii) Drugs and agents used for treating dental-related infections

10
11 (viii) Drug addiction including Opioids and other substances.

12
13
14 (H) Patients with special needs including patients whose medical, physical,
15 psychological, or social conditions make it necessary to modify normal dental
16 routines.

17
18 (3) In the area of Dental Materials, the program shall provide instruction in and laboratory
19 and performance evaluation in the properties, use, and manipulation of:

20
21 (A) Gypsum

22
23 (B) Restorative materials

24
25 (C) Bases, liners and bonding agents

26
27 (D) Matrix retainers, bands and wedges

28
29 (E) Impression materials

30
31 (F) Acrylics and or thermoplastics

32
33 (G) Waxes

34
35 (H) Abrasive agents

36
37 (I) Dental laboratory procedures

38
39 (i) Study casts

40
41 (ii) Fabrication of custom trays

42
43 (iii) Temporary crowns and bridges

44

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1 (J) Preventive materials: polishing agents, fluorides, sealants, varnish

2
3 (4) In the areas of Ethics and Professional Responsibilities, the program shall provide
4 instruction in and didactic performance evaluation of the following:

5
6 (A) The Act, including information regarding:

7
8 (1) The laws and regulations pertaining to the profession of dental assisting

9
10 (2) The duties and supervision levels of all licensed and unlicensed dental
11 assistants

12
13 (3) The legal responsibilities of all dental assisting licensee and permit
14 holders as defined in statute

15
16 (4) Applicable state and federal laws and regulations

17
18 (B) Malpractice, liability, negligence, abandonment, and fraud

19
20 (F) Health Insurance Portability and Accountability Act (HIPAA)

21
22 (G) Express, implied, and informed consent

23
24 (H) Legal and ethical issues in dentistry

25
26 (I) Reports of abuse and domestic violence and neglect; mandatory reporter
27 requirements for all dental healthcare workers

28
29 (J) Risk management

30
31 (K) Code of ethics applicable to the dental assisting profession

32
33 (L) Laws governing harassment, and labor and employment

34
35 (M) Licensing, certification, and permit requirements to obtain and maintain such
36 certificates

37
38 (5) In the areas of Dental Instruments and Equipment, the program shall provide
39 instruction in and didactic, preclinical, clinical and laboratory performance evaluation of
40 the following:

41
42 (A) Identification, types, functions, and operations of dental operator and
43 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) Assistance 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 prescribed 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 Practice Management, the program shall provide instruction in
32 and didactic and laboratory performance evaluation of the following:

33
34 (A) Appointment control

35
36 (B) Financial records and fees

37
38 (C) Dental office inventory control and purchasing

39
40 (D) Computer and dental software

41
42 (E) Recall/Recare systems

43

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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, Health Insurance
9 Portability and Accountability Act (HIPAA)/Health Information Technology for
10 Economic and Clinical Health Act (HITECH) requirements

11
12 (J) Practice management systems

13
14 (K) Insurance systems claims processing and procedure coding

15
16 (L) Ethical and legal responsibilities including financial misconduct, patient billing,
17 misrepresentation of services performed, and treatment plan presentation

18
19 (8) In the areas of Dental Office Communication, instruction and didactic performance
20 evaluation of the following:

21
22 (A) Psychology considerations influencing communication and behaviors

23
24 (B) Adapt skills to varied levels of understanding and cultural orientation

25
26 (C) Verbal and non-verbal communication

27
28 (D) Interpersonal skills

29
30 (E) Communicating with dental office employees

31
32 (9) In the areas of Health and Safety, and Emergencies, the program shall provide
33 instruction in and didactic and laboratory performance evaluation of the following:

34
35 (A) Respond to medical emergencies:

36
37 (1) Taking and recording of vital signs

38
39 (2) Cardiopulmonary resuscitation (CPR)

40
41 (3) Administration of oxygen

42
43 (B) Basic first aid kit and first aid procedures

44

**WORKING DOCUMENT:
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1 (C) Common medical emergencies in a dental office

2
3 (D) Common dental emergencies

4
5 (E) Safe transport and transfer of patients

6
7 (F) Emergency procedures in response to workplace accidents:

8
9 (G) Roles and responsibilities of the dental office employer and employee

10
11 (1) The role of the injury and illness prevention program of the dental office

12
13 (2) The reporting process for workplace injuries including exposure
14 incidents

15
16 (H) Maintenance of safe and healthy work environments

17
18 (10) In the area of New and Emerging Technologies, the program shall integrate
19 throughout the didactic and laboratory performance components of the curriculum, the
20 following content:

21
22 (A) Advancements in dental instruments and equipment

23
24 (B) Advanced and emerging dental materials and products

25
26 (C) Procedures and techniques that incorporate emerging technology used in the
27 workplace

28
29 (D) Procedures and techniques related to dental specialties including, but not
30 limited to, prosthodontics, orthodontics, and endodontics.

31
32 (11) In the area of Basic Life Support (BLS), the program shall offer courses or coursework
33 that, when successfully completed, result in certification in BLS, and which are taught by
34 an instructor approved by the American Red Cross or the American Heart Association, or
35 any other provider recognized by the Board as equivalent. The program may require that
36 the student complete certification as a prerequisite to program enrollment, or that the
37 student provide evidence of having completed certification prior to patient-based
38 competencies and clinical assignment.

39
40 (j) **Clinical Externship Instruction.** Assisting a dentist shall be an integral part of the educational
41 program designed to perfect students' competence in performing chairside assisting functions,
42 rather than to provide basic instruction. In addition to the requirements of Section 1070 and
43 1070.1 with regard to extramural instruction and facility use:

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1 (1) If utilized, no more than 50 percent of the total hours of clinical externship instruction
2 shall take place in a specialty dental practice or within the program's facilities. Specialty
3 dentistry clinical experiences are optional and are not required of a registered dental
4 assisting program.

5
6 (2) Each student shall be assigned to one or more offices or clinics for clinical experience
7 and assisting in which general dentistry situations are emphasized.

8
9 (3) The majority of the students' time in clinical assignments shall be spent assisting with
10 or participating in patient care.

11
12 (4) A formal written agreement shall exist between the educational institution and the
13 facility providing the experience. The written agreement shall provide that the dental
14 assisting faculty shall plan, approve, supervise, and evaluate the student's clinical
15 experience, and the following conditions shall be met:

16
17 (A) The program administrator must retain authority and responsibility for the
18 student.

19
20 (B) Policies and procedures for operation of the facility must be consistent with the
21 philosophy and objectives of the dental assisting program.

22
23 (C) The facility must accommodate the scheduling needs of the program.

24
25 (D) Any termination of the agreement ensures that instruction will not be
26 interrupted for currently assigned students.

27
28 (E) The facility provides its expectations and orientation to all parties prior to
29 student assignment.

30
31 (F) Students shall maintain a record of their activities in each clinical assignment.

32
33 (5) Faculty of the program or the program director shall conduct at least five site visits to
34 the facility or facilities during the course of the student's clinical assignment. The student
35 shall be present and performing clinical work at the time of the site visit and a report by
36 the visiting faculty member shall be completed and entered into the student record. At no
37 time shall a telephone communication with the extramural facility be deemed equivalent
38 to or determined to be an acceptable alternative to a physical site visit by the program
39 faculty or staff.

40
41 (k) **Optional Program Content:** A registered dental assisting program that desires to provide
42 instruction in the following areas shall apply separately for approval to incorporate curriculum on
43 an application form issued by the Board, herein incorporated by reference, (insert here):

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1
2 (1) An orthodontic assistant permit course that shall meet the curriculum requirements of
3 Section 1070.7. A program shall not be required to obtain approval to teach the orthodontic
4 duties allowed for an unlicensed dental assistant which are already required areas of
5 instruction under Section 1070.7, specifically the duties of placing ligature ties and
6 archwires, removing orthodontic bands, and removing excess cement from surfaces of
7 teeth with a hand instrument. The incorporated curriculum shall be no less than 51 hours
8 of combined didactic, laboratory and pre-clinical instruction consistent with the
9 requirements of Section 1070.7 plus additional hours of instruction in ultrasonic scaling for
10 cement removal consistent with the requirements of Section 1070.5. All experiences shall
11 be performed and evaluated up to the pre-clinical level and within the institutional facilities
12 under the supervision of the program faculty. Upon successful graduation of the program,
13 students shall not be required to complete 12 months of work experience as a dental
14 assistant and shall be considered immediately eligible to apply for Board examination and
15 obtain a permit as an orthodontic assistant which may occur before or after examination
16 and licensure as a registered dental assistant.

17
18 (2) A dental sedation assistant permit course that shall meet the curriculum requirements
19 of Section 1070.8, The incorporated curriculum shall be no less than 110 hours of combined
20 didactic, laboratory, pre-clinical, and clinical instruction consistent with the requirements
21 of Section 1070.8. All experiences shall be performed and evaluated up to the pre-clinical
22 level and within the institutional facilities under the supervision of the program faculty.
23 Clinical training must be completed under supervision of qualified staff as specified in
24 1070.8(a)(3). Thirty-eight of the required 110 hours must be devoted to clinical instruction
25 in the extramural facility under the supervision of sedation or anesthesia permit holder.
26 Upon successful graduation of the program, students shall not be required to complete 12
27 months of work experience as a dental assistant and shall be considered immediately
28 eligible to apply for Board examination and obtain a permit as a dental sedation assistant
29 which may occur before or after examination and licensure as a registered dental assistant.

30
31 (3) A registered dental assisting program that includes instructional content for either the
32 orthodontic assistant permit or dental sedation assistant permit, or both, shall provide a
33 certificate or certificates of completion to the program graduate specific to the subject area
34 and in addition to the RDA program certificate of completion. Certificates shall be used for
35 demonstration of compliance with education requirements for the permit subject as part
36 of a total program for registered dental assisting and shall include the institutional name,
37 Board-approved provider number for the program, total hours of instruction completed in
38 the subject area consistent with the requirements of this Section, a disclosure statement to
39 both the graduate and any employer indicating that the recipient of the certificate is not
40 allowed to perform the duties of a permit holder until such time as a Board-issued permit
41 has been obtained, and certification signature indicating successful completion of approved
42 curriculum. The certificate holder shall utilize the certificate as proof of candidate eligibility
43 at the time of application submission and shall be deemed an eligible candidate for
44 examination and permit issuance as having met all educational requirements.

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1
2 **(l) Certificates of Completion.**

3
4 (1) Upon successful completion of the program, students shall receive certificates
5 consistent with the requirements defined in Section 1070(m).

6
7 (D) In the event a student does not complete the program, but has met all the educational
8 requirements consistent with an eight hour infection control course, a two hour Dental
9 Practice Act (DPA) course or a 32 hour radiation health and safety course, the program shall
10 provide certificates to the student verifying that the minimum educational requirements
11 for employment as an unlicensed dental assistant have been met and shall include the
12 program’s Board-approved provider number for each subject area as defined in this Article.

13
14 **(m) Notice of Compliance.** To maintain approval, the programs approved prior to the effective
15 date of these regulations shall submit to the Board a completed “Notice of Compliance with New
16 Requirements for Registered Dental Assistant Programs” (New 12/2020), hereby incorporated by
17 reference, within ninety (90) days of the effective date of these regulations.

18
19 ~~(a) All Registered Dental Assistant (RDA) programs in California shall apply for and receive Board~~
20 ~~approval prior to operation.~~

21
22 ~~(b) The Board may, in lieu of conducting its own investigation, accept the findings of any~~
23 ~~commission or accreditation agency approved by the Board and adopt those findings as its own.~~
24 ~~All programs accredited by the American Dental Association Commission on Dental~~
25 ~~Accreditation (Commission) shall submit to the Board after each site visit a copy of the final~~
26 ~~report of the Commission's findings within 30 days of the final report issuance. New programs~~
27 ~~approved by the Commission shall apply to the Board and shall submit proof of Provisional~~
28 ~~Approval status by the Commission, a copy of the institutional self study, and applications for~~
29 ~~Radiation Safety, Coronal Polish, Pit and Fissure Sealants and any other courses required of an~~
30 ~~RDA educational program. Acceptance of the Commission's or any accrediting agencies' findings~~
31 ~~is at the discretion of the Board and does not prohibit the Board from exercising its right to site-~~
32 ~~evaluate a program.~~

33
34 ~~(c) If the program is granted the status of “Approved with Reporting Requirements” from the~~
35 ~~Commission, the program shall submit to the Board copies of any and all correspondence~~
36 ~~received from or submitted to the Commission until such time as the status of “Approval~~
37 ~~without Reporting Requirements” is granted. Additionally, if the program withdraws from~~
38 ~~accredited status by the Commission, the program shall notify the Board, in writing, of such~~
39 ~~status within 30 days.~~

40
41 ~~(d) In order for a registered dental assistant program to secure and maintain approval by the~~
42 ~~Board, it shall meet the requirements of Sections 1070 and 1070.1 and the requirements~~
43 ~~contained in this Section.~~

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

5
6 ~~(2) Programs shall establish and maintain an advisory committee whose membership~~
7 ~~provides for equal representation of dentists and dental assistants, all currently licensed~~
8 ~~by the Board. In addition, consideration shall be given to a student, a recent graduate or~~
9 ~~a public representative to serve on the advisory committee. The advisory committee~~
10 ~~shall meet at least once each academic year with the program director, faculty, and~~
11 ~~appropriate institutional personnel to monitor the ongoing quality and performance of~~
12 ~~the program and to receive advice and assistance from the committee.~~

13
14 ~~(3) Adequate provision for the supervision and operation of the program shall be made.~~
15 ~~In addition to the requirements of Sections 1070 and 1070.1, the following~~
16 ~~requirements shall be met:~~

17
18 ~~(A) By January 1, 2012, each faculty member shall have completed a course or~~
19 ~~certification program in educational methodology of at least 30 hours, unless he~~
20 ~~or she holds any one of the following: a postgraduate degree in education, a~~
21 ~~Ryan Designated Subjects Vocational Education Teaching Credential, a Standard~~
22 ~~Designated Subjects Teaching Credential, or a Community College Teaching~~
23 ~~Credential. Each faculty member employed after January 1, 2012, shall complete~~
24 ~~a course or certification program in educational methodology within six months~~
25 ~~of employment. The program director or designated administrator shall be~~
26 ~~responsible to obtain and maintain records of each faculty member showing~~
27 ~~evidence of having met this requirement.~~

28
29 ~~(B) The program director shall have teaching responsibilities that are less than~~
30 ~~those of a full-time faculty member. He or she shall actively participate in and be~~
31 ~~responsible for the administration of the program including the following:~~

32
33 ~~(i) Participating in budget preparation and fiscal administration,~~
34 ~~curriculum development and coordination, determination of teaching~~
35 ~~assignments, supervision and evaluation of faculty, establishment of~~
36 ~~criteria and procedures, design and operation of program facilities, and~~
37 ~~selection of extramural facilities and coordination of instruction in those~~
38 ~~facilities.~~

39
40 ~~(ii) Holding periodic staff meetings to provide for subject matter review,~~
41 ~~instructional calibration, curriculum evaluation, and coordinating~~
42 ~~activities of full-time, part-time, and volunteer faculty or instructional~~
43 ~~staff.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

3
4 ~~(C) The owner or school administrator shall be responsible for the compliance of~~
5 ~~the program director with the provisions of this Section and Sections 1070 and~~
6 ~~1070.1.~~

7
8 ~~(4) The program shall have sufficient financial resources available to support the~~
9 ~~program and to comply with this Section. If the program or school requires approval by~~
10 ~~any other governmental agency, that approval shall be obtained prior to application to~~
11 ~~the Board for approval and shall be maintained at all times. The failure to maintain that~~
12 ~~approval shall result in the automatic withdrawal of Board approval of the program.~~

13
14 ~~(5) The program shall be of sufficient duration for the student to develop minimum~~
15 ~~competence in performing dental assistant and registered dental assistant duties, but in~~
16 ~~no event less than 800 hours, including at least 275 hours of didactic instruction, at least~~
17 ~~260 hours of combined laboratory or preclinical instruction conducted in the program's~~
18 ~~facilities under the direct supervision of program faculty or instructional staff, and the~~
19 ~~remaining hours utilized in clinical instruction in extramural dental facilities. No more~~
20 ~~than 20 hours of instruction shall be devoted to clerical, administrative, practice~~
21 ~~management, or similar duties. Programs whose demonstrated total hours exceed 800~~
22 ~~and who meet all the instructional requirements in this Section, may utilize the~~
23 ~~additional instructional hours as deemed appropriate for program success. To maintain~~
24 ~~approval, programs approved prior to the effective date of these regulations shall~~
25 ~~submit to the Board a completed "Notice of Compliance with New Requirements for~~
26 ~~Registered Dental Assistant Educational Programs (New 9/10)", hereby incorporated by~~
27 ~~reference, within ninety (90) days of the effective date of these regulations.~~

28
29 ~~(6) In addition to the requirements of Section 1070 with regard to extramural~~
30 ~~instruction:~~

31
32 ~~(A) No more than 25 percent of extramural clinical instruction shall take place in~~
33 ~~a specialty dental practice.~~

34
35 ~~(B) Program faculty shall visit each extramural dental facility at least once every~~
36 ~~ten clinical days.~~

37
38 ~~(7) Facilities and class scheduling shall provide each student with sufficient opportunity,~~
39 ~~with instructor supervision, to develop minimum competency in all duties that~~
40 ~~registered dental assistants are authorized to perform. The following requirements are~~
41 ~~in addition to those contained in Sections 1070 and 1070.1:~~

42
43 ~~(A) The following are minimum requirements for equipment and armamentaria~~
44 ~~during laboratory, preclinical, and clinical sessions as appropriate to each type of~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~session: amalgamator, model trimmers in the ratio of one for every seven~~
2 ~~students, dental rotary equipment in the ratio of one for every three students,~~
3 ~~vibrators in the ratio of one for every three students, light curing devices in the~~
4 ~~ratio of one for every operatory, functional typodonts and bench mounts in the~~
5 ~~ratio of one for every two students, functional orthodontically banded typodonts~~
6 ~~in the ratio of one for every four students, facebows in the ratio of one for every~~
7 ~~ten students, automated blood pressure device, EKG machine, pulse oximeters in~~
8 ~~the ratio of one for every ten students, capnograph or simulated device, one set~~
9 ~~of hand instruments in the ratio of one set for every two students for each~~
10 ~~procedure, respiration device, camera for intraoral use, camera for extraoral use,~~
11 ~~CAD machine or simulated device, caries detection device in the ratio of one for~~
12 ~~every ten students, and all other equipment and armamentaria required to teach~~
13 ~~dental assistant and registered dental assistant duties. With the exception of a~~
14 ~~CAD machine and patient monitoring equipment specific to EKG machine, pulse~~
15 ~~oximeter, and capnograph, the program shall own the necessary equipment and~~
16 ~~have it readily available upon inspection. Patient monitoring equipment owned~~
17 ~~by the institution and utilized by more than one program within the institution~~
18 ~~premises is acceptable and may be used by the RDA program as needed for~~
19 ~~instruction. Instruction by a licensed healthcare provider is acceptable. In the~~
20 ~~event instruction in patient monitoring procedures and use of the CAD machine~~
21 ~~is provided by an outside provider, the RDA program shall not be required to~~
22 ~~have available or own patient monitoring equipment or CAD machine.~~

23
24 ~~(B) Instruments shall be provided to accommodate students needs in learning to~~
25 ~~identify, exchange, and prepare procedural trays and assist in procedures as they~~
26 ~~relate to general and specialty dentistry.~~

27
28 ~~(C) Provision shall be made for reasonable access to current and diverse dental~~
29 ~~and medical reference texts, current journals, audiovisual materials, and other~~
30 ~~necessary resources. Library holdings, which may include, in total or in part,~~
31 ~~access through the Internet, shall include materials relating to all subject areas of~~
32 ~~the program curriculum.~~

33
34 ~~(D) Emergency materials shall include, at a minimum, an oxygen tank that is~~
35 ~~readily available and functional. Medical materials for treating patients with life-~~
36 ~~threatening conditions shall be available for instruction and accessible to the~~
37 ~~operatories. Facilities that do not treat patients shall maintain a working model~~
38 ~~of a kit of such emergency materials for instructional purposes.~~

39
40 ~~(8) Curriculum documentation shall be reviewed annually and revised, as needed, to~~
41 ~~reflect new concepts and techniques. This content shall be integrated and of sufficient~~
42 ~~depth, scope, sequence of instruction, quality and emphasis to ensure achievement of~~
43 ~~the curriculum's defined competencies.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

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

14
15 ~~(9) In addition to the requirements of Sections 1070 and 1070.1 and subdivisions (b)(11)~~
16 ~~and (b)(12) of this Section, programs shall include the following content:~~

17
18 ~~(A) Instruction in radiation safety that meets all of the requirements of Cal. Code~~
19 ~~Regs., Title 16, Sections 1014 and 1014.1.~~

20
21 ~~(B) Instruction in coronal polishing that meets all of the requirements of Cal.~~
22 ~~Code Regs., Title 16, Section 1070.4.~~

23
24 ~~(C) Instruction in the application of Pit and Fissure Sealants that meets all of the~~
25 ~~requirements of Cal. Code Regs., Title 16, Section 1070.3.~~

26
27 ~~(D) A course in basic life support provided by an instructor approved by the~~
28 ~~American Red Cross or the American Heart Association, or any other course~~
29 ~~approved by the Board as equivalent. The program may require that the student~~
30 ~~complete this course as a prerequisite to program enrollment, or that the~~
31 ~~student provide evidence of having completed the course from another~~
32 ~~provider.~~

33
34 ~~(E) Instruction in infection control that meets all of the requirements of Cal. Code~~
35 ~~Regs., Title 16, Section 1070.6.~~

36
37 ~~(F) Instruction in the Dental Practice Act that includes the content specified in~~
38 ~~Cal. Code Regs., Title 16, Section 1016 governing Dental Practice Act continuing~~
39 ~~education courses.~~

40
41 ~~(10) A program that desires to provide instruction in the following areas shall apply~~
42 ~~separately for approval to provide the following courses:~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

3
4 ~~(B) An orthodontic assistant permit course that shall meet the requirements of~~
5 ~~Cal. Code Regs., Title 16, Section 1070.7, except that a program shall not be~~
6 ~~required to obtain separate approval to teach the duties of placing ligature ties~~
7 ~~and archwires, removing orthodontic bands, and removing excess cement from~~
8 ~~surfaces of teeth with a hand instrument, and shall be no less than 51 hours,~~
9 ~~including at least 9 hours of didactic instruction, at least 22 hours of laboratory~~
10 ~~instruction, and at least 20 hours of clinical instruction.~~

11
12 ~~(C) A dental sedation assistant permit course that shall meet the requirements of~~
13 ~~Cal. Code Regs., Title 16, Section 1070.8.~~

14
15 ~~(D) A Registered Dental Assisting educational program that includes instructional~~
16 ~~content for either the orthodontic assistant permit or dental sedation assistant~~
17 ~~permit, or both, shall provide a certificate or certificates of completion to the~~
18 ~~graduate. The certificate holder shall be deemed an eligible candidate for the~~
19 ~~permit examination process as having met all educational requirements for the~~
20 ~~permit examination.~~

21
22 ~~(11) General didactic instruction shall include, at a minimum, the following:~~

23
24 ~~(A) Principles of general anatomy, physiology, oral embryology, tooth histology,~~
25 ~~and head-neck anatomy.~~

26
27 ~~(B) Principles of conditions related to and including oral pathology, orthodontics,~~
28 ~~periodontics, endodontics, pediatric dentistry, oral surgery, prosthodontics, and~~
29 ~~esthetic dentistry.~~

30
31 ~~(C) Instruction in the Dental Practice Act that includes the content specified~~
32 ~~in Cal. Code Regs., Title 16, Section 1016, as well as principles of the Health~~
33 ~~Insurance Portability and Accountability Act (HIPAA) privacy and security~~
34 ~~standards, risk management, and professional codes of ethical behavior.~~

35
36 ~~(D) Principles of infection control, waste management, and hazardous~~
37 ~~communication requirements in compliance with the Board's Minimum~~
38 ~~Standards for Infection Control (Cal. Code Regs., Title 16, Section 1005) and~~
39 ~~other federal, state, and local requirements governing infection control.~~
40 ~~Instruction in infection control shall meet the education requirements set forth~~
41 ~~in Section 1070.6(e).~~

42
43 ~~(E) Principles related to pharmacology and biomedical sciences including~~
44 ~~nutrition and microbiology.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 ~~(F) Principles of medical-dental emergencies and first-aid management.~~

3
4 ~~(G) Principles of the treatment planning process including medical health history~~
5 ~~data collection, patient and staff confidentiality, and charting.~~

6
7 ~~(H) Principles of record classifications including management, storage, and~~
8 ~~retention protocol for all dental records including legal and ethical issues~~
9 ~~involving patient records.~~

10
11 ~~(I) Principles and protocols of special-needs patient management, the psychology~~
12 ~~and management of dental patients, and overall interpersonal relationships.~~

13
14 ~~(J) Principles, protocols, and armamentaria associated with all dental assisting~~
15 ~~chairside procedures.~~

16
17 ~~(K) Principles, protocols, manipulation, use, and armamentaria for contemporary~~
18 ~~dental materials used in general and specialty dentistry.~~

19
20 ~~(L) Principles and protocols for oral hygiene preventative methods including,~~
21 ~~plaque identification, toothbrushing and flossing techniques, and nutrition.~~

22
23 ~~(M) Principles, protocols, armamentaria, and procedures associated with~~
24 ~~operative and specialty dentistry.~~

25
26 ~~(N) Principles, protocols, armamentaria, and procedures for each duty that~~
27 ~~dental assistants and registered dental assistants are allowed to perform.~~

28
29 ~~(O) All content for instruction in radiation safety as set forth in Cal. Code Regs.,~~
30 ~~Title 16, Section 1014.1.~~

31
32 ~~(P) All content for instruction in coronal polishing as set forth in Cal. Code Regs.,~~
33 ~~Title 16, Section 1070.4.~~

34
35 ~~(Q) All content for instruction in the application of Pit and Fissure Sealants as set~~
36 ~~forth in Cal. Code Regs., Title 16, Section 1070.3.~~

37
38 ~~(12) Laboratory and clinical instruction shall be of sufficient duration and content~~
39 ~~for each student to achieve minimum competence in the performance of each~~
40 ~~procedure that dental assistant and registered dental assistant is authorized to~~
41 ~~perform.~~

42

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(13) Each student shall pass a written examination that reflects the curriculum~~
2 ~~content, which may be administered at intervals throughout the course as~~
3 ~~determined by the course director.~~
4

5 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1752.1,
6 1752.4 and 1752.6, Business and Professions Code.
7

8 **§ 1070.3. Approval of Pit and Fissure Sealant Courses.**
9

10 (a) A course in the application of pit and fissure sealants shall have the primary purpose of
11 providing theory and clinical application in preventative sealant techniques. The Board shall
12 approve and continue to approve only courses which continuously adhere to the standards in
13 this section.
14

15 (b) A pit and fissure sealant course provider applying for initial approval shall submit a completed
16 “Application for Pit and Fissure Sealant Course Provider Approval” (New 12/2020), hereby
17 incorporated by reference, accompanied by the designated, non-refundable fee as defined in
18 Section 1022. Consistent with Section 1070, the Board may approve or deny approval after it
19 evaluates all components of the course.
20

21 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
22 1070.1 and all requirements set forth herein.
23

24 (d) **General Provisions:** The program shall make adequate provisions for the course’s supervision
25 and operation in compliance with this Article and the following:
26

27 (1) Unless otherwise incorporated in a Board-approved registered dental assisting
28 program, providers shall require evidence from students that they have met all course
29 prerequisites prior to their acceptance in the course. Prerequisites include current
30 certification in basic life support, completion of an eight (8) hour Board-approved course
31 in infection control, and a two hour Board-approved course in the Act.
32

33 (2) When instruction is incorporated in a registered dental assisting program, students
34 shall have completed instruction in infection control, basic chairside skills, anatomy, tooth
35 morphology and dental materials and have obtained certification in basic life support
36 prior to the start of instruction in pit and fissure sealants.
37

38 (3) Providers shall adhere to the requirements for the quantity, qualifications, and
39 responsibilities of the course director and all faculty or instructional staff as defined in
40 sections 1070 and 1070.1 at all times.
41

42 (4) Providers shall not be required to employ a dentist for the purposes of onsite oversight
43 and mitigation during clinical instruction.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (5) Providers shall require a written permission letter or prescription by a licensed dentist
3 who shall diagnose and prescribe sealant placement when patient-based experiences are
4 performed.

5
6 **(e) Facilities and Equipment:**

7
8 (1) Adequate supplies, materials, and provisions for instruction in the application of pit
9 and fissure sealants shall be provided in compliance with the requirements of Section
10 1070.

11
12 (2) There shall be a sufficient number of safe, adequate, and educationally conducive
13 lecture classrooms, online instruction equipment, and operatories in compliance with
14 the requirements of Section 1070. Adequate cleaning, disinfecting, and sterilizing
15 facilities shall be provided.

16
17 (3) All disinfection and sterilization procedures specified in Section 1005 shall be
18 incorporated in course content and followed during all laboratory, simulated clinical,
19 and clinical experiences.

20
21 **(f) Course Duration:** As part of a course of instruction, sufficient time shall be available for all
22 students to achieve minimum competence in the various protocols used in the application of pit
23 and fissure sealants. The course shall, however, be no less than 16 clockhours in length consisting
24 of a combination of didactic, laboratory, simulated clinical, and clinical instruction designed for
25 the student to develop minimum competency in all aspects of the subject area, including at least
26 four hours of didactic training, at least four hours of laboratory training, at least four hours of
27 simulated clinical training, and at least four hours of clinical training.

28
29 **(g) Course Curriculum and Examination:**

30
31 (1) A detailed course outline shall be established and maintained consistent with the
32 requirements of Section 1070 and shall be provided to students prior to the start of
33 instruction.

34
35 (2) General course objectives and specific instructional unit objectives shall be stated in
36 writing and shall include theoretical aspects of each subject as well as practical
37 application. The theoretical aspects of the course shall provide the content necessary for
38 students to make judgments regarding the application of pit and fissure sealants.

39
40 (3) Objective evaluation criteria shall be used for measuring student progress toward
41 attainment of specific course objectives. Students shall be provided with specific
42 performance objectives and the evaluation criteria that will be used for all aspects of the
43 curriculum.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (4) Each student shall pass a written examination which reflects the curriculum content.

2
3 (5) Each student shall pass a practical examination in which the student successfully
4 completes the application of pit and fissure sealants on:

5
6 (i) no less than 16 teeth total;

7
8 (ii) no less than four (4) laboratory applications;

9
10 (iii) no less than four (4) applications on simulation devices;

11
12 (iv) no less than eight (8) clinical applications on live patients;

13
14 (v) no less than two live patients;

15
16 (h) **Didactic Instruction:** Areas of instruction shall include the following as they relate to Dental
17 Science, Oral Anatomy, Histology, Physiology, Oral Pathology, Normal and Abnormal
18 Anatomical and Physiological Tooth Descriptions

19
20 (1) Morphology

21
22 (2) Dental Materials

23
24 (3) Sealant Basics:

25
26 (i) Legal requirements

27
28 (ii) Description and goals of sealants

29
30 (iii) Indications and contraindications

31
32 (iv) Role in preventive programs

33
34 (v) Use of caries identification devices and materials

35
36 (4) Sealant Materials and Caries Identification Devices:

37
38 (i) Etchant and/or etchant/bond combination material composition, process,
39 storage, and handling

40
41 (ii) Sealant material composition, polymerization type, process, storage, and
42 handling

43
44 (iii) Armamentaria for etching and sealant application

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (iv) Problem solving for etchant and sealant material placement/manipulation

3
4 (v) Armamentaria for caries identification

5
6 (5) Sealant Criteria:

7
8 (i) Areas of application

9
10 (ii) Patient indication and contraindication factors

11
12 (iii) Caries identification protocols

13
14 (6) Preparation Factors:

15
16 (i) Moisture control protocol

17
18 (ii) Tooth/teeth preparation procedures prior to etching or etchant/bond

19
20 (iii) Recording of caries identification devices or materials

21
22 (7) Acid Etching or Etchant/Bond Combination:

23
24 (i) Material preparation

25
26 (ii) Application areas

27
28 (iii) Application time factors

29
30 (iv) Armamentaria

31
32 (v) Procedure

33
34 (vi) Etchant or etchant/bond evaluation criteria

35
36 (8) Sealant Application:

37
38 (i) Application areas

39
40 (ii) Application time factors

41
42 (iii) Armamentaria

43
44 (iv) Procedure for chemical cure and light cure techniques

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (v) Sealant evaluation criteria

3
4 (vi) Sealant adjustment technique

5
6 (9) Infection control protocols

7
8 (10) Clinical re-call re-evaluation protocols

9
10 **(i) Laboratory, Simulated-Clinical, and Clinical Instruction:**

11
12 (1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all
13 times during laboratory, simulated clinical, and clinical instruction.

14
15 (2) Students shall be provided with established written competencies identifying specific
16 objective evaluation criteria and performance objectives for all evaluated experiences.
17 An experience has been successfully completed only if each sealant placed meets or
18 exceeds all stated performance criteria.

19
20 (3) Upon completion of all didactic instruction, students shall complete the following
21 competency evaluated experiences:

22
23 (A) Laboratory experiences may be conducted on a typodont and/or mounted
24 extracted teeth. Sufficient time shall be available for students to demonstrate
25 minimum competency on both posterior and anterior teeth.

26
27 (B) Sufficient time shall be available for students to demonstrate competency in
28 performing the applications required under Section 1070.3(g)(5).

29
30 (4) Each patient shall undergo a caries identification procedure performed by the
31 student as part of the evaluated experience. Each tooth selected for clinical experience
32 shall be sufficiently erupted to maintain a dry field for application of sealant materials.

33
34 **(i) Course Completion:** Upon completion of the course, each student shall be able to:

35
36 (1) Identify the major characteristics of oral anatomy, histology, physiology, oral
37 pathology, normal/abnormal anatomical and physiological tooth descriptions,
38 morphology and microbiology as they relate to pit and fissure application.

39
40 (2) Explain the procedure to patients.

41
42 (3) Recognize decalcification, caries, and fracture lines.

43
44 (4) Identify the indications and contraindications for sealants.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (5) Identify the characteristics of a caries identification device, light curing devices,
3 isolation devices, and self-curing and light-cured sealant materials.

4
5 (6) Define the appropriate patient indication and contraindication factors for sealant
6 application.

7
8 (7) Utilize proper armamentaria in an organized sequence.

9
10 (8) Maintain appropriate moisture control protocol before and during application of
11 etchant and sealant material.

12
13 (9) Demonstrate the proper technique for teeth preparation prior to etching.

14
15 (10) Select and dispense the proper amount of etchant and sealant material when using
16 materials requiring etchant; and the proper use of etchless sealant materials including
17 bondable materials.

18
19 (11) Demonstrate the proper techniques for application of the etchant and sealant
20 material.

21
22 (12) Implement problem solving techniques associated with pit and fissure sealants.

23
24 (13) Evaluate the etchant and sealant placement techniques according to appropriate
25 criteria.

26
27 (14) Check the occlusion and proximal contact for appropriate placement techniques.

28
29 (15) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.

30
31 (16) Maintain aseptic techniques including disposal of contaminated material.

32
33 (k) **Certificate of Completion.** Upon successful completion of the course, students shall receive a
34 certificate consistent with the requirements defined in Section 1070(m).

35
36 (l) **Notice of Compliance.** To maintain approval, courses approved prior to the effective date of
37 these regulations shall submit to the Board a completed “Notice of Compliance with New
38 Requirements for Pit and Fissure Sealant Courses” (New 12/2020), hereby incorporated by
39 reference, within ninety (90) days of the effective date of these regulations.

40
41 ~~The following minimum criteria shall be met for a course in the application of pit and fissure~~
42 ~~sealants to secure and maintain approval by the Board.~~

43
44 ~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 ~~(b) Prerequisites. Each student shall possess the necessary requirements for application for RDA~~
3 ~~licensure or currently possess an RDA license. Each student shall have already completed a~~
4 ~~Board approved course in coronal polishing.~~

5
6 ~~(c) Administration/Facility. Adequate provision for the supervision and operation of the course~~
7 ~~shall be made.~~

8
9 ~~(1) The course director and each faculty member shall possess a valid, active, and~~
10 ~~current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA~~
11 ~~license issued by the Board if the person has completed Board approved courses in~~
12 ~~coronal polishing and the application of pit and fissure sealants. All faculty shall have~~
13 ~~been licensed for a minimum of two years. All faculty shall have the education,~~
14 ~~background, and occupational experience and/or teaching expertise necessary to teach,~~
15 ~~place, and evaluate the application of pit and fissure sealants. All faculty responsible for~~
16 ~~clinical evaluation shall have completed a two hour methodology course in clinical~~
17 ~~evaluation.~~

18
19 ~~(2) The course director shall have the education, background, and occupational~~
20 ~~experience necessary to understand and fulfill the course goals. He/she shall actively~~
21 ~~participate in and be responsible for the day to day administration of the course~~
22 ~~including the following:~~

23
24 ~~(A) Providing daily guidance of didactic, laboratory and clinical assignments.~~

25
26 ~~(B) Maintaining for a period of not less than 5 years:~~

27
28 ~~1. Copies of curricula, course outlines, objectives, and grading criteria.~~

29
30 ~~2. Copies of faculty credentials, licenses, and certifications.~~

31
32 ~~3. Individual student records, including those necessary to establish~~
33 ~~satisfactory completion of the course.~~

34
35 ~~(C) Informing the Board of any changes to the course content, physical facilities,~~
36 ~~and/or faculty, within 10 days of such changes.~~

37
38 ~~(d) Length of Course. The program shall be of sufficient duration for the student to develop~~
39 ~~minimum competence in the application of pit and fissure sealants, but shall in no event be less~~
40 ~~than 16 clock hours, including at least 4 hours of didactic training, at least 4 hours of laboratory~~
41 ~~training, and at least 8 hours of clinical training.~~

42
43 ~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to~~
44 ~~each student who successfully completes the course.~~

**WORKING DOCUMENT:
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1
2 ~~(f) Facilities and Resources. Facilities and class scheduling shall provide each student with~~
3 ~~sufficient opportunity, with instructor supervision, to develop minimum competency in~~
4 ~~applying pit and fissure sealants. Such facilities shall include safe, adequate and educationally~~
5 ~~conducive:~~

6
7 ~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number~~
8 ~~of students enrolled.~~

9
10 ~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one~~
11 ~~operatory for every five students at any one time.~~

12
13 ~~(A) Each operatory shall replicate a modern dental office containing functional~~
14 ~~equipment including: a power-operated chair for treating patients in a supine~~
15 ~~position; operator and assistant stools; air-water syringe; adjustable light; oral~~
16 ~~evacuation equipment; work surface; hand-washing sink; curing light, and all~~
17 ~~other armamentarium required to instruct in the application of pit and fissure~~
18 ~~sealants.~~

19
20 ~~(B) Each operatory shall be of sufficient size to accommodate a practitioner, a~~
21 ~~student, an instructor, and a patient at one time.~~

22
23 ~~(3) Laboratories. The location and number of general use equipment shall assure that~~
24 ~~each student has the access necessary to develop minimum competency in the~~
25 ~~application of pit and fissure sealants. Protective eyewear is required for each student.~~

26
27 ~~(4) Infection Control. The program shall establish written clinical and laboratory~~
28 ~~protocols to ensure adequate asepsis, infection and hazard control, and disposal of~~
29 ~~hazardous wastes, which shall comply with the board's regulations and other Federal,~~
30 ~~State, and local requirements. The program shall provide such protocols to all students,~~
31 ~~faculty, and appropriate staff to assure compliance with such protocols. Adequate space~~
32 ~~shall be provided for preparing and sterilizing all armamentarium.~~

33
34 ~~(5) Emergency Materials/Basic Life Support.~~

35
36 ~~(A) A written policy on managing emergency situations shall be made available~~
37 ~~to all students, faculty, and staff.~~

38
39 ~~(B) All students, faculty, and staff involved in the direct provision of patient care~~
40 ~~shall be certified in basic life support procedures, including cardiopulmonary~~
41 ~~resuscitation. Re-certification intervals may not exceed two years. The program~~
42 ~~shall document, monitor, and ensure compliance by such students, faculty, and~~
43 ~~staff.~~

**WORKING DOCUMENT:
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1 ~~(g) Program Content.~~

2
3 ~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical~~
4 ~~experience to achieve minimum competence in the various protocols used in the~~
5 ~~application of pit and fissure sealants.~~

6
7 ~~(2) A detailed course outline shall be provided to the board which clearly states~~
8 ~~curriculum subject matter and specific instruction hours in the individual areas of~~
9 ~~didactic, laboratory, and clinical instruction.~~

10
11 ~~(3) General program objectives and specific instructional unit objectives shall be stated~~
12 ~~in writing, and shall include theoretical aspects of each subject as well as practical~~
13 ~~application. The theoretical aspects of the program shall provide the content necessary~~
14 ~~for students to make judgments regarding the application of pit and fissure sealants.~~
15 ~~The course shall assure that students who successfully complete the course can apply~~
16 ~~pit and fissure sealants with minimum competence.~~

17
18 ~~(4) Objective evaluation criteria shall be used for measuring student progress toward~~
19 ~~attainment of specific course objectives. Students shall be provided with specific unit~~
20 ~~objectives and evaluation criteria that will be used for all aspects of the curriculum~~
21 ~~including written and practical examinations. The program shall establish a standard of~~
22 ~~performance that states the minimum number of satisfactory performances that are~~
23 ~~required for each procedure.~~

24
25 ~~(5) Areas of instruction shall include at least the following as they relate to pit and~~
26 ~~fissure sealants:~~

27
28 ~~(A) Dental Science – Oral Anatomy, Histology, Physiology, Oral Pathology,~~
29 ~~Normal/Abnormal Anatomical and Physiological Tooth Descriptions~~

30
31 ~~(B) Morphology and Microbiology~~

32
33 ~~(C) Dental Materials and Pharmacology~~

34
35 ~~(D) Sealant Basics~~

36 ~~1. Legal requirements~~

37 ~~2. Description and goals of sealants~~

38 ~~3. Indications and contraindications~~

39 ~~4. Role in preventive programs~~

40
41 ~~(E) Sealant Materials~~

42
43 ~~1. Etchant and/or etchant/bond combination material composition,~~
44 ~~process, storage and handling~~

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- ~~2. Sealant material composition, polymerization type, process, storage and handling~~
- ~~3. Armamentaria for etching and sealant application~~
- ~~4. Problem solving for etchant and sealant material placement/manipulation~~

~~(F) Sealant Criteria~~

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

~~(G) Preparation Factors~~

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

~~(H) Acid Etching or Etchant/Bond Combination~~

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

~~(I) Sealant Application~~

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

~~(J) Infection control protocol~~

~~(K) Clinical re-call re-evaluation protocols~~

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

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1
2 ~~(7) Clinical instruction shall be of sufficient duration to allow the procedures to be~~
3 ~~performed to clinical proficiency. There shall be no more than 6 students per instructor~~
4 ~~during clinical instruction. Clinical instruction shall include clinical experience on four~~
5 ~~patients with two of the four patients used for the clinical examination. Each clinical~~
6 ~~patient shall have a minimum of four (4) virgin, non-restored, natural teeth, sufficiently~~
7 ~~erupted so that a dry field can be maintained, for application of the etching, or~~
8 ~~etchant/bond combination, and sealant materials. Such clinical instruction shall include~~
9 ~~teeth in all four quadrants for each patient.~~

10
11 ~~(h) Externship Instruction.~~

12
13 ~~(1) If an extramural clinical facility is utilized, students shall, as part of an organized~~
14 ~~program of instruction, be provided with planned, supervised clinical instruction in the~~
15 ~~application of pit and fissure sealants.~~

16
17 ~~(2) The program director/coordinator or a dental faculty member shall be responsible~~
18 ~~for selecting extern clinical sites and evaluating student competence in performing~~
19 ~~procedures both before and after the clinical assignment.~~

20
21 ~~(3) Objective evaluation criteria shall be used by the program faculty and clinic~~
22 ~~personnel.~~

23
24 ~~(4) Dentists who intend to provide extramural clinical practices shall be oriented by the~~
25 ~~program director/coordinator or a dental faculty member prior to the student~~
26 ~~assignment. Orientation shall include the objectives of the course, the preparation the~~
27 ~~student has had for the clinical assignment, and a review of procedures and criteria to~~
28 ~~be used by the dentist in evaluating the student during the assignment.~~

29
30 ~~(5) There shall be a written contract of affiliation with each extramural clinical facility~~
31 ~~utilized by the program. Such contract shall describe the settings in which the clinical~~
32 ~~training will be received, affirm that the clinical facility has the necessary equipment and~~
33 ~~armamentarium appropriate for the procedures to be performed, and affirm that such~~
34 ~~equipment and armamentarium are in safe operating condition.~~

35
36 ~~(i) Evaluation and Examination.~~

37
38 ~~(1) Upon completion of the course, each student shall be able to:~~

39
40 ~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral~~
41 ~~pathology, normal/abnormal anatomical and physiological tooth descriptions,~~
42 ~~morphology and microbiology as they relate to pit and fissure application.~~

43
44 ~~(B) Explain the procedure to patients.~~

**WORKING DOCUMENT:
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1
2 ~~(C) Recognize decalcification, caries and fracture lines.~~

3
4 ~~(D) Identify the indications and contraindications for sealants.~~

5
6 ~~(E) Identify the characteristics of self-curing and light-cured sealant material.~~

7
8 ~~(F) Define the appropriate patient selection factors and indication factors for~~
9 ~~sealant application.~~

10
11 ~~(G) Utilize proper armamentaria in an organized sequence.~~

12
13 ~~(H) Maintain appropriate moisture control protocol before and during~~
14 ~~application of etchant and sealant material.~~

15
16 ~~(I) Demonstrate the proper technique for teeth preparation prior to etching.~~

17
18 ~~(J) Select and dispense the proper amount of etchant and sealant material.~~

19
20 ~~(K) Demonstrate the proper techniques for application of the etchant and~~
21 ~~sealant material.~~

22
23 ~~(L) Implement problem solving techniques associated with pit and fissure~~
24 ~~sealants.~~

25
26 ~~(M) Evaluate the etchant and sealant placement techniques according to~~
27 ~~appropriate criteria.~~

28
29 ~~(N) Check the occlusion and proximal contact for appropriate placement~~
30 ~~techniques.~~

31
32 ~~(O) Adjust occlusion and evaluate or correct proximal areas(s) when indicated.~~

33
34 ~~(P) Maintain aseptic techniques including disposal of contaminated material.~~

35
36 ~~(2) Each student shall pass a written examination which reflects the entire curriculum~~
37 ~~content.~~

38
39 ~~(3) Each student shall pass a clinical examination in which the student successfully~~
40 ~~completes the application of pit and fissure sealants on two of the four clinical patients~~
41 ~~required for clinical instruction. The examination shall include teeth in all four~~
42 ~~quadrants.~~

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1 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections ~~1754~~
2 1752.1 and 1777, Business and Professions Code.

3
4 **§ 1070.4. Approval of Coronal Polishing Courses.**

5
6 (a) A course in the performance of coronal polishing procedures shall have the primary purpose
7 of providing theory and clinical application in plaque and stain removal techniques from
8 supragingival tooth surfaces. The Board shall approve and continue to approve only
9 programmatically curricula and stand-alone courses which continuously adhere to the standards in
10 this section.

11
12 (b) A coronal polishing course provider applying for initial approval shall submit a completed
13 “Application for Coronal Polish Course Provider Approval” (New 12/2020), hereby incorporated
14 by reference, accompanied by the designated, non-refundable fee as defined in section 1022.
15 Consistent with section 1070, the Board may approve or deny approval after it evaluates all
16 components of the course.

17
18 (c) Continuation of approval will be contingent upon continued compliance with sections 1070,
19 1070.1 and all requirements set forth herein.

20
21 (d) **General Provisions:** The program shall make adequate provisions for the course’s supervision
22 and operation in compliance with this Article and the following:

23
24 (1) Unless otherwise incorporated in a Board-approved registered dental assisting
25 program, providers shall require evidence from students that they have met all course
26 prerequisites prior to their acceptance including current certification in basic life support,
27 completion of an eight-hour Board-approved course in infection control, and a two-hour
28 Board-approved course in the Act.

29
30 (2) When instruction is incorporated in a registered dental assisting program, students
31 shall have completed instruction in a Board-approved eight-hour infection control course,
32 basic chairside skills, anatomy, tooth morphology and dental materials and have obtained
33 certification in basic life support prior to the start of instruction in coronal polish.

34
35 (3) Providers shall adhere to the requirements for the quantity, qualifications and
36 responsibilities of the course director and all faculty or instructional staff, as defined in
37 sections 1070 and 1070.1, at all times.

38
39 (4) Dental assisting programs and stand-alone courses teaching coronal polish shall not
40 be required to employ a dentist for the purposes of oversight during pre-clinical or clinical
41 instruction. Each clinical patient approved for coronal polishing shall be deemed by
42 faculty of the course or program to have minimal calculus sufficient to receive the
43 treatment prior to clinical performance by the student.

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1 (5) Additionally, all patients or their guardians shall complete a health history form with
2 consent acknowledging the procedure is being performed by a student of the course or
3 program. Such documentation shall be maintained in the clinical facility's records.
4

5 (e) **Facilities and Equipment:** Adequate supplies, materials and provisions for
6 instruction in coronal polishing shall be provided in compliance with the requirements
7 of Section 1070.
8

9 (f) **Course Duration:** A course in coronal polishing shall be of sufficient duration, but in no event
10 less than 12 hours including at least four hours of didactic instruction, at least four hours of
11 laboratory instruction, and at least four hours of supervised clinical instruction for the student to
12 obtain applicable theory in didactic instruction, laboratory instruction, and clinical experience to
13 achieve minimum competence.
14

15 (g) **Course Curriculum and Examination:**
16

17 (1) A detailed course outline shall be established and maintained consistent with the
18 requirements of Section 1070 and shall be provided to students prior to the start of
19 instruction.
20

21 (2) General course objectives and specific instructional unit objectives shall be stated in
22 writing and shall include theoretical aspects of each subject as well as practical
23 application. The theoretical aspects of the course shall provide the content necessary for
24 students to achieve minimum competency.
25

26 (3) Objective evaluation criteria shall be used for measuring student progress toward
27 attainment of specific course objectives. Students shall be provided with specific
28 performance objectives and the evaluation criteria that will be used for all aspects of the
29 curriculum.
30

31 (4) Each student shall pass a written examination which reflects the curriculum content.
32

33 (5) Each student shall pass a clinical examination demonstrating minimum competency.
34

35 (h) **Didactic Instruction:** Areas of instruction shall include the following as they relate to coronal
36 polishing Successful completion of a written examination to include all areas of didactic
37 instruction shall occur prior to pre-clinical instruction:
38

39 (1) **Coronal Polishing Basics:**
40

41 (A) **Legal requirements**
42

43 (B) **Description and goals of coronal polishing**
44

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1 (C) Indications and contraindications of coronal polishing

2
3 (D) Criteria for an acceptable coronal polish

4
5 (2) Principles of plaque and stain formation:

6
7 (A) Clinical description of plaque, intrinsic and extrinsic stains, and calculus

8
9 (B) Etiology of plaque and stain

10
11 (C) Clinical description of teeth that have been properly polished and are free of
12 stain

13
14 (D) Tooth morphology and anatomy of the oral cavity as they relate to polishing
15 techniques and to retention of plaque and stain

16
17 (3) Polishing materials:

18
19 (A) Polishing agent(s) composition, storage, and handling

20
21 (B) Abrasive material(s) composition, storage, and handling, and factors which
22 affect rate of abrasion

23
24 (C) Disclosing agent composition, storage, and handling

25
26 (D) Armamentaria for disclosing and polishing techniques

27
28 (E) Contraindications for disclosing and polishing techniques

29
30 (4) Principles of tooth polishing:

31
32 (A) Clinical application of disclosing before and after a coronal polish

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 dental handpieces, mechanical
39 devices, and rotary devices used when performing a coronal polish procedure

40
41 (E) Introduction of advanced technologies in coronal polishing including the use of
42 air polishing devices and selective polishing procedures

43

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1 (F) Use of traditional and contemporary polishing techniques, including selective
2 polishing

3
4 (G) Techniques for coronal polishing of adults and children

5
6 (H) Procedures for cleaning fixed and removable prosthesis and orthodontic
7 appliances

8
9 (I) Disclosing and polishing evaluation criteria

10
11 (J) Pre-medication requirements for the compromised patient

12
13 (5) Infection control protocols

14
15 (6) OSHA Bloodborne Pathogens Standards

16
17 **(i) Laboratory, Simulated Clinical and Clinical Instruction:**

18
19 (1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all
20 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 procedure meets or exceeds
25 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 shall be conducted on a typodont which is
31 mounted and has a fully articulated jaw. Sufficient time shall be available for
32 students to demonstrate minimum competency performing two laboratory
33 experiences; or

34
35 (B) Simulated clinical experiences which shall be conducted on a simulator or
36 manikin device. Sufficient time shall be available for students to demonstrate
37 minimum competency performing two simulated clinical experiences.

38
39 (C) Clinical experiences shall be conducted on three patients with two of the
40 three) patients used for the clinical examination. The clinical experiences shall
41 include one performance utilizing a selective polishing technique and one
42 performance utilizing a full mouth polishing technique. Patient selection and
43 evaluation shall follow all criteria established by the course. Careful
44 consideration shall be given to utilizing selective polishing techniques on clinical

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1 patients possessing implants, orthodontic bands and brackets, or removable
2 appliances.

3
4 **(j) 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 coronal polishing.

9 (2) Explain the procedure to patients.

10 (3) Recognize decalcification and mottled enamel.

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

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

13 (6) Recognize advanced technologies in coronal polishing including the use of air polishing
14 devices and selective polishing procedures

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

16 (8) Perform plaque disclosure.

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

19 (10) Utilize both full mouth and selective polishing techniques

20 (11) Demonstrate proper polishing techniques using traditional and contemporary
21 mechanical devices

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

23 (13) Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic
24 appliances.

25 (14) Maintain aseptic techniques including disposal of contaminated material.

26 (15) Identify the pre-medications for the compromised patient.

27
28 **(k) Certificate of Completion.** Upon successful completion of the course, students shall receive a
29 certificate consistent with the requirements defined in Section 1070(m).

30
31 **(l) Notice of Compliance.** To maintain approval, courses approved prior to the effective date of
32 these regulations shall submit to the Board a completed "Notice of Compliance with New

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1 Requirements for Coronal Polish Courses” (New 12/2020), hereby incorporated by reference,
2 within ninety (90) days of the effective date of these regulations.

3
4 ~~The following minimum criteria shall be met for a course in coronal polishing to secure and~~
5 ~~maintain approval by the Board.~~

6
7 ~~(a) Educational Setting. The course shall be established at the post-secondary educational level.~~

8
9 ~~(b) Prerequisites. Each student shall possess the necessary requirements for application for RDA~~
10 ~~licensure or currently possess an RDA license. Each student shall satisfactorily demonstrate to~~
11 ~~the instructor clinical competency in infection control requirements prior to clinical instruction~~
12 ~~in coronal polishing.~~

13
14 ~~(c) Administration/Faculty. Adequate provision for the supervision and operation of the course~~
15 ~~shall be made.~~

16
17 ~~(1) The course director and each faculty member shall possess a valid, active, and~~
18 ~~current RDAEF, RDH, RDHEF, RDHAP, or dentist license issued by the Board, or an RDA~~
19 ~~license issued by the Board if the person has completed a board approved course in~~
20 ~~coronal polishing. All faculty shall have been licensed for a minimum of two years. All~~
21 ~~faculty shall have the education, background, and occupational experience and/or~~
22 ~~teaching expertise necessary to teach, place, and evaluate coronal polishing. All faculty~~
23 ~~responsible for clinical evaluation shall have completed a two hour methodology course~~
24 ~~in clinical evaluation.~~

25
26 ~~(2) The course director shall have the education, background, and occupational~~
27 ~~experience necessary to understand and fulfill the course goals. He/she shall actively~~
28 ~~participate in and be responsible for the day-to-day administration of the course~~
29 ~~including the following:~~

30
31 ~~(A) Providing guidance of didactic, laboratory and clinical assignments.~~

32
33 ~~(B) Maintaining for a period of not less than 5 years:~~

34
35 ~~i. Copies of curricula, course outlines, objectives, and grading criteria.~~

36
37 ~~ii. Copies of faculty credentials, licenses, and certifications.~~

38
39 ~~iii. Individual student records, including those necessary to establish~~
40 ~~satisfactory completion of the course.~~

41
42 ~~(C) Informing the board of any changes to the course content, physical facilities,~~
43 ~~and/or faculty, within 10 days of such changes.~~

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

5
6 ~~(e) Evidence of Completion. A certificate or other evidence of completion shall be issued to~~
7 ~~each student who successfully completes the course.~~

8
9 ~~(f) Facilities and Resources. Facilities and class scheduling shall provide each student with~~
10 ~~sufficient opportunity, with instructor supervision, to develop minimum competency in coronal~~
11 ~~polishing. Such facilities shall include safe, adequate and educationally conducive:~~

12
13 ~~(1) Lecture classrooms. Classroom size and equipment shall accommodate the number~~
14 ~~of students enrolled.~~

15
16 ~~(2) Operatories. Operatories shall be sufficient in number to allow a ratio of at least one~~
17 ~~operatory for every six students at any one time.~~

18
19 ~~(A) Each operatory shall replicate a modern dental office containing functional~~
20 ~~equipment including: a power-operated chair for treating patients in a supine~~
21 ~~position; operator and assistant stools; air water syringe; adjustable light; oral~~
22 ~~evacuation equipment; work surface; hand washing sink; slow speed handpiece,~~
23 ~~and all other armamentarium required to instruct in the performance of coronal~~
24 ~~polishing.~~

25
26 ~~(B) Each operatory shall be of sufficient size to accommodate a student, an~~
27 ~~instructor, and a patient at one time.~~

28
29 ~~(3) Laboratories. The location and number of general use equipment shall assure that~~
30 ~~each student has the access necessary to develop minimum competency in coronal~~
31 ~~polishing. Protective eyewear is required for each student.~~

32
33 ~~(4) Infection Control. The program shall establish written clinical and laboratory~~
34 ~~protocols to ensure adequate asepsis, infection and hazard control, and disposal of~~
35 ~~hazardous wastes, which shall comply with the board's regulations and other Federal,~~
36 ~~State, and local requirements. The program shall provide such protocols to all students,~~
37 ~~faculty, and appropriate staff to assure compliance with such protocols. Adequate space~~
38 ~~shall be provided for preparing and sterilizing all armamentarium.~~

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

40
41
42 ~~(A) A written policy on managing emergency situations shall be made available~~
43 ~~to all students, faculty, and staff.~~

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

6
7 ~~(g) Program Content.~~

8
9 ~~(1) Sufficient time shall be available for all students to obtain laboratory and clinical~~
10 ~~experience to achieve minimum competence in the various protocols used in the~~
11 ~~performance of coronal polishing.~~

12
13 ~~(2) A detailed course outline shall be provided to the board which clearly states~~
14 ~~curriculum subject matter and specific instruction hours in the individual areas of~~
15 ~~didactic, laboratory, and clinical instruction.~~

16
17 ~~(3) General program objectives and specific instructional unit objectives shall be stated~~
18 ~~in writing, and shall include theoretical aspects of each subject as well as practical~~
19 ~~application. The theoretical aspects of the program shall provide the content necessary~~
20 ~~for students to make judgments regarding the performance of coronal polishing. The~~
21 ~~course shall assure that students who successfully complete the course can perform~~
22 ~~coronal polishing with minimum competence.~~

23
24 ~~(4) Objective evaluation criteria shall be used for measuring student progress toward~~
25 ~~attainment of specific course objectives. Students shall be provided with specific unit~~
26 ~~objectives and the evaluation criteria that will be used for all aspects of the curriculum~~
27 ~~including written and practical examinations. The program shall establish a standard of~~
28 ~~performance that states the minimum number of satisfactory performances that are~~
29 ~~required for each procedure.~~

30
31 ~~(5) Areas of instruction shall include at least the following as they relate to coronal~~
32 ~~polishing:~~

33
34 ~~(A) Coronal Polishing Basics~~

35
36 ~~i. Legal requirements~~

37
38 ~~ii. Description and goals of coronal polishing~~

39
40 ~~iii. Indications and contraindications of coronal polishing~~

41
42 ~~iv. Criteria for an acceptable coronal polish~~

43
44 ~~(B) Principles of plaque and stain formation~~

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1
2 i. ~~Clinical description of plaque, intrinsic and extrinsic stains, and calculus~~

3
4 ii. ~~Etiology of plaque and stain~~

5
6 iii. ~~Clinical description of teeth that have been properly polished and are~~
7 ~~free of stain.~~

8
9 iv. ~~Tooth morphology and anatomy of the oral cavity as they relate to~~
10 ~~polishing techniques and to retention of plaque and stain~~

11
12 (C) ~~Polishing materials~~

13
14 i. ~~Polishing agent composition, storage and handling~~

15
16 ii. ~~Abrasive material composition, storage, and handling, and factors~~
17 ~~which affect rate of abrasion~~

18
19 iii. ~~Disclosing agent composition, storage and handling.~~

20
21 iv. ~~Armamentaria for disclosing and polishing techniques.~~

22
23 v. ~~Contraindications for disclosing and polishing techniques.~~

24
25 (D) ~~Principals of tooth polishing~~

26
27 i. ~~Clinical application of disclosing before and after a coronal polish.~~

28
29 ii. ~~Instrument grasps and fulcrum techniques~~

30
31 iii. ~~Purpose and techniques of the mouth mirror for indirect vision and~~
32 ~~retraction.~~

33
34 iv. ~~Characteristics, manipulation and care of dental handpieces when~~
35 ~~performing a coronal polish.~~

36
37 v. ~~Pre medication requirements for the compromised patient.~~

38
39 vi. ~~Use of adjunct materials for stain removal and polishing techniques~~

40
41 vii. ~~Techniques for coronal polishing of adults and children.~~

42
43 viii. ~~Procedures for cleaning fixed and removable prosthesis and~~
44 ~~orthodontic appliances.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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.~~

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

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

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

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

~~(i) Evaluation and Examination.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

2
3 ~~(A) Identify the major characteristics of oral anatomy, histology, physiology, oral~~
4 ~~pathology, normal/abnormal anatomical and physiological tooth descriptions,~~
5 ~~morphology and microbiology as they relate to coronal polishing.~~

6
7 ~~(B) Explain the procedure to patients.~~

8
9 ~~(C) Recognize decalcification and mottled enamel.~~

10
11 ~~(D) Identify plaque, calculus and stain formation within the oral cavity.~~

12
13 ~~(E) Identify the indications and contraindications for disclosing and coronal~~
14 ~~polishing.~~

15
16 ~~(F) Identify the pre-mediations for the compromised patient.~~

17
18 ~~(G) Utilize proper armamentaria in an organized sequence for disclosing and~~
19 ~~polishing.~~

20
21 ~~(H) Perform plaque disclosure.~~

22
23 ~~(I) Demonstrate the proper instrument grasp, fulcrum position, and~~
24 ~~cheek/tongue retraction.~~

25
26 ~~(J) Select and dispense the proper amount of polishing agent.~~

27
28 ~~(K) Demonstrate proper polishing techniques using appropriate cup adaptation,~~
29 ~~stroke, and handpiece use.~~

30
31 ~~(L) Demonstrate the use of floss, tape, and abrasive strips when appropriate.~~

32
33 ~~(M) Demonstrate techniques for cleaning fixed and removal prosthesis and~~
34 ~~orthodontic appliances.~~

35
36 ~~(N) Maintain aseptic techniques including disposal of contaminated material.~~

37
38 ~~(2) Each student shall pass a written examination which reflects the entire curriculum~~
39 ~~content.~~

40
41 ~~(3) Each student shall pass a clinical examination in which the student successfully~~
42 ~~completes coronal polishing on two of the three clinical patients required for clinical~~
43 ~~instruction.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

3
4 **§ 1070.5. Approval of Ultrasonic Scaling Courses.**

5
6 (a) A course in the performance of ultrasonic scaling for removal of orthodontic cement shall
7 have the primary purpose of providing theory and clinical application in the mechanical removal
8 of orthodontic cement from around bands and brackets utilized in orthodontic treatment. The
9 Board shall approve and continue to approve only programmatic curricula and stand-alone
10 courses which continuously adhere to the standards in this section.

11
12 (b) A course provider applying for initial approval shall submit a completed “Application for
13 Orthodontic Ultrasonic Scaler Course Provider Approval” (New 12/2020), hereby incorporated by
14 reference, accompanied by the designated, non-refundable fee as defined in Section 1022.
15 Consistent with Section 1070, the Board may approve or deny approval after it evaluates all
16 components of the course.

17
18 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
19 1070.1 and all requirements set forth herein.

20
21 (d) **General Provisions:** The program shall make adequate provisions for the course’s supervision
22 and operation in compliance with this Article and the following:

23
24 (1) Each student in a stand-alone course shall possess an active, valid and current RDA
25 license as a registered dental assistant or an Orthodontic Assistant Permit. Courses shall
26 establish and demonstrate to the Board the protocols necessary to ensure students have
27 met licensure as a prerequisite prior to the start of instruction. Students enrolled in a
28 Board-approved Orthodontic Assistant Permit Course are exempt from this prerequisite.

29
30 (2) Registered dental assisting programs incorporating ultrasonic scaling as a component
31 of a total program of instruction shall ensure all students have completed instruction in a
32 Board approved eight hour infection control course and basic chairside skills prior to
33 instruction in orthodontic procedures involving ultrasonic scaling for cement removal.

34
35 (3) Providers shall adhere to the requirements for the quantity, qualifications, and
36 responsibilities of the course director and all faculty or instructional staff, as defined in
37 Sections 1070 and 1070.1, at all times.

38
39 **(e) Facilities and Equipment:**

40
41 (1) Adequate supplies, materials, and provisions for instruction in ultrasonic scaling for
42 cement removal shall be provided in compliance with the requirements of Section 1070.
43

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (2) There shall be a sufficient number of safe, adequate, and educationally conducive
2 lecture classrooms and operatories in compliance with the requirements of Section
3 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

4
5 (3) All disinfection and sterilization procedures specified in Section 1005 shall be
6 incorporated in course content and followed during all laboratory experiences.

7
8 (4) Orthodontically banded typodonts in the ratios described in 1070(g).
9

10 **(f) Course Duration:** As part of an organized course of instruction, sufficient time shall be
11 available for all students to achieve minimum competence in the various protocols used during
12 ultrasonic scaling for orthodontic cement removal. The course shall be no less than four hours in
13 length consisting of a combination of didactic and at least 2 hours of laboratory instruction
14 designed for the student to develop minimum competency in all aspects of the subject area.

15
16 **(g) Course Curriculum and Examination:**

17
18 (1) A detailed course outline shall be established and maintained consistent with the
19 requirements of Section 1070 and shall be provided to students prior to the start of
20 instruction.

21
22 (2) General course objectives and specific instructional unit objectives shall be stated in
23 writing and shall include theoretical aspects of each subject as well as practical
24 application. The theoretical aspects of the course shall provide the content necessary for
25 students to make judgments regarding ultrasonic scaling for orthodontic procedures.

26
27 (3) Objective evaluation criteria shall be used for measuring student progress toward
28 attainment of specific course objectives. Students shall be provided with specific
29 performance objectives and the evaluation criteria that will be used for all aspects of the
30 curriculum.

31
32 (4) Each student shall pass a written examination which reflects the curriculum content.

33
34 (5) Students shall be provided with established written competencies identifying specific
35 objective evaluation criteria and performance objectives for all evaluated experiences.
36 An experience has been successfully completed only if each procedure meets or exceeds
37 all stated performance criteria.

38
39 (6) Providers shall adhere to student/teacher ratios as defined in section 1070.1 at all
40 times during laboratory, simulated clinical and clinical instruction.

41
42 **(h) Didactic Instruction:** Areas of instruction shall include, at a minimum, the following as they
43 relate to ultrasonic scaling for cement removal:

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (1) Ultrasonic scaling basics:

3
4 (A) Legal requirements.

5
6 (B) Description and goals of ultrasonic scaling.

7
8 (C) Indications and contraindications of using an ultrasonic scaler as it relates to
9 methods of cement removal.

10
11 (D) Criteria for acceptable cement removal from orthodontically banded teeth.

12
13 (2) Tooth anatomy as it relates to the use and technique of an ultrasonic scaler in cement
14 removal of orthodontically banded teeth.

15
16 (3) Armamentarium and equipment use and care.

17
18 (4) Principles of cement removal from orthodontically banded teeth.

19
20 (A) Characteristics of ultrasonic scaler units and tips for cement removal.

21
22 (B) Instrument grasps and fulcrum techniques.

23
24 (C) Purpose and techniques of the mouth mirror for indirect vision and retraction.

25
26 (D) Characteristics, manipulation, and care of ultrasonic scaler unit when removing
27 excess cement from orthodontically banded teeth.

28
29 (E) Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel
30 damage, thermal damage, and soft tissue damage.

31
32 (F) Patient and operator safety including systemic medical complications and
33 managing patients with pacemakers.

34
35 (G) Use of adjunct material for removal of excess cement from orthodontically banded
36 teeth.

37
38 (H) Techniques for removal of excess cement from orthodontically banded teeth on a
39 banded typodont.

40
41 (I) Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded
42 typodont.

43
44 (i) Extramural instruction:

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (1) If an extramural facility is utilized, students shall, as part of an organized program of
3 instruction, be provided with planned, supervised instruction in the removal of excess
4 cement from orthodontically banded teeth.

5
6 (2) The course director/coordinator or a dental faculty member shall be responsible for
7 selecting extramural sites and evaluating student competence in performing procedures
8 both before and after the extramural assignment.

9
10 (3) Objective evaluation criteria shall be used by the program faculty and extramural
11 personnel.

12
13 (4) Dentists who intend to provide extramural facilities shall be oriented by the course
14 director/coordinator or a dental faculty member prior to the student assignment.
15 Orientation shall include the objectives of the course, the preparation the student has
16 had for the clinical assignment, and a review of procedures and criteria to be used by
17 the dentist in evaluating the student during the assignment.

18
19 (5) There shall be a written contract of affiliation with each extramural facility utilized by
20 the course. Such contract shall describe the settings in which the instruction will be
21 received, affirm that the extramural facility has the necessary equipment and
22 armamentarium appropriate for the procedures to be performed, and affirm that such
23 equipment and armamentarium are in safe operating condition.

24
25 **(i) 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.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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 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 Orthodontic Ultrasonic Scaling Courses” (New 12/2020), hereby incorporated
24 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.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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;~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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 ~~i. Characteristics of ultrasonic scaler units and tips for cement removal;~~

17
18 ~~ii. Instrument grasps and fulcrum techniques;~~

19
20 ~~iii. Purpose and techniques of the mouth mirror for indirect vision and~~
21 ~~retraction;~~

22
23 ~~iv. Characteristics, manipulation and care of ultrasonic scaler unit when~~
24 ~~removing excess cement from orthodontically banded teeth;~~

25
26 ~~v. Effects of ultrasonic scalers on hard and soft tissue including root~~
27 ~~damage, enamel damage, thermal damage, and soft tissue damage;~~

28
29 ~~vi. Patient and operator safety including systemic medical complications~~
30 ~~and managing patients with pacemakers;~~

31
32 ~~vii. Use of adjunct material for removal of excess cement from~~
33 ~~orthodontically banded teeth;~~

34
35 ~~viii. Techniques for removal of excess cement from orthodontically~~
36 ~~banded teeth on a banded tyodont;~~

37
38 ~~ix. Evaluation criteria for removal of excess cement by an ultrasonic scaler~~
39 ~~on a banded tyodont.~~

40
41
42 ~~(E) Infection control protocols~~
43

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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.~~

**WORKING DOCUMENT:
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1
2 ~~(D) Recognize decalcification and mottled enamel.~~

3
4 ~~(E) Identify the indications and contraindications of using an ultrasonic scaler as~~
5 ~~it relates to other methods of cement removal.~~

6
7 ~~(F) Identify pre-mediations for the compromised patient.~~

8
9 ~~(G) Utilize proper armamentaria in an organized sequence for the use of an~~
10 ~~ultrasonic scaler in cement removal on an orthodontically banded typodont.~~

11
12 ~~(H) Demonstrate, on an orthodontically banded typodont, the proper instrument~~
13 ~~grasp, fulcrum position, and cheek/tongue retraction.~~

14
15 ~~(I) Demonstrate the proper techniques for removal of cement from teeth under~~
16 ~~orthodontic treatment without causing damage to hard or soft tissues, removing~~
17 ~~cement from underneath appliances, or loosening appliances.~~

18
19 ~~(J) Maintain aseptic techniques including disposal of contaminated materials.~~

20
21 ~~(2) Each student shall pass a written examination which reflects the entire curriculum~~
22 ~~content.~~

23
24 ~~(3) Each student shall pass a laboratory examination on two orthodontically banded~~
25 ~~typodonts which represent all four quadrants which have been banded using~~
26 ~~cementation product(s) easily visible to the operator.~~

27
28 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section
29 ~~1754~~1752.1, Business and Professions Code.

30
31
32
33
34 **§ 1070.6. Approval of Infection Control Courses.**

35
36 (a) A course in infection control for unlicensed dental assistants shall have the primary purpose
37 of providing theory and application in a clinical setting in infection control practices and principles
38 consistent with Section 1005, Minimum Standards for Infection Control. The Board shall approve
39 only programmatic curricula and stand-alone courses which continuously adhere to the
40 standards in this section.

41
42 (b) A course provider applying for initial approval shall submit a completed "Application for
43 Infection Control Course Provider Approval" (New 12/2020), hereby incorporated by reference,
44 accompanied by the designated, non-refundable fee as defined in Section 1022. Consistent with

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 Section 1070, the Board may approve or deny approval after it evaluates all components of the
2 course.

3
4 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
5 1070.1 and all requirements set forth herein.

6
7 (d) **General Provisions:** The program shall adhere to the requirements for the quantity,
8 qualifications and responsibilities of the course director and all faculty or instructional staff, as
9 defined in Sections 1070 and 1070.1, at all times.

10
11 **(e) Facilities and Equipment:**

12
13 (1) Adequate supplies, materials, and provisions for instruction in infection control shall
14 be provided in compliance with the requirements of Section 1070.

15
16 (2) There shall be a sufficient number of safe, adequate, and educationally conducive
17 lecture classrooms and operatories in compliance with the requirements of Section
18 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

19
20 (3) All disinfection and sterilization procedures specified in Section 1005 shall be
21 incorporated in the course content and followed during all laboratory experiences.

22
23 (f) **Course Duration:** The course shall be of sufficient duration for the student to develop
24 minimum competency in all aspects of Cal/OSHA regulations (8 CCR 330-344.85) and the Board's
25 Minimum Standards for Infection Control (16 CCR 1005). The course shall be no less than eight
26 hours in length consisting of four hours of didactic and four hours of laboratory instruction
27 designed for the student to develop minimum competency in all aspects of the subject area.

28
29 **(g) Course Curriculum and Examination:**

30
31 (1) A detailed course outline shall be established and maintained consistent with the
32 requirements of Section 1070 and shall be provided to students prior to the start of
33 instruction.

34
35 (2) General course objectives and specific instructional unit objectives shall be stated in
36 writing and shall include theoretical aspects of each subject as well as practical
37 application. The theoretical aspects of the course shall provide the content necessary for
38 students to make judgments regarding infection control procedures.

39
40 (3) Objective evaluation criteria shall be used for measuring student progress toward
41 attainment of minimum competency in a laboratory or preclinical setting. Students shall
42 be provided with specific performance objectives and the evaluation criteria that will be
43 used for all aspects of the curriculum.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

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

3 **(h) Didactic Instruction:** Areas of instruction shall include, at a minimum, the following as they
4 relate to infection control:

5
6 (1) Cal/OSHA regulations (8 CCR 330-344.85) and the Board’s Minimum Standards for
7 Infection Control (16 CCR 1005):
8

9 (2) Basic dental science and microbiology as they relate to infection control in dentistry.
10

11 (3) Legal and ethical aspects of infection control procedures.
12

13 (4) Principles of modes of disease transmission and prevention.
14

15 (5) Principles, techniques, and protocols of hand hygiene, personal protective equipment,
16 surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals
17 associated with infection control.
18

19 (6) Principles and protocols of sterilizer monitoring and the proper loading, unloading,
20 storage, and transportation of instruments to work area.
21

22 (7) Principles and protocols associated with sharps management.
23

24 (8) Principles and protocols of infection control for laboratory areas.
25

26 (9) Principles and protocols of waterline maintenance.
27

28 (10) Principles and protocols of regulated and nonregulated waste management.
29

30 (11) Principles and protocols related to injury and illness prevention, hazard
31 communication, general office safety, exposure control, post-exposure requirements,
32 and monitoring systems for radiation safety and sterilization systems.
33

34 **(i) Laboratory and Simulated Clinical Instruction:**

35
36 (1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all
37 times during laboratory and simulated 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 demonstrate minimum
2 competency in the following experiences in the laboratory or simulated-clinical
3 environment:

4
5 (A) Hand hygiene procedures.

6
7 (B) Proper use and disposal of personal protective equipment.

8
9 (C) Proper processing of contaminated instrumentation from precleaning to
10 sterilization.

11
12 (D) Operatory asepsis procedures to include precleaning, disinfection and proper
13 use of barriers.

14
15 (E) Proper procedural steps in preparing cleaned instruments for sterilization,
16 including packaging and wrapping

17
18 (F) Knowledge of the use of biological spore testing materials

19
20 (G) Proper protocols for the safe handling and disposal of biohazardous waste
21 and sharps.

22
23 (H) Work practice controls relating to the disinfection of intraoral impressions,
24 bite registrations and prosthetic appliances when prepared for manipulation in a
25 lab.

26
27 (I) Proper protocol for required maintenance of dental unit water lines and
28 devices.

29
30 (4) Each student shall pass a written examination which reflects the curriculum content.

31
32 (i) **Course Completion:** Upon completion of the course, each student shall be able to:

33
34 (1) Demonstrate knowledge of Cal/OSHA regulations (8 CCR 330-344.85) and the
35 Board's Minimum Standards for Infection Control (16 CCR 1005):

36
37 (2) Demonstrate knowledge of basic dental sciences and microbiology as they relate to
38 infection control in dentistry.

39
40 (3) Demonstrate knowledge of legal and ethical aspects of infection control procedures.

41
42 (4) Demonstrate knowledge of the principles of modes of disease transmission and
43 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 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 Courses" (New 12/2020), hereby incorporated by reference,
20 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) Preclean 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 shall have the primary purpose of providing
34 theory, laboratory and clinical application in orthodontic assisting techniques. The Board shall
35 approve and continue to approve only courses which continuously adhere to the standards of
36 this section.

37
38 (b) A course provider applying for initial approval shall submit a completed "Application for
39 Orthodontic Assistant Course Provider Approval" (12/2020), hereby incorporated by reference,
40 accompanied by the designated, non-refundable fee as defined in Section 1022. Consistent with
41 Section 1070, the Board may approve or deny approval after it evaluates all components of the
42 course.

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1 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
2 1070.1 and all requirements set forth herein.

3
4 (d) **General Provisions:** The program shall make adequate provisions for the course's supervision
5 and operation in compliance with this Article and the following:

6
7 (1) Each student shall meet the requirements for application for licensure as a registered
8 dental assistant and possess a minimum of 12 months' work experience or possess a
9 current, active license as a registered dental assistant.

10
11 (2) Prior to enrollment, each student shall have completed an eight-hour Board-approved
12 course in infection control, a two-hour Board-approved course in the Act and possess a
13 current certification in basic life support issued by the American Heart Association or
14 American Red Cross.

15
16 (3) Registered dental assisting program graduates who have completed the course
17 requirements for the orthodontic assistant permit as a component of a total program of
18 instruction, shall qualify to apply for the orthodontic assistant permit Board examination
19 immediately upon graduation from the program.

20
21 (4) Providers shall adhere to the requirements for the quantity, qualifications and
22 responsibilities of the course director and all faculty or instructional staff, as defined in
23 Sections 1070 and 1070.1, at all times.

24
25 (e) **Facilities and Equipment:**

26
27 (1) Adequate supplies, materials and provisions for instruction in the subject area shall
28 be provided in compliance with the requirements of Section 1070.

29
30 (2) The course shall provide banded or bonded orthodontic typodonts in the ratio of at
31 least one for every four students, bench mount or dental chair mounted manikin head,
32 curing light, regular typodont with full dentition and soft gingiva in the ratio of at least
33 one for every four students, and a selection of orthodontic instruments and adjunct
34 material for all of the procedures that orthodontic assistant permit holders are
35 authorized to perform under Business and Professions Code Section 1750.3.

36
37 (3) There shall be a sufficient number of safe, adequate, and educationally conducive
38 lecture classrooms and operatories in compliance with the requirements of Section
39 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

40
41 (4) All disinfection and sterilization procedures specified in Section 1005 shall be
42 incorporated in the course content and followed during all laboratory, simulated clinical,
43 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 subsections (d)(1)-(2) of this section, shall be no less than 84 hours, including at least
7 24 hours of didactic instruction, at least 28 hours of laboratory instruction, and at least
8 32 hours of 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 hours. A registered dental assistant who has completed a Board-approved course
21 in the use of an ultrasonic scaler shall not be required to complete further instruction in
22 that duty.

23
24 **(g) Course Curriculum and Examination:**

25
26 (1) A detailed course outline shall be established and maintained consistent with the
27 requirements of Section 1070 and shall be provided to students prior to the start of
28 instruction.

29
30 (2) General course objectives and specific instructional unit objectives shall be stated in
31 writing and shall include theoretical aspects of each subject as well as practical application.
32 The theoretical aspects of the course shall provide the content necessary for students to
33 make judgments regarding orthodontic assistant procedures.

34
35 (3) Objective evaluation criteria shall be used for measuring student progress toward
36 attainment of specific course objectives. Students shall be provided with specific
37 performance objectives and the evaluation criteria that will be used for all aspects of the
38 curriculum.

39
40 (4) Each student shall pass a written examination which reflects the curriculum content.

41
42 **(h) Didactic Instruction:** Areas of instruction shall include, at a minimum, the following as they
43 relate to the orthodontic assistant permit, as well as instruction in basic background information
44 on orthodontic practice. "Basic background information on orthodontic practice" means, for the

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1 purpose of this subdivision, the orthodontic treatment review, charting, patient education and
2 legal and infection control requirements as they apply to orthodontic practice:

3
4 (1) Archwire characteristics and their role in tooth movement.

5
6 (2) Introduction to orthodontic instrumentation, use and care.

7
8 (3) Procedures for placement of archwire previously adjusted by the dentist.

9
10 (4) Characteristics of contemporary ligature systems.

11
12 (5) Theory of band and bracket positioning.

13
14 (6) Characteristics of orthodontic bands; sizes, shapes, and functionality.

15
16 (7) Techniques for orthodontic banding, bracketing and removal, which shall include all
17 of the following:

18
19 (A) Armamentaria.

20
21 (B) General principles of fitting and removing bands.

22
23 (C) General principles of bracket positioning, bonding, adhesion, curing and
24 removal including:

25
26 (i) Characteristics and methods of bonding;

27
28 (ii) Bonding materials, techniques for use and cure time factors;

29
30 (iii) Direct and indirect bracket bonding techniques; and

31
32 (iv) Removal.

33
34 (8) Characteristics of accessory devices: tubes, lingual sheaths, lingual cleats, and their
35 role in orthodontic care.

36
37 (9) Orthodontic cements and adhesive materials: classifications, armamentaria, and use.

38
39 (10) Procedure for removal of bands and brackets after adhesion.

40
41 **(i) Laboratory, Simulated Clinical, and Clinical Instruction:**

42
43 (1) Providers shall adhere to student/teacher ratios as defined in Section 1070.1 at all
44 times during laboratory, simulated clinical, and clinical instruction.

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1
2 (2) Students shall be provided with established written competencies identifying specific
3 objective evaluation criteria and performance objectives for all evaluated experiences.
4 An experience has been successfully completed only if each procedure meets or exceeds
5 all stated performance criteria.

6
7 (3) Upon completion of all didactic instruction, students shall demonstrate minimum
8 competency in experiences in the laboratory or simulated clinical environment:

9
10 (A) Laboratory experiences shall be conducted on a fully articulated and
11 mounted typodont. Sufficient time shall be available for students to
12 demonstrate minimum competency performing two laboratory experiences in
13 each of the following areas:

14
15 (i) Sizing, fitting, cementing, and removing orthodontic bands.

16
17 (ii) Bracket positioning, bonding, curing, and removal of orthodontic
18 brackets.

19
20 (iii) Archwire placement and ligation.

21
22 (iv) Ultrasonic scaling for removal of orthodontic cement

23
24 (B) Simulated clinical experiences which shall be conducted on a simulator or
25 manikin device. Sufficient time shall be available for students to demonstrate
26 minimum competency performing two simulated clinical experiences in each of
27 the following areas:

28
29 (i) Sizing, fitting, cementing, and removing orthodontic bands.

30
31 (ii) Bracket positioning, bonding, curing, and removal of orthodontic
32 brackets.

33
34 (iii) Archwire placement and ligation.

35
36 (iv) Ultrasonic scaling for removal of orthodontic cement

37
38 (C) Clinical experiences which shall be conducted on three patients with two of
39 the three patient experiences used for the clinical examination. The clinical
40 experiences shall include three performances of the following:

41
42 (i) Sizing, fitting, cementing, and removing orthodontic bands.
43

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1 (ii) Bracket positioning, bonding, curing, and removal of orthodontic
2 brackets.

3
4 (iii) Archwire placement and ligation.

5
6 (4) Patient selection and evaluation shall follow all stated criteria established by the
7 course.

8
9 **(i) Course Completion:** Upon completion of the course, each student shall be able to:

10
11 (1) Identify the various orthodontic wires and their purpose.

12
13 (2) Describe the necessary aspects of pre-operative instructions to patients.

14
15 (3) Recognize loose appliances.

16
17 (4) Recognize decalcification and mottled enamel.

18
19 (5) Identify the indications and contraindications of using an ultrasonic scaler as it
20 relates to orthodontic cement removal.

21
22 (6) Utilize proper armamentaria in an organized sequence for cement removal on an
23 orthodontically banded typodont.

24
25 (7) Demonstrate, on an orthodontically banded typodont, the proper instrument grasp,
26 fulcrum position, and cheek/tongue retraction.

27
28 (8) Demonstrate the proper techniques for removal of cement from teeth under
29 orthodontic treatment without causing damage to hard or soft tissues, removing
30 cement from underneath appliances, or loosening appliances.

31
32 (9) Maintain aseptic techniques including disposal of contaminated materials.

33
34 **(k) Certificate of Completion.** Upon successful completion of the course, students shall receive a
35 certificate consistent with the requirements defined in Section 1070(m).

36
37 **(l) Notice of Compliance.** To maintain approval, courses approved prior to the effective date of
38 these regulations shall submit to the Board a completed "Notice of Compliance with New
39 Requirements for Orthodontic Assistant Permit Courses" (New 12/2020), hereby incorporated by
40 reference, within ninety (90) days of the effective date of these regulations.

41
42 ~~In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met~~
43 ~~by an orthodontic assistant permit course to secure and maintain approval by the Board.~~

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1 ~~(a) The course shall be of sufficient duration for the student to develop minimum competence~~
2 ~~in all of the duties that orthodontic assistant permitholders are authorized to perform, but in no~~
3 ~~event less than 84 hours, including at least 24 hours of didactic instruction, at least 28 hours of~~
4 ~~laboratory instruction, and at least 32 hours of clinical instruction. A registered dental assistant~~
5 ~~shall not be required to complete further instruction in the duties of placing ligature ties and~~
6 ~~archwires, removing orthodontic bands, and removing excess cement from tooth surfaces with~~
7 ~~a hand instrument. The course hours for a student who holds a valid and current registered~~
8 ~~dental assistant license shall be no less than 55 hours, including 11 didactic hours, 24 laboratory~~
9 ~~hours, and 20 clinical hours. A registered dental assistant who has completed a Board-approved~~
10 ~~course in the use of an ultrasonic scaler shall not be required to complete further instruction in~~
11 ~~that duty. The course hours for a student who holds a valid and current registered dental~~
12 ~~assistant license and who has completed a Board-approved course in the use of an ultrasonic~~
13 ~~scaler shall be no less than 51 hours, including 9 didactic hours, 22 laboratory hours, and 20~~
14 ~~clinical hours.~~

15
16 ~~(b) The minimum requirements for equipment and armamentaria shall include banded or~~
17 ~~bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount~~
18 ~~or dental chair mounted mannequin head, curing light, regular typodont with full dentition and~~
19 ~~soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic~~
20 ~~instruments and adjunct material for all of the procedures that orthodontic assistant~~
21 ~~permitholders are authorized to perform under Business and Professions Code Section 1750.3.~~

22
23 ~~(c) In addition to the requirements of Section 1070, all faculty or instructional staff members~~
24 ~~responsible for clinical evaluation shall have completed a two-hour methodology course in~~
25 ~~clinical evaluation prior to conducting clinical evaluations of students.~~

26
27 ~~(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)~~
28 ~~to (j), inclusive, as well as instruction in basic background information on orthodontic practice.~~
29 ~~“Basic background information on orthodontic practice” means, for purposes of this~~
30 ~~subdivision, the orthodontic treatment review, charting, patient education, and legal and~~
31 ~~infection control requirements as they apply to orthodontic practice.~~

32
33 ~~(e) The following requirements shall be met for sizing, fitting, cementing, and removing~~
34 ~~orthodontic bands:~~

35
36 ~~(1) Didactic instruction shall contain the following:~~

37
38 ~~(A) Theory of band positioning and tooth movement.~~

39
40 ~~(B) Characteristics of band material: malleability, stiffness, ductility, and work~~
41 ~~hardening.~~

42
43 ~~(C) Techniques for orthodontic banding and removal, which shall include all of~~
44 ~~the following:~~

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1
2 ~~(i) Armamentaria.~~

3
4 ~~(ii) General principles of fitting and removing bands.~~

5
6 ~~(iii) Normal placement requirements of brackets, tubes, lingual sheaths,
7 lingual cleats, and buttons onto bands.~~

8
9 ~~(iv) Orthodontic cements and adhesive materials: classifications,
10 armamentaria, and mixing technique.~~

11
12 ~~(v) Cementing bands: armamentaria, mixing technique, and band
13 cementation procedures.~~

14
15 ~~(vi) Procedure for removal of bands after cementation.~~

16
17 ~~(2) Laboratory instruction shall include typodont experience in the sizing, fitting,
18 cementing, and removal of four posterior first molar bands a minimum of two times,
19 with the cementing and removal of two first molar bands used as a practical
20 examination.~~

21
22 ~~(3) Clinical instruction shall include the sizing, fitting, cementing, and removal of four
23 posterior first molar bands on at least two patients.~~

24
25 ~~(f) The following requirements shall be met for preparing teeth for bonding:~~

26
27 ~~(1) Didactic instruction shall contain the following:~~

28
29 ~~(A) Chemistry of etching materials and tooth surface preparation~~

30
31 ~~(B) Application and time factors~~

32
33 ~~(C) Armamentaria~~

34
35 ~~(D) Techniques for tooth etching.~~

36
37 ~~(2) Laboratory instruction shall include typodont experience with etchant application in
38 preparation for subsequent bracket bonding on four anterior and four posterior teeth a
39 minimum of four times each, with one of each of the four times used for a practical
40 examination.~~

41
42 ~~(3) Clinical instruction shall include etchant application in preparation for bracket
43 bonding on anterior and posterior teeth on at least two patients.~~

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1 ~~(g) The following requirements shall be met for bracket positioning, bond curing, and removal~~
2 ~~of orthodontic brackets.~~

3
4 ~~(1) Didactic instruction shall include the following elements:~~

5
6 ~~(A) Characteristics and methods of orthodontic bonding.~~

7
8 ~~(B) Armamentaria.~~

9
10 ~~(C) Types of bracket bonding surfaces.~~

11
12 ~~(D) Bonding material characteristics, application techniques, and curing time~~
13 ~~factors.~~

14
15 ~~(E) Procedure for direct and indirect bracket bonding.~~

16
17 ~~(F) Procedures for bracket or tube removal.~~

18
19 ~~(2) Laboratory instruction shall contain typodont experience with selecting,~~
20 ~~prepositioning, tooth etching, positioning, curing, and removing of four anterior and~~
21 ~~four posterior brackets a minimum of four times each, with one each of the four times~~
22 ~~used for a practical examination.~~

23
24 ~~(3) Clinical instruction shall contain selecting, adjusting, prepositioning, etching, curing,~~
25 ~~and removal of anterior and posterior brackets on at least two patients.~~

26
27 ~~(h) The following requirements shall be met for archwire placement and ligation:~~

28
29 ~~(1) Didactic instruction shall contain the following:~~

30
31 ~~(A) Archwire characteristics.~~

32
33 ~~(B) Armamentaria.~~

34
35 ~~(C) Procedures for placement of archwire previously adjusted by the dentist.~~

36
37 ~~(D) Ligature systems, purpose, and types, including elastic, wire, and self ligating.~~

38
39 ~~(2) Laboratory instruction shall contain typodont experience on the following:~~

40
41 ~~(A) The insertion of a preformed maxillary and mandibular archwire a minimum~~
42 ~~of four times per arch, with one of each of the four times used for a practical~~
43 ~~examination.~~

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~~(B) Ligation of maxillary and mandibular archwire using elastic or metal ligatures or self-ligating brackets a minimum of four times per arch, with one of each of the four times used for a practical examination.~~

~~(3) Clinical instruction shall contain the following:~~

~~(A) Insertion of a preformed maxillary and mandibular archwire on at least two patients.~~

~~(B) Ligating both preformed maxillary and mandibular archwires using a combination of elastic and metal ligatures or self-ligating brackets on at least two patients for each.~~

~~(i) The following requirements shall be met for cement removal with a hand instrument:~~

~~(1) Didactic instruction shall contain the following:~~

~~(A) Armamentaria~~

~~(B) Techniques of cement removal using hand instruments and related materials~~

~~(2) Laboratory instruction shall contain typodont experience on the removal of excess cement supragingivally from an orthodontically banded typodont using a hand instrument four times, with one of the four times used for a practical examination.~~

~~(3) Clinical instruction shall contain removal of excess cement supragingivally from orthodontic bands with a hand instrument on at least two patients.~~

~~(j) Instruction for cement removal with an ultrasonic scaler shall be in accordance with Cal. Code Regs., Title 16, Section 1070.5, which governs courses in the removal of excess cement from teeth under orthodontic treatment with an ultrasonic scaler.~~

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

~~(l) To maintain approval, programs approved prior to the effective date of these regulations shall submit to the Board a completed "Notice of Compliance with New Requirements for Orthodontic Assistant Permit Courses (New 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 1750.2 and 1752.4, Business and Professions Code.

§ 1070.8. Approval of Dental Sedation Assistant Permit Courses.

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1
2 (a) A dental sedation assistant permit course shall have the primary purpose of providing
3 theory, laboratory, and clinical instruction and application in dental sedation assisting duties
4 and functions. The Board shall approve and continue to approve only courses which
5 continuously adhere to the standards of this section.

6
7 (b) A course provider applying for initial approval shall submit a completed “Application for
8 Dental Sedation Course Provider Approval” (12/2020), hereby incorporated by reference,
9 accompanied by the designated, non-refundable fee as defined in CCR Section 1022. Consistent
10 with CCR Section 1070, the Board may approve or deny approval after it evaluates all components
11 of the course.

12
13 (1) In addition to the requirements of Sections 1070 and 1070.1, the course director,
14 designated faculty member, or instructional staff member of a dental sedation assistant
15 course may, in lieu of a license issued by the Board, possess a valid, active, and current
16 license issued in California as a physician and surgeon.

17
18 (2) Consistent with the requirements of Section 1070, as it relates to instructional
19 methodology, the course director, designated faculty member, or instructional staff
20 member(s) responsible for clinical evaluation shall complete a course in clinical evaluation
21 prior to conducting clinical evaluations of students.

22
23 (3) In addition to the requirements of Sections 1070 and 1070.1, clinical instruction in a
24 dental sedation assistant course shall be given under direct supervision of the course
25 director, designated faculty member, or instructional staff member who shall be the
26 holder of a valid, active, and current general anesthesia or conscious sedation permit
27 issued by the Board. Evaluation of the condition of a sedated patient shall remain the
28 responsibility of the director, designated faculty member, or instructional staff member
29 authorized to administer conscious sedation or general anesthesia, who shall be at the
30 patient's chairside while conscious sedation or general anesthesia is being administered.

31
32 (c) Continuation of approval will be contingent upon continued compliance with Sections 1070,
33 1070.1 and all requirements set forth herein.

34
35 (d) **General Provisions:** The program shall make adequate provisions for the course’s supervision
36 and operation in compliance with this Article and the following:

37
38 (1) Each student shall meet the requirements for application for licensure as a registered
39 dental assistant and a minimum of 12 months’ work experience or possess a current,
40 active license as a registered dental assistant.

41
42 (2) Prior to enrollment, each student shall have completed an eight-hour Board-approved
43 course in infection control, a two-hour Board-approved course in the Act, and possess

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1 current certification in basic life support issued by the American Heart Association or
2 American Red Cross.

3
4 (3) The provider shall adhere to the requirements for the quantity, qualifications and
5 responsibilities of the course director and all faculty or instructional staff, as defined in
6 Sections 1070 and 1070.1, at all times.

7
8 **(e) Facilities and Equipment:**

9
10 (1) Adequate supplies, materials and provisions for instruction in the subject area shall
11 be provided in compliance with the requirements of Section 1070.

12
13 (2) The program shall provide one pulse oximeter for each six students; one AED or AED
14 trainer; one capnograph or teaching device for monitoring of end tidal carbon dioxide
15 (CO²); blood pressure cuff and stethoscope for each six students; one pretracheal
16 stethoscope for each six students; one electrocardiogram machine, one automatic blood
17 pressure/pulse measuring system/machine, and one oxygen delivery system including
18 oxygen tank; one IV start kit for each student; one venous access device kit for each
19 student; IV equipment and supplies for IV infusions including hanging device infusion
20 containers and tubing for each six students; one sharps container for each six students;
21 packaged syringes, needles, needleless devices, practice fluid ampules and vials for each
22 student; one stopwatch or timer with second hand for each six students; one heart/lung
23 sounds manikin or teaching device; one tonsillar or pharyngeal suction tip, endotracheal
24 tube forceps, endotracheal tube and appropriate connectors, suction equipment for
25 aspiration of oral and pharyngeal cavities, and laryngoscope for each six students; any
26 other monitoring or emergency equipment required by Section 1043 for the
27 administration of general anesthesia or conscious sedation; and a selection of
28 instruments and supplemental armamentaria for all of the procedures that dental
29 sedation assistant permitholders are authorized to perform according to Business and
30 Professions Code Section 1750.5.

31
32 (3) Each operatory used for preclinical or clinical training shall contain either a surgery
33 table or a power-operated chair for treating patients in a supine position, an irrigation
34 system or sterile water delivery system as they pertain to the specific practice, and all
35 other equipment and armamentarium required to instruct in the duties that dental
36 sedation assistant permitholders are authorized to perform according to Business and
37 Professions Code Section 1750.5.

38
39 (4) All students, faculty, and staff involved in the direct provision of patient care shall be
40 certified in basic life support procedures, including the use of an AED.

41
42 (5) There shall be a sufficient number of safe, adequate, and educationally conducive
43 lecture classrooms and operatories in compliance with the requirements of Section
44 1070. Adequate cleaning, disinfecting, and sterilizing facilities shall be provided.

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1
2 (6) All disinfection and sterilization procedures specified in Section 1005 shall be
3 incorporated in the course content and followed during all laboratory, simulated-clinical
4 and clinical experiences.

5
6 (f) **Course Duration:** The course shall be of a sufficient duration for the student to develop
7 minimum competence in all of the duties that dental sedation assistant permitholders are
8 authorized to perform, but in no event less than 110 hours, including at least 40 hours of didactic
9 instruction, at least 32 hours of combined laboratory and preclinical instruction, and at least 38
10 hours of clinical instruction. Clinical instruction shall require completion of all of the tasks
11 described in this Section during no less than 20 supervised cases utilizing conscious sedation or
12 general anesthesia.

13
14 (g) **Course Curriculum and Examination:**

15
16 (1) A detailed course outline shall be established and maintained consistent with the
17 requirements of Section 1070 and shall be provided to students prior to the start of
18 instruction.

19
20 (2) General course objectives and specific instructional unit objectives shall be stated in
21 writing and shall include theoretical aspects of each subject as well as practical
22 application. The theoretical aspects of the course shall provide the content necessary for
23 students to make judgments regarding dental sedation assistant procedures.

24
25 (3) Objective evaluation criteria shall be used for measuring student progress toward
26 attainment of specific course objectives. Students shall be provided with specific
27 performance objectives and the evaluation criteria that will be used for all aspects of the
28 curriculum.

29
30 (4) Each student shall pass a written examination which reflects the curriculum content.

31
32 (h) **Didactic Instruction:** Areas of instruction shall relate to the duties that dental sedation
33 assistant permitholders are authorized to perform. General didactic instruction shall contain:

34
35 (1) Patient evaluation and selection factors through review of medical history, physical
36 assessment, and patient evaluation and medical consultation.

37
38 (2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and
39 respiratory systems, and the central and peripheral nervous systems.

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) The simulation and response to at least the following medical emergencies: airway
28 obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia,
29 angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest,
30 allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both
31 training manikins and other students or staff may be used for simulation. The student
32 shall demonstrate minimum competency in all simulated emergencies during training
33 and shall then be eligible to complete a practical examination on this Section.

34
35 (j) With respect to sedation and the pediatric patient, didactic instruction shall contain the
36 following:

37
38 (1) Psychological considerations.

39
40 (2) Patient evaluation and selection factors through review of medical history, physical
41 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 minimum competency in each of the following tasks during training and
22 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 minimum
36 competency in each of the following tasks, under supervision of faculty or instructional
37 staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an
38 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, and 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 minimum competency in each of the following tasks during training and
38 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 minimum
6 competency in each of the following tasks, under supervision by faculty or instructional
7 staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an
8 examination on this Section.

9
10 (A) Assessment of respiration rates.

11 (B) Monitoring and assessment of lung sounds and ventilation with a
12 pretracheal/precordial stethoscope.

13 (C) Monitoring oxygen saturation with a pulse oximeter.

14 (D) Use of an oxygen delivery system.

15
16
17
18
19 (o) With respect to drug identification and draw:

20 (1) Didactic instruction shall contain:

21 (A) Characteristics of syringes and needles: use, types, gauges, lengths, and
22 components.

23 (B) Characteristics of drug, medication, and fluid storage units: use, type,
24 components, identification of label including generic and brand names, strength,
25 potential adverse reactions, expiration date, and contraindications.

26 (C) Characteristics of drug draw: armamentaria, label verification, ampule and
27 vial preparation, and drug withdrawal techniques.

28
29
30 (2) Laboratory instruction: The student shall demonstrate minimum competency in the
31 withdrawal of fluids from a vial or ampule in the amount specified by faculty or
32 instructional staff and shall then be eligible to complete a practical examination.

33 (3) Clinical instruction: The student shall demonstrate minimum competency in the
34 evaluation of vial or container labels for identification of content, dosage, and strength
35 and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty
36 or 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
40
41
42
43 (p) With respect to adding drugs, medications, and fluids to IV lines:

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1 (1) Didactic instruction shall contain:

2
3 (A) Characteristics of adding drugs, medications, and fluids to IV lines in the
4 presence of a licensed dentist.

5
6 (B) Armamentaria.

7
8 (C) Procedures for adding drugs, medications, and fluids, including dosage and
9 frequency.

10
11 (D) Procedures for adding drugs, medications, and fluids by IV bolus.

12
13 (E) Characteristics of patient observation for signs and symptoms of drug
14 response.

15
16 (2) Laboratory instruction: The student shall demonstrate minimum competency in
17 adding fluids to an existing intravenous (IV) line on a venipuncture training arm or in a
18 simulated environment and shall then be eligible to complete a practical examination on
19 this Section.

20
21 (3) Clinical instruction: The student shall demonstrate minimum competency in adding
22 fluids to existing IV lines in the presence of course faculty or instructional staff as
23 described in Section 1070.8(a)(3) and shall then be eligible to complete an examination
24 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 minimum competency on a
32 venipuncture training arm or in a simulated environment for IV removal and shall then
33 be eligible for a practical examination.

34
35 (3) Clinical instruction: The student shall demonstrate minimum competency in
36 removing IV lines in the presence of course faculty or instructional staff as described in
37 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).

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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 Dental Sedation Assistant Permit Courses" (New 12/2020), hereby incorporated
5 by reference, within ninety (90) days of the effective date of these regulations.
6

7 ~~In addition to the requirements of Sections 1070 and 1070.1, the following criteria shall be met~~
8 ~~by a dental sedation assistant permit course to secure and maintain approval by the Board. As~~
9 ~~used in this Section, the following definitions apply: "IV" means intravenous, "AED" means~~
10 ~~automated external defibrillator, "CO2" means carbon dioxide, and "ECG" and "EKG" both~~
11 ~~mean electrocardiogram.~~
12

13 ~~(a) (1) The course director, designated faculty member, or instructional staff member may,~~
14 ~~in lieu of a license issued by the Board, possess a valid, active, and current license issued~~
15 ~~in California as a physician and surgeon.~~
16

17 ~~(2) The course director, designated faculty member, or instructional staff member~~
18 ~~responsible for clinical evaluation shall have completed a two-hour methodology course~~
19 ~~in clinical evaluation prior to conducting clinical evaluations of students.~~
20

21 ~~(3) Clinical instruction shall be given under direct supervision of the course director,~~
22 ~~designated faculty member, or instructional staff member who shall be the holder of a~~
23 ~~valid, active, and current general anesthesia or conscious sedation permit issued by the~~
24 ~~Board. Evaluation of the condition of a sedated patient shall remain the responsibility of~~
25 ~~the director, designated faculty member, or instructional staff member authorized to~~
26 ~~administer conscious sedation or general anesthesia, who shall be at the patient's~~
27 ~~chairside while conscious sedation or general anesthesia is being administered.~~
28

29 ~~(b) The course shall be of a sufficient duration for the student to develop minimum competence~~
30 ~~in all of the duties that dental sedation assistant permit holders are authorized to perform, but~~
31 ~~in no event less than 110 hours, including at least 40 hours of didactic instruction, at least 32~~
32 ~~hours of combined laboratory and preclinical instruction, and at least 38 hours of clinical~~
33 ~~instruction. Clinical instruction shall require completion of all of the tasks described in~~
34 ~~subdivisions (j), (k), (l), (m), and (n) of this Section during no less than twenty (20) supervised~~
35 ~~cases utilizing conscious sedation or general anesthesia.~~
36

37 ~~(c) The following are minimum requirements for equipment and armamentaria:~~
38

39 ~~(1) One pulse oximeter for each six students; one AED or AED trainer; one capnograph~~
40 ~~or teaching device for monitoring of end tidal CO₂; blood pressure cuff and stethoscope~~
41 ~~for each six students; one pretracheal stethoscope for each six students; one~~
42 ~~electrocardiogram machine, one automatic blood pressure/pulse measuring~~
43 ~~system/machine, and one oxygen delivery system including oxygen tank; one IV start kit~~
44 ~~for each student; one venous access device kit for each student; IV equipment and~~

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1 supplies for IV infusions including hanging device infusion containers and tubing for each
2 six students; one sharps container for each six students; packaged syringes, needles,
3 needleless devices, practice fluid ampules and vials for each student; stopwatch or timer
4 with second hand for each six students; one heart/lung sounds mannequin or teaching
5 device; tonsillar or pharyngeal suction tip, endotracheal tube forceps, endotracheal tube
6 and appropriate connectors, suction equipment for aspiration of oral and pharyngeal
7 cavities, and laryngoscope in the ratio of at least one for each six students; any other
8 monitoring or emergency equipment required by Cal. Code Regs., Title 16, Section 1043
9 for the administration of general anesthesia or conscious sedation; and a selection of
10 instruments and supplemental armamentaria for all of the procedures that dental
11 sedation assistant permitholders are authorized to perform according to Business and
12 Professions Code Section 1750.5.

13
14 ~~(2) Each operatory used for preclinical or clinical training shall contain either a surgery~~
15 ~~table or a power operated chair for treating patients in a supine position, an irrigation~~
16 ~~system or sterile water delivery system as they pertain to the specific practice, and all~~
17 ~~other equipment and armamentarium required to instruct in the duties that dental~~
18 ~~sedation assistant permitholders are authorized to perform according to Business and~~
19 ~~Professions Code Section 1750.5.~~

20
21 ~~(3) All students, faculty, and staff involved in the direct provision of patient care shall be~~
22 ~~certified in basic life support procedures, including the use of an automatic electronic~~
23 ~~defibrillator.~~

24
25 ~~(d) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (e)~~
26 ~~to (n), inclusive, as they relate to the duties that dental sedation assistant permitholders are~~
27 ~~authorized to perform.~~

28
29 ~~(e) General didactic instruction shall contain:~~

30
31 ~~(1) Patient evaluation and selection factors through review of medical history, physical~~
32 ~~assessment, and medical consultation.~~

33
34 ~~(2) Characteristics of anatomy and physiology of the circulatory, cardiovascular, and~~
35 ~~respiratory systems, and the central and peripheral nervous system.~~

36
37 ~~(3) Characteristics of anxiety management related to the surgical patient, relatives, and~~
38 ~~escorts, and characteristics of anxiety and pain reduction techniques.~~

39
40 ~~(4) Overview of the classification of drugs used by patients for cardiac disease,~~
41 ~~respiratory disease, hypertension, diabetes, neurological disorders, and infectious~~
42 ~~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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1
2 ~~(D) Characteristics of manual intermittent and automatic blood pressure and~~
3 ~~pulse assessment.~~

4
5 ~~(E) Characteristics and use of an AED.~~

6
7 ~~(F) Procedure for using a pretracheal/precordial stethoscope for monitoring of~~
8 ~~heart sounds.~~

9
10 ~~(G) Procedure for use and monitoring of the heart with an EKG machine,~~
11 ~~including electrode placement, and the adjustment of such equipment.~~

12
13 ~~(H) Procedure for using manual and automatic blood pressure/pulse/respiration~~
14 ~~measuring system.~~

15
16 ~~(2) Preclinical instruction: Utilizing another student or staff person, the student shall~~
17 ~~demonstrate proficiency in each of the following tasks during training and shall then be~~
18 ~~eligible to complete an examination on this Section.~~

19
20 ~~(A) Assessment of blood pressure and pulse both manually and utilizing an~~
21 ~~automatic system.~~

22
23 ~~(B) Placement and assessment of an EKG. Instruction shall include the~~
24 ~~adjustment of such equipment.~~

25
26 ~~(C) Monitoring and assessment of heart sounds with a pretracheal/precordial~~
27 ~~stethoscope.~~

28
29 ~~(D) Use of an AED or AED trainer.~~

30
31 ~~(3) Clinical instruction: Utilizing patients, the student shall demonstrate proficiency in~~
32 ~~each of the following tasks, under supervision of faculty or instructional staff as~~
33 ~~described in Section 1070.8(a)(3) and shall then be eligible to complete an examination~~
34 ~~on this Section.~~

35
36 ~~(A) Assessment of blood pressure and pulse both manually and utilizing an~~
37 ~~automatic system.~~

38
39 ~~(B) Placement and assessment of an EKG. Instruction shall include the~~
40 ~~adjustment of such equipment.~~

41
42 ~~(C) Monitoring and assessment of heart sounds with a pretracheal/precordial~~
43 ~~stethoscope.~~

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1 ~~(k) With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope~~
2 ~~and monitoring oxygen saturation end tidal CO2 with pulse oximeter and capnograph:~~

3
4 ~~(1) Didactic instruction shall contain the following:~~

5
6 ~~(A) Characteristics of pretracheal/precordial stethoscope, pulse oximeter and~~
7 ~~capnograph for respiration monitoring.~~

8
9 ~~(B) Review of anatomy and physiology of respiratory system to include the nose,~~
10 ~~mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus.~~

11
12 ~~(C) Characteristics of respiratory monitoring/lung sounds: mechanism of~~
13 ~~respiration, composition of respiratory gases, oxygen saturation.~~

14
15 ~~(D) Characteristics of manual and automatic respiration assessment.~~

16
17 ~~(E) Procedure for using a pretracheal/precordial stethoscope for respiration~~
18 ~~monitoring.~~

19
20 ~~(F) Procedure for using and maintaining pulse oximeter for monitoring oxygen~~
21 ~~saturation.~~

22
23 ~~(G) Procedure for use and maintenance of capnograph.~~

24
25 ~~(H) Characteristics for monitoring blood and skin color and other related factors.~~

26
27 ~~(I) Procedures and use of an oxygen delivery system.~~

28
29 ~~(J) Characteristics of airway management to include armamentaria and use.~~

30
31 ~~(2) Preclinical instruction: Utilizing another student or staff person, the student shall~~
32 ~~demonstrate proficiency in each of the following tasks during training and shall then be~~
33 ~~eligible to complete an examination on this Section.~~

34
35 ~~(A) Assessment of respiration rates.~~

36
37 ~~(B) Monitoring and assessment of lung sounds and ventilation with a~~
38 ~~pretracheal/precordial stethoscope.~~

39
40 ~~(C) Monitoring oxygen saturation with a pulse oximeter.~~

41
42 ~~(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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1
2 ~~(B) Armamentaria.~~

3
4 ~~(C) Procedures for adding drugs, medications, and fluids, including dosage and~~
5 ~~frequency.~~

6
7 ~~(D) Procedures for adding drugs, medications, and fluids by IV bolus.~~

8
9 ~~(E) Characteristics of patient observation for signs and symptoms of drug~~
10 ~~response.~~

11
12 ~~(2) Laboratory instruction: The student shall demonstrate proficiency in adding fluids to~~
13 ~~an existing IV line on a venipuncture training arm or in a simulated environment, and~~
14 ~~shall then be eligible to complete a practical examination on this Section.~~

15
16 ~~(3) Clinical instruction: The student shall demonstrate proficiency in adding fluids to~~
17 ~~existing IV lines in the presence of course faculty or instructional staff as described in~~
18 ~~Section 1070.8(a)(3), and shall then be eligible to complete an examination on this~~
19 ~~Section.~~

20
21 ~~(n) With respect to the removal of IV lines:~~

22
23 ~~(1) Didactic instruction shall include overview and procedures for the removal of an IV~~
24 ~~line.~~

25
26 ~~(2) Laboratory instruction: The student shall demonstrate proficiency on a venipuncture~~
27 ~~training arm or in a simulated environment for IV removal, and shall then be eligible for~~
28 ~~a practical examination.~~

29
30 ~~(3) Clinical instruction: The student shall demonstrate proficiency in removing IV lines in~~
31 ~~the presence of course faculty or instructional staff as described in Section 1070.8(a)(3),~~
32 ~~and shall then be eligible to complete an examination on this Section.~~

33
34 ~~(o) Each student shall pass a written examination that reflects the curriculum content, which~~
35 ~~may be administered at intervals throughout the course as determined by the course director.~~

36
37 ~~(p) To maintain approval, programs approved prior to the effective date of these regulations~~
38 ~~shall submit to the Board a completed "Notice of Compliance with New Requirements for~~
39 ~~Dental Sedation Assistant Permit Courses (New 10/10)", hereby incorporated by reference,~~
40 ~~within ninety (90) days of the effective date of these regulations.~~

41
42 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections
43 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 shall have the primary purpose of providing theory, laboratory, and clinical application in radiographic techniques. The Board shall approve only those courses which continuously adhere to the standards of this section.

(b) A course provider applying for initial approval shall submit a completed "Application for Radiation Safety Course Provider Approval" (New 12/2020), hereby incorporated by reference, accompanied by the designated, non-refundable fee as defined in Section 1022. Consistent with Section 1070, the Board may approve or deny approval after it evaluates all components of the course.

(c) Continuation of approval will be contingent upon continued compliance with Sections 1070, 1070.1 and all requirements set forth herein.

(d) **General Provisions:** Providers shall make adequate provisions for the course's supervision and operation in compliance with this Article and the following:

(1) Unless otherwise incorporated in a Board-approved registered dental assisting program, providers shall require evidence from students that they have met all course prerequisites prior to their acceptance including current certification in basic life support, completion of an eight-hour Board-approved course in infection control, and a two-hour Board-approved course in the Act.

(2) When instruction is incorporated in a registered dental assisting program, students shall have completed, enrolled in, or have a program program-approved plan to be enrolled in, instruction in, basic chairside skills, anatomy, tooth morphology, infection control and basic life support, as defined herein, prior to the start of instruction in radiation safety;

(3) Providers shall adhere to the requirements for the quantity, qualifications and responsibilities of the course director and all faculty or instructional staff, as defined in Sections 1070 and 1070.1, at all times.

(4) Additionally, all patients or their guardians 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 clinical facility's records.

(e) **Facilities and Equipment:**

(1) Adequate supplies, materials and provisions for instruction in radiation safety shall be provided in compliance with the requirements of Section 1070.

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1 (2) There shall be a sufficient number of safe, adequate, and educationally conducive
2 lecture classrooms or the capability to facilitate distance learning modalities, and
3 operatories in compliance with the requirements of Section 1070.

4
5 (3) In addition to the facility requirements defined in Section 1070, the facility used for
6 laboratory/pre-clinical instruction shall be deemed adequate if it is properly equipped
7 with supplies and equipment for practical work and includes, for every six students, at
8 least the following:

9
10 (A) One functioning radiography (X-ray) machine which is adequately filtered and
11 collimated, that is equipped with the appropriate position-indicating devices for
12 each technique being taught, and is properly registered and permitted in
13 compliance with the Department of Health Services and the California Radiation
14 Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section
15 30100);

16
17 (B) One (1) X-ray training manikin head designed for instruction in radiographic
18 techniques per X-ray unit;

19
20 (C) One (1) film view box, or screen for viewing digital images; and

21
22 (D) One (1) lead shielding adult-size protective apron with cervical (thyroid)
23 collar, either attached or detached from the apron, per X-ray unit.

24
25 (4) The facility shall be deemed adequate if it is of sufficient size to accommodate
26 students' needs in learning and is properly equipped with supplies and equipment for
27 practical work which may include processing and viewing equipment or any combination
28 thereof. Such facility requirements may be deemed met if computer-based equipment
29 for digital radiographic procedures is solely or in part utilized within the program or
30 course facility. Such equipment may be located in the operatory area where exposures
31 will occur.

32
33 (5) The choice of image receptor for laboratory, pre-clinical, and clinical experiences
34 may be either traditional film or digital sensor or any combination thereof as
35 determined by the program and course provider.

36
37 (6) X-ray exposure areas shall provide protection to patients, students, faculty and
38 observers in full compliance with applicable statutes and regulations.

39
40 (7) All disinfection and sterilization procedures specified in Section 1005 shall be
41 incorporated in the course content and followed during all laboratory, simulated-clinical
42 and clinical experiences. Adequate cleaning, disinfecting, and sterilizing facilities shall be
43 provided.

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1 (f) **Course Duration:** A course in radiation safety shall be of sufficient duration, but in no event
2 less than 32 hours, including at least 8 hours of didactic instruction, at least 12 hours of laboratory
3 instruction, and at least 12 hours of supervised clinical instruction for the student to obtain
4 applicable theory in didactic instruction, laboratory instruction, and clinical experience to achieve
5 minimum competence in the various protocols and procedures used in the application of dental
6 radiographic techniques and radiation safety.

7
8 (g) **Course Curriculum and Examination:**
9

10 (1) A detailed course outline shall be established and maintained consistent with the
11 requirements of Section 1070 and shall be provided to students prior to the start of
12 instruction.

13
14 (2) General course objectives and specific instructional unit objectives shall be stated in
15 writing and shall include theoretical aspects of each subject as well as practical
16 application. The theoretical aspects of the course shall provide the content necessary for
17 students to make judgments regarding radiation safety.

18
19 (3) Objective evaluation criteria shall be used for measuring student progress toward
20 attainment of specific course objectives. Students shall be provided with specific
21 performance objectives and the evaluation criteria that will be used for all aspects of the
22 curriculum.

23
24 (4) Prior to clinical instruction in radiation techniques, each student shall pass a pre
25 exposure radiation exam.

26
27 (5) Each student shall pass a written examination which reflects the curriculum content.

28
29 (6) Each student shall pass a clinical examination demonstrating minimum competency.
30

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

33
34 (1) Radiation physics and biology;

35
36 (2) Radiation protection and safety;

37
38 (3) Recognition of normal anatomical landmarks, structures, hard and soft tissues,
39 normal and abnormal conditions of the oral cavity as they relate to dental radiographs;

40
41 (4) Radiograph exposure and processing techniques;
42

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

3
4 (6) Intraoral techniques and dental radiograph armamentaria, including holding devices
5 and image receptors;

6
7 (7) Intraoral and extraoral examination including principles of exposure, methods of
8 retention and evaluation;

9
10 (8) Proper use of patient protection devices and personal protective equipment for
11 operator use;

12
13 (9) Identification and correction of faulty radiographs;

14
15 (10) Introduction to contemporary exposure techniques including the use of
16 computerized digital radiography and extraoral imaging that may include panographs or
17 cone-beam imaging;

18
19 (11) Infection control procedures in compliance with the Board's Minimum Standards
20 for Infection Control (16 CCR 1005);

21
22 (12) Radiographic records management;

23
24 (13) Identification and recognition of common errors in techniques and processing for
25 intra and extra oral exposures;

26
27 (14) Identification of various extra oral techniques, machine types, and uses; and

28
29 (15) Introduction to techniques and exposure guidelines for special exposures to include,
30 but not limited to pediatric, edentulous, partially edentulous, endodontic and patients
31 with special needs.

32
33 (i) **Laboratory Instruction.** All laboratory instruction and performances shall only occur in
34 accordance with Sections 1070 and 1070.1. Sufficient hours of laboratory instruction and
35 experiences shall ensure that a student successfully completes, on an x-ray training manikin head
36 only, at least the procedures set forth below utilizing an image receptor deemed appropriate by
37 the course director:

38
39 (1) Two full mouth periapical series, consisting of at least 18 radiographs each, four of
40 which shall be bitewings;

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1
2 (2) Two horizontal or vertical bitewing series, consisting of at least four radiographs each;

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

6
7 (4) Completion of student and instructor written evaluation of radiographs identifying
8 errors, causes of errors, corrections and, if applicable, the number of re-exposures
9 necessary for successful completion of a series to minimum competency.

10
11 (A) A laboratory procedure has been successfully completed only if each series of
12 radiographs is evaluated and deemed to be of diagnostic quality.

13
14 (B) Successful completion of all laboratory competencies shall occur prior to
15 clinical instruction and experiences.

16
17 **(j) Clinical Instruction and Evaluation.** As part of an organized program of instruction clinical
18 instruction shall include clinical performances on human subjects as set forth herein.

19
20 (1) Successful completion of a minimum of four full mouth periapical series, consisting of
21 at least 18 radiographs each, four of which shall be bitewings. All exposures made on
22 human subjects shall only be made using diagnostic criteria established during the
23 clinical instructional period and shall in no event exceed three re-exposures per subject
24 per series.

25
26 (2) Successful developing or processing, and mounting or sequencing of exposed human
27 subject radiographs;

28
29 (3) Completion of student and instructor written evaluations of each radiographic series
30 identifying errors, causes of error, and correction and, if applicable, the number of re-
31 exposures necessary for successful completion of a series to clinical competency.

32
33 (4) One full-mouth clinical series shall serve a final clinical examination.

34
35 **(k) Written Examinations.** Prior to certification and completion of the course, the student shall
36 successfully complete a comprehensive final exam prior to the completion of the radiation
37 safety course. The written examinations shall include questions specific to items addressed in
38 California Code of Regulations, Title 17, Division 1, Chapter 5, Subchapter 4, Group 3, Article 4
39 (Section 30305 et seq.) relative to the special requirements for the use of x-ray in the healing
40 arts.

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1 (l) Extramural Dental Facilities Used for Radiographic Performances. Extramural dental facilities
2 may be utilized by a course for the purposes of radiographic clinical experiences. Clinical
3 instruction and oversight shall be performed under the general supervision of a licensed dentist
4 who shall deem the radiographs necessary by written prescription. Didactic and laboratory
5 instruction shall be provided only by course faculty or instructional staff prior to clinical
6 performances.

7
8 (1) The course director, or a designated faculty member, shall be responsible for
9 selecting an extramural dental facility and evaluating student competence before the
10 clinical assignment.

11
12 (2) Prior to student assignment in an extramural dental facility, the course director, or a
13 designated faculty or instructional staff member, shall orient all supervising dentists who
14 provide basic technical assistance, evaluation, and oversight of the student in the clinical
15 setting. Orientation shall include, at a minimum, the objectives of the course, the
16 student's preparation for the clinical assignment, and a review of procedures and criteria
17 to be used by the licensed dentist in the extramural dental facility in evaluating the
18 student during the assignment.

19
20 (3) Programs and courses using extramural dental faculty for dental radiographic clinical
21 experiences shall provide to the Board, upon request or renewal of provider status,
22 copies of all contracts of affiliation and documentation demonstrating compliance with
23 this Section.

24
25 (4) There shall be a written contract of affiliation with each extramural dental facility
26 utilized by a course. Such contract shall describe the settings in which the facility will be
27 used, cancellation terms and conditions, and shall provide that the facility has the
28 necessary equipment and armamentaria appropriate for the procedures to be
29 performed and that such equipment and armamentaria are in safe operating condition.

30
31 (m) Certificate of Completion. Upon successful completion of the course, students shall receive
32 a certificate consistent with the requirements defined in Section 1070(m).

33
34 (n) Notice of Compliance. To maintain approval, courses approved prior to the effective date of
35 these regulations shall submit to the Board a completed "Notice of Compliance with New
36 Requirements for Radiation Safety Courses" (New 12/2020), hereby incorporated by reference,
37 within ninety (90) days of the effective date of these regulations.

38
39 Note: Authority cited: Section 1614, Business and Professions Code.

40
41 **§ 1071. Approval of Registered Dental Assistant in Extended Functions (RDAEF) Educational**
42 **Programs.**

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1 In addition to the requirements of California Code of Regulations (Cal. Code Regs.), Title 16,
2 Sections 1070 and 1070.1, the following criteria shall be met by an RDAEF educational program
3 to secure and maintain approval by the Board.

4
5 (a) RDAEF educational programs in California shall apply for and receive Board approval prior to
6 operation. The Board may approve, provisionally approve, or deny approval of any such
7 program.

8
9 (1) A program applying for approval to teach all of the duties specified in Business and
10 Professions Code, Section 1753.5 shall comply with all of the requirements of this
11 Section.

12
13 (2) A program applying for approval to teach RDAEFs licensed on or before January 1,
14 2010 the additional duties specified in Business and Professions Code Section 1753.6
15 shall comply with all of the requirements of this Section, except as follows:

16
17 (A) The program shall be no less than 318 hours, including at least 76 hours of
18 didactic instruction, at least 186 hours of laboratory instruction, and at least 56
19 hours of clinical instruction.

20
21 (B) Students shall not be required to complete instruction related to the
22 placement of gingival retraction cord, the taking of final impressions for
23 permanent indirect restorations, or the fitting of endodontic master points and
24 accessory points.

25
26 (3) A RDAEF program provider applying for approval shall submit to the Board a
27 completed "Application for Registered Dental Assistant in Extended Functions (RDAEF)
28 Program Approval" (New 12/2020), which is hereby incorporated by reference,
29 accompanied by a non-refundable processing fee as specified in 16 CCR 1022.

30
31 (4) The Board may withdraw its approval of a program at any time, after giving the
32 program provider written notice setting forth its reason(s) for withdrawal and after
33 affording the program a reasonable opportunity to respond within 30 calendar days.
34 Approval may be withdrawn for failure to comply with the provisions of the Act or the
35 Board's regulations.

36
37 (b) Prerequisites. In order to be admitted to the program, each student shall possess a valid,
38 active, and current license as a registered dental assistant issued by the Board and shall submit
39 documentary evidence of successful completion of a Board-approved pit and fissure sealant
40 course prior to graduation from an RDAEF program.

41
42 (c) Program Faculty. In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070
43 and 1070.1, all faculty members shall have completed a course or certification program in
44 educational methodology of at least 6 hours unless he or she holds any one of the following: a

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1 degree in education, a valid Ryan Designated Subjects Vocational Education Teaching
2 Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community
3 College Teaching Credential. Each faculty member shall complete a course or certification
4 program in educational methodology within six (6) months of employment. The course director
5 or designated administrator shall be responsible to obtain and maintain records of each faculty
6 member showing evidence of having met this requirement.

7
8 (d) Program Director. The program director, who may also be an instructor, shall possess a
9 valid, active, and current license issued by the Board or the Dental Hygiene Committee of
10 California, shall have been licensed for a minimum of two years, and possess the experience in
11 the subject matter he or she is teaching. The program director shall provide guidance and be
12 responsible for the administration of the program. Specifically, the program director shall be
13 responsible for fulfilling all the requirements listed in Cal. Code Regs., Title 16, Section 1070(b).

14
15 (e) Length of Program.

16
17 (1) The program shall be of sufficient duration for the student to develop minimum
18 competence in all of the duties that RDAEFs are authorized to perform, but in no event
19 less than 410 hours, including at least 100 hours of didactic instruction, at least 206
20 hours of laboratory instruction, and at least 104 hours of clinical instruction. All
21 laboratory and simulated clinical instruction shall be provided under the direct
22 supervision of program staff. Clinical instruction shall be provided under the direct
23 supervision of a licensed dentist and may be completed in an extramural dental facility
24 as defined in Cal. Code Regs., Title 16, Section 1070.1(c).

25
26 (2) In the event a program has obtained approval to instruct the content for Interim
27 Therapeutic Restoration Certification, the program shall incorporate such training into
28 the RDAEF program curriculum and increase the total hours in accordance with
29 applicable regulations.

30
31 (f) The following requirements are in addition to the requirements of Cal. Code Regs., Title 16,
32 Sections 1070 and 1070.1:

33
34 (1) Minimum requirements for equipment and armamentaria:

35
36 (A) Laboratory facilities with individual seating stations for each student and
37 equipped with air/water syringe, hand piece connections, suction or electric
38 driven rotary instrumentation capability. Each station or operatory shall allow an
39 articulated typodont to be mounted in a simulated head position.

40
41 (B) Clinical simulation facilities that provide simulated patient heads mounted in
42 appropriate position and accommodating an articulated typodont in an enclosed
43 intraoral environment or mounted on a dental chair in a dental operatory.

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1 Clinical simulation spaces shall be sufficient to permit one simulation space for
2 each two students at any one time.

3
4 (C) Articulated typodonts of both deciduous and permanent dentitions with
5 flexible gingival tissues and with prepared teeth for each procedure to be
6 performed in the laboratory and clinical simulation settings. One of each type of
7 typodont is required for each student.

8
9 (D) A selection of restorative instruments and adjunct materials for all
10 procedures that RDAEFs are authorized to perform.

11
12 (E) Notwithstanding Section 1070, there shall be at least one operator for every
13 two students who are simultaneously engaged in clinical instruction.

14
15 (g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h)
16 to (o), inclusive, and the following didactic instruction:

17
18 (1) The following instruction as it relates to each of the procedures that RDAEFs are
19 authorized to perform: restorative and prosthetic treatment review; charting; patient
20 education; legal requirements; indications and contraindications; problem solving
21 techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection
22 control protocol implementation.

23
24 (2) Dental science, including dental and oral anatomy, histology, oral pathology, normal
25 or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic
26 microbiology relating to infection control, and occlusion. "Occlusion" is the review of
27 articulation of maxillary and mandibular arches in maximum intercuspation.

28
29 (3) Characteristics and manipulation of dental materials related to each procedure.

30
31 (4) Armamentaria for all procedures.

32
33 (5) Principles, techniques, criteria, and evaluation for performing each procedure,
34 including implementation of infection control protocols.

35
36 (6) Tooth isolation and matrix methodology review.

37
38 (h) General laboratory instruction shall include:

39
40 (1) Application of tooth isolation methods in both maxillary and mandibular arches and
41 with four experiences on both deciduous and permanent dentitions.

42
43 (2) Matrix placement for amalgam, and adhesive-based restorative material restorations
44 with three experiences for each material.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (3) Base, liner, and etchant placement on three teeth.

3
4 (i) With respect to preliminary evaluation of the patient's oral health, including charting of
5 existing conditions excluding periodontal assessment as it relates to RDAEF functions, intraoral
6 and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

7
8 (1) Didactic instruction shall contain the following:

9
10 (A) Normal anatomical structures: oral cavity proper, vestibule, and lips.

11 (B) Deviations from normal to hard tissue abnormalities to soft tissue
12 abnormalities.

13 (C) Overview of classifications of occlusion and myofunction.

14 (D) Sequence of oral inspection: armamentaria, general patient assessment,
15 review of medical history form, review of dental history form, oral cavity mouth-
16 mirror inspection, and charting existing conditions.

17
18 (2) Preclinical instruction shall include performing an oral inspection on at least two
19 other students.

20
21 (3) Clinical instruction shall include performing an oral inspection on at least two
22 patients.

23
24 (i) With respect to sizing, fitting, and cementing endodontic master points and accessory points:

25
26 (1) Didactic instruction shall include the following:

27 (A) Review of objectives, canal preparation, filling of root canal space, including
28 the role of the RDAEF as preparatory to condensation which is to be performed
29 by the licensed dentist.

30 (B) Description and goals of filling technique using lateral condensation
31 techniques.

32 (C) Principles and techniques of fitting and cementing master points and
33 accessory points.

34
35 (2) Laboratory instruction shall include fitting and cementing master points and
36 accessory points on extracted teeth or simulated teeth with canals with a minimum of
37 two experiences.-This instruction shall not include obturator-based techniques or other
38 techniques that employ condensation.
39
40
41
42
43
44

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (3) Simulated clinical instruction shall include fitting and cementing master points and
3 accessory points with extracted or simulated teeth. Simulated clinical instruction shall
4 include fitting and cementing master points and accessory points in at least four teeth.

5
6 k) With respect to gingival retraction, general instruction shall include:

7
8 (1) Review of characteristics of tissue management techniques as they relate to
9 prosthodontic procedures.

10
11 (2) Description, principles and goals of tissue management as it relates to prosthodontic
12 procedures.

13
14 (l) With respect to final impressions for permanent indirect and toothborne restorations:

15
16 (1) Didactic instruction shall contain the following:

17
18 (A) Review of characteristics of impression material and tray placement.

19
20 (B) Description and goals of impression taking for permanent indirect
21 restorations and toothborne prosthesis.

22
23 (C) Principles, techniques, criteria, and evaluation of impression taking for
24 permanent indirect restorations and toothborne prosthesis.

25
26 (2) Laboratory instruction shall include the following:

27
28 (A) Tissue management for prosthodontic procedures and final impressions for
29 permanent indirect restorations, including impression taking of prepared teeth
30 in maxillary and mandibular arches, once per arch.

31
32 (B) Impressions for toothborne removable prostheses, including, at a minimum,
33 taking a total of four impressions on maxillary and mandibular arches with
34 simulated partially edentulous sites.

35
36 (3) Clinical instruction shall include taking final impressions on five prosthodontic
37 procedure patients which shall include tissue management procedures.

38
39 (m) With respect to placing, contouring, finishing, and adjusting direct restorations:

40
41 (1) Didactic instruction shall contain the following:

42
43 (A) Review of cavity preparation factors and restorative material.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 (B) Characteristics and manipulation of direct filling materials.

2
3 (C) Amalgam restoration placement, carving, adjusting and finishing, which
4 includes principles, techniques, criteria and evaluation, and description and goals
5 of amalgam placement, adjusting and finishing in children and adults.

6
7 (D) Currently utilized adhesive-based restoration placement, adjusting,
8 contouring and finishing, which includes, principles, techniques, criteria and
9 evaluation, and description and goals of adhesive-based restorations, placement
10 and contouring in children and adults.

11
12 (2) Laboratory instruction shall include placement, finish and adjustment of the
13 following restorations in prepared teeth. The restorations shall include both maxillary,
14 mandibular, permanent and deciduous teeth, and both metallic and adhesive-based
15 materials:

16
17 (A) Placement of Class I, II, and V amalgam restorations in four prepared
18 permanent teeth for each classification, with one of each classification used for a
19 clinical examination.

20
21 (B) Placement of Class I, II, III, and V composite resin restorations in four
22 prepared permanent teeth for each classification, with one of each classification
23 used for a clinical examination.

24
25 (C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared
26 permanent teeth for each classification, with one of each classification used for a
27 clinical examination.

28
29 (3) Simulated clinical instruction shall include placement, finish and adjustment of the
30 following restorations in prepared teeth. The restorations shall include both maxillary,
31 mandibular, permanent and deciduous teeth, and both metallic and adhesive-based
32 materials. A student shall show competency in amalgam based material placement,
33 finish and adjustment based on criteria-reference completion standards prior to any
34 clinical instruction and application of these procedures:

35
36 (A) Placement of Class I, II, and V amalgam restorations in four prepared
37 permanent teeth for each classification, with one of each classification used for a
38 clinical examination.

39
40 (B) Placement of Class I, II, III, and V composite resin restorations in four
41 prepared permanent teeth for each classification, with one of each classification
42 used for a clinical examination.

43

**WORKING DOCUMENT:
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1 (C) Placement of Class I, II, III, and V glass-ionomer restorations in four prepared
2 permanent teeth for each classification, with one of each classification used for a
3 clinical examination.

4
5 (4) Clinical instruction shall require proficient completion of placing, contouring and
6 finishing at least 20 direct restorations in prepared permanent teeth. At least five of
7 each restorative classification of I, II, III and V are required.

8
9 (A) At least 50 percent of the experiences shall be Class II restorations using
10 adhesive-based materials.

11
12 (B) At least 20 percent of the experiences shall be Class V restorations using
13 adhesive-based materials.

14
15 (C) Students who complete the 20 restorations and meet all the instructional
16 requirements of this Section may complete additional Class I, II, III, IV or V
17 restorations as deemed appropriate for program success.

18
19 (n) With respect to polishing and contouring existing amalgam restorations:

20
21 (1) Didactic instruction shall include principles, techniques, criteria and evaluation, and
22 description and goals of amalgam polishing and contouring in children and adults.

23
24 (2) Laboratory instruction shall include typodont experience on polishing and contouring
25 of Class I, II, and V amalgam restorations in three prepared permanent teeth for each
26 classification, and in two deciduous teeth for each classification.

27
28 (3) Simulated clinical instruction shall include experience in the polishing and contouring
29 of Class I, II, and V amalgam restorations in one prepared tooth for each 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.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 (2) Laboratory instruction shall include:

3
4 (A) Completion of two interocclusal registrations.

5
6 (B) Fitting, adjustment, and cementation/bonding of permanent indirect
7 restorations on a minimum of two posterior crowns.

8
9 (3) Clinical experience for interocclusal registrations shall be performed on four patients
10 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 teeth.

15
16 (p) Examination. Each student shall pass a written examination that reflects the curriculum
17 content, which may be administered at intervals throughout the course as determined by the
18 course director.

19
20 (q) Notice of Compliance. To maintain approval, programs approved prior to the effective date
21 of these regulations shall submit to the Board a completed “Notice of Compliance with New
22 Requirements for Registered Dental Assistant in Extended Functions Programs” (New
23 12/2020), hereby incorporated by reference, within 90 days of the effective date of these
24 regulations.

25
26 (r) Facilities and Resources. Facilities shall provide each student with sufficient opportunity,
27 with instructor supervision, to develop minimum competency in all duties that registered
28 dental assistants in extended functions are authorized to perform. The following requirements
29 are in addition to those contained in Cal. Code of Regs., Title 16, Sections 1070 and 1070.1:

30
31 (1) Facilities and operatories shall comply with the requirements of Cal. Code of Regs.,
32 Title 16, Section 1070 (e)(1)(A)(B) and (e)(2). Facilities shall comply with the Board’s
33 Minimum Standards for Infection Control (Cal. Code of Regs., Title 16, Section 1005).

34
35 (2) Provision shall be made for reasonable access to current and diverse dental and
36 medical reference texts, current journals, audiovisual materials, and other necessary
37 resources. Library holdings, which may include, in total or in part, access through the
38 Internet, shall include materials relating to all subject areas of the program curriculum.

39
40 (s) Certificate of Completion. In addition to the requirements of Cal. Code of Regs., Title 16,
41 Section 1070(m), two original copies of a certificate, diploma, or other evidence of completion
42 shall be issued to each student within 30 days of successful completion of the program.

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 ~~(a) All new Registered Dental Assistant in Extended Functions (RDAEF) educational programs~~
3 ~~shall apply for and receive approval prior to operation. The Board may approve, provisionally~~
4 ~~approve, or deny approval of any such program. The Board may, in lieu of conducting its own~~
5 ~~investigation, accept the findings of any commission or accreditation agency approved by the~~
6 ~~Board and adopt those findings as its own.~~

7
8 ~~(b) In addition to the requirements of Cal. Code Regs., Title 16, Sections 1070 and 1070.1, the~~
9 ~~following criteria shall be met by an RDAEF educational program to secure and maintain~~
10 ~~approval by the Board.~~

11
12 ~~(1) A program applying for approval to teach all of the duties specified in Business and~~
13 ~~Professions Code Section 1753.5 shall comply with all of the requirements of this~~
14 ~~Section.~~

15
16 ~~(2) A program applying for approval to teach RDAEFs licensed on or before January 1,~~
17 ~~2010 the additional duties specified in Business and Professions Code Section 1753.6~~
18 ~~shall comply with all of the requirements of this Section, except as follows:~~

19
20 ~~(A) The program shall be no less than 318 hours, including at least 76 hours of~~
21 ~~didactic instruction, at least 186 hours of laboratory instruction, and at least 56~~
22 ~~hours of clinical instruction.~~

23
24 ~~(B) Students shall not be required to complete instruction related to the~~
25 ~~placement of gingival retraction cord, the taking of final impressions for~~
26 ~~permanent indirect restorations, or the fitting of endodontic master points and~~
27 ~~accessory points.~~

28
29 ~~(c) In order to be admitted to the program, each student shall possess a valid, active, and~~
30 ~~current license as a registered dental assistant issued by the Board and shall submit~~
31 ~~documentary evidence of successful completion of a Board-approved pit and fissure sealant~~
32 ~~course.~~

33
34 ~~(d) In addition to the requirements of Sections 1070 and 1070.1, all faculty members~~
35 ~~responsible for clinical evaluation shall have completed a course or certification program in~~
36 ~~educational methodology of at least six (6) hours by January 1, 2012, unless he or she holds any~~
37 ~~one of the following: a postgraduate degree in education, a Ryan Designated Subjects~~
38 ~~Vocational Education Teaching Credential, a Standard Designated Subjects Teaching Credential,~~
39 ~~or, a Community College Teaching Credential. Each faculty member employed after January 1,~~
40 ~~2012, shall complete a course or certification program in educational methodology within six~~
41 ~~months of employment. The program director or designated administrator shall be responsible~~
42 ~~to obtain and maintain records of each faculty member showing evidence of having met this~~
43 ~~requirement.~~

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1 ~~(e) The program shall be of sufficient duration for the student to develop minimum competence~~
2 ~~in all of the duties that RDAEFs are authorized to perform, but in no event less than 410 hours,~~
3 ~~including at least 100 hours of didactic instruction, at least 206 hours of laboratory instruction,~~
4 ~~and at least 104 hours of clinical instruction. All laboratory and simulated clinical instruction~~
5 ~~shall be provided under the direct supervision of program staff. Clinical instruction shall be~~
6 ~~provided under the direct supervision of a licensed dentist and may be completed in an~~
7 ~~extramural dental facility as defined in Section 1070.1(c).~~

8
9 ~~(f) The following requirements are in addition to the requirements of Sections 1070 and 1070.1:~~

10
11 ~~(1) Minimum requirements for equipment and armamentaria:~~

12
13 ~~(A) Laboratory facilities with individual seating stations for each student and~~
14 ~~equipped with air, gas and air, or electric driven rotary instrumentation~~
15 ~~capability. Each station or operatory shall allow an articulated typodont to be~~
16 ~~mounted in a simulated head position.~~

17
18 ~~(B) Clinical simulation facilities that provide simulated patient heads mounted in~~
19 ~~appropriate position and accommodating an articulated typodont in an enclosed~~
20 ~~intraoral environment, or mounted on a dental chair in a dental operatory.~~
21 ~~Clinical simulation spaces shall be sufficient to permit one simulation space for~~
22 ~~each two students at any one time.~~

23
24 ~~(C) Articulated typodonts of both deciduous and permanent dentitions with~~
25 ~~flexible gingival tissues and with prepared teeth for each procedure to be~~
26 ~~performed in the laboratory and clinical simulation settings. One of each type of~~
27 ~~typodont is required for each student.~~

28
29 ~~(D) A selection of restorative instruments and adjunct materials for all~~
30 ~~procedures that RDAEFs are authorized to perform.~~

31
32 ~~(2) Notwithstanding Section 1070, there shall be at least one operatory for every two students~~
33 ~~who are simultaneously engaged in clinical instruction.~~

34
35 ~~(g) Areas of instruction shall include, at a minimum, the instruction specified in subdivisions (h)~~
36 ~~to (o), inclusive, and the following didactic instruction:~~

37
38 ~~(1) The following instruction as it relates to each of the procedures that RDAEFs are~~
39 ~~authorized to perform: restorative and prosthetic treatment review; charting; patient~~
40 ~~education; legal requirements; indications and contraindications; problem solving~~
41 ~~techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection~~
42 ~~control protocol implementation.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(2) Dental science, including dental and oral anatomy, histology, oral pathology, normal~~
2 ~~or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic~~
3 ~~microbiology relating to infection control, and occlusion. "Occlusion" is the review of~~
4 ~~articulation of maxillary and mandibular arches in maximum intercuspation.~~

5
6 ~~(3) Characteristics and manipulation of dental materials related to each procedure.~~

7
8 ~~(4) Armamentaria for all procedures.~~

9
10 ~~(5) Principles, techniques, criteria, and evaluation for performing each procedure,~~
11 ~~including implementation of infection control protocols.~~

12
13 ~~(6) Tooth isolation and matrix methodology review.~~

14
15 ~~(h) General laboratory instruction shall include:~~

16
17 ~~(1) Rubber dam application for tooth isolation in both maxillary and mandibular arches~~
18 ~~and for deciduous and permanent dentitions. A minimum of four experiences per arch is~~
19 ~~required, with two anterior and two posterior applications, with one of the applications~~
20 ~~used for a practical examination.~~

21
22 ~~(2) Matrix placement for amalgam, and nonmetallic restorative material restorations in~~
23 ~~both primary and permanent dentitions, with three experiences for each cavity~~
24 ~~classification and for each material.~~

25
26 ~~(3) Base, liner, and etchant placement on three posterior teeth for each base, liner, or~~
27 ~~etchant, with one of the three teeth used for a practical examination.~~

28
29 ~~(i) With respect to preliminary evaluation of the patient's oral health, including charting of~~
30 ~~existing conditions excluding periodontal assessment, intraoral and extraoral evaluation of soft~~
31 ~~tissue, classifying occlusion, and myofunctional evaluation:~~

32
33 ~~(1) Didactic instruction shall contain the following:~~

34
35 ~~(A) Normal anatomical structures: oral cavity proper, vestibule, and lips.~~

36
37 ~~(B) Deviations from normal to hard tissue abnormalities to soft tissue~~
38 ~~abnormalities.~~

39
40 ~~(C) Overview of classifications of occlusion and myofunction.~~

41
42 ~~(D) Sequence of oral inspection: armamentaria, general patient assessment,~~
43 ~~review of medical history form, review of dental history form, oral cavity mouth-~~
44 ~~mirror inspection, and charting existing conditions.~~

**WORKING DOCUMENT:
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1
2 ~~(2) Preclinical instruction shall include performing an oral inspection on at least two~~
3 ~~other students.~~

4
5 ~~(3) Clinical instruction shall include performing an oral inspection on at least two~~
6 ~~patients, with one of the two patients used for a clinical examination.~~

7
8 (j) ~~With respect to sizing, fitting, and cementing endodontic master points and accessory points:~~

9
10 ~~(1) Didactic instruction shall include the following:~~

11
12 ~~(A) Review of objectives, canal preparation, filling of root canal space, including~~
13 ~~the role of the RDAEF as~~
14 ~~preparatory to condensation which is to be performed by the licensed dentist.~~

15
16 ~~(B) Description and goals of filling technique using lateral condensation~~
17 ~~techniques.~~

18
19 ~~(C) Principles and techniques of fitting and cementing master points and~~
20 ~~accessory points using lateral condensation, including characteristics,~~
21 ~~manipulation, use of gutta percha and related materials, and criteria for an~~
22 ~~acceptable master and accessory points technique using lateral condensation.~~

23
24 ~~(2) Laboratory instruction shall include fitting and cementing master points and~~
25 ~~accessory points on extracted teeth or simulated teeth with canals in preparation for~~
26 ~~lateral condensation by the dentist, with a minimum of two experiences each on a~~
27 ~~posterior and anterior tooth. This instruction shall not include obturator based~~
28 ~~techniques or other techniques that employ condensation.~~

29
30 ~~(3) Simulated clinical instruction shall include fitting and cementing master points and~~
31 ~~accessory points in preparation for condensation by the dentist with extracted or~~
32 ~~simulated teeth prepared for lateral condensation mounted in simulated patient heads~~
33 ~~mounted in appropriate position and accommodating and articulated typodont in an~~
34 ~~enclosed intraoral environment, or mounted on a dental chair in a dental operatory.~~
35 ~~This instruction shall not include obturator based techniques that employ condensation.~~
36 ~~Simulated clinical instruction shall include fitting and cementing master points and~~
37 ~~accessory points for lateral condensation by the dentist in at least four teeth, one of~~
38 ~~which shall be used for a practical exam.~~

39
40 (k) ~~With respect to gingival retraction, general instruction shall include:~~

41
42 ~~(1) Review of characteristics of tissue management as it relates to gingival retraction~~
43 ~~with cord and electrosurgery.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(2) Description and goals of cord retraction.~~

2
3 ~~(3) Principles of cord retraction, including characteristics and manipulation of~~
4 ~~epinephrine, chemical salts classification of cord, characteristics of single versus double~~
5 ~~cord technique, and techniques and criteria for an acceptable cord retraction technique.~~

6
7 ~~(l) With respect to final impressions for permanent indirect and toothborne restorations:~~

8
9 ~~(1) Didactic instruction shall contain the following:~~

10
11 ~~(A) Review of characteristics of impression material and custom.~~

12
13 ~~(B) Description and goals of impression taking for permanent indirect~~
14 ~~restorations and toothborne prosthesis.~~

15
16 ~~(C) Principles, techniques, criteria, and evaluation of impression taking for~~
17 ~~permanent indirect restorations and toothborne prosthesis.~~

18
19 ~~(2) Laboratory instruction shall include the following:~~

20
21 ~~(A) Cord retraction and final impressions for permanent indirect restorations,~~
22 ~~including impression taking of prepared teeth in maxillary and mandibular~~
23 ~~arches, one time per arch with elastomeric impression materials.~~

24
25 ~~(B) Impressions for toothborne removable prostheses, including, at a minimum,~~
26 ~~taking a total of four impressions on maxillary and mandibular arches with~~
27 ~~simulated edentulous sites and rest preparations on at least two supporting~~
28 ~~teeth in each arch.~~

29
30 ~~(3) Clinical instruction shall include taking final impressions on five cord retraction~~
31 ~~patients, with one used for a clinical examination.~~

32
33 ~~(m) With respect to placing, contouring, finishing, and adjusting direct restorations:~~

34
35 ~~(1) Didactic instruction shall contain the following:~~

36
37 ~~(A) Review of cavity preparation factors and restorative material.~~

38
39 ~~(B) Review of cavity liner, sedative, and insulating bases.~~

40
41 ~~(C) Characteristics and manipulation of direct filling materials.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(D) Amalgam restoration placement, carving, adjusting and finishing, which~~
2 ~~includes principles, techniques, criteria and evaluation, and description and goals~~
3 ~~of amalgam placement, adjusting and finishing in children and adults.~~

4
5 ~~(E) Glass ionomer restoration placement, carving, adjusting, contouring and~~
6 ~~finishing, which includes, principles, techniques, criteria and evaluation, and~~
7 ~~description and goals of glass ionomer placement and contouring in children and~~
8 ~~adults.~~

9
10 ~~(F) Composite restoration placement, carving, adjusting, contouring and finishing~~
11 ~~in all cavity classifications, which includes, principles, techniques, criteria, and~~
12 ~~evaluation.~~

13
14 ~~(2) Laboratory instruction shall include typodont experience on the following:~~

15
16 ~~(A) Placement of Class I, II, and V amalgam restorations in eight prepared~~
17 ~~permanent teeth for each classification, and in four deciduous teeth for each~~
18 ~~classification.~~

19
20 ~~(B) Placement of Class I, II, III, and V composite resin restorations in eight~~
21 ~~prepared permanent teeth for each classification, and in four deciduous teeth~~
22 ~~for each classification.~~

23
24 ~~(C) Placement of Class I, II, III, and V glass ionomer restorations in four prepared~~
25 ~~permanent teeth for each classification, and in four deciduous teeth for each~~
26 ~~classification.~~

27
28 ~~(3) Simulated clinical instruction shall include experience with typodonts mounted in~~
29 ~~simulated heads on a dental chair or in a simulation laboratory as follows:~~

30
31 ~~(A) Placement of Class I, II, and V amalgam restorations in four prepared~~
32 ~~permanent teeth for each classification, with one of each classification used for a~~
33 ~~clinical examination.~~

34
35 ~~(B) Placement of Class I, II, III, and V composite resin restorations in four~~
36 ~~prepared permanent teeth for each classification, with one of each classification~~
37 ~~used for a clinical examination.~~

38
39 ~~(C) Placement of Class I, II, III, and V glass ionomer restorations in four prepared~~
40 ~~permanent teeth for each classification, with one of each classification used for a~~
41 ~~clinical examination.~~

42

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1 ~~(4) Clinical instruction shall require proficient completion of placing, contouring and~~
2 ~~finishing at least twenty (20) direct restorations in prepared permanent teeth with the~~
3 ~~following requirements:~~

4
5 ~~(A) At least fifty (50) percent of the experiences shall be Class II restorations~~
6 ~~using esthetic materials.~~

7
8 ~~(B) At least twenty (20) percent of the experiences shall be Class V restorations~~
9 ~~using esthetic materials.~~

10
11 ~~(C) At least ten (10) percent of the experiences shall use amalgam.~~

12
13 ~~(D) Students who complete the 20 restorations and meet all the instructional~~
14 ~~requirements of this Section may complete additional Class I, II, III or V~~
15 ~~restorations as deemed appropriate for program success.~~

16
17 ~~(n) With respect to polishing and contouring existing amalgam restorations:~~

18
19 ~~(1) Didactic instruction shall include principles, techniques, criteria and evaluation, and~~
20 ~~description and goals of amalgam polishing and contouring in children and adults.~~

21
22 ~~(2) Laboratory instruction shall include typodont experience on polishing and contouring~~
23 ~~of Class I, II, and V amalgam restorations in three prepared permanent teeth for each~~
24 ~~classification, and in two deciduous teeth for each classification.~~

25
26 ~~(3) Simulated clinical instruction shall include experience with typodonts mounted in~~
27 ~~simulated heads on a dental chair or in a simulation laboratory in the polishing and~~
28 ~~contouring of Class I, II, and V amalgam restorations in two prepared permanent teeth~~
29 ~~for each classification, with one of each classification used for a clinical examination.~~

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~~
37 ~~restorations, general crown preparation for permanent indirect restorations, and~~
38 ~~laboratory fabrication of permanent indirect 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 cementation,~~
44 ~~including principles, techniques, criteria, and evaluation.~~

**WORKING DOCUMENT:
DRAFT PROPOSED REGULATORY LANGUAGE**

1
2 ~~(2) Laboratory instruction shall include:~~

3
4 ~~(A) Interocclusal registrations using elastomeric and resin materials. Two~~
5 ~~experiences with each material are required.~~

6
7 ~~(B) Fitting, adjustment, and cementation of permanent indirect restorations on~~
8 ~~one anterior and one posterior tooth for each of the following materials, with~~
9 ~~one of each type used for a practical examination: ceramic, ceramometal, and~~
10 ~~cast metallic.~~

11
12 ~~(3) Clinical experience for interocclusal registrations shall be performed on four patients~~
13 ~~who are concurrently having final impressions recorded for permanent indirect~~
14 ~~restorations, with one experience used for a clinical examination.~~

15
16 ~~(4) Clinical instruction shall include fitting, adjustment, and cementation of permanent~~
17 ~~indirect restorations on at least two teeth.~~

18
19 ~~(p) Each student shall pass a written examination that reflects the curriculum content, which~~
20 ~~may be administered at intervals throughout the course as determined by the course director.~~

21
22 ~~(q) To maintain approval, programs approved prior to the effective date of these regulations~~
23 ~~shall submit to the Board a completed "Notice of Compliance with New Requirements for~~
24 ~~Registered Dental Assistant in Extended Functions Educational Programs (New 10/10)", hereby~~
25 ~~incorporated by reference, within ninety (90) days of the effective date of these regulations.~~

26
27 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1753,
28 Business and Professions Code.

29
30 ~~**§ 1071.1. Requirements for Approval of RDAEF Educational Programs. [Repealed]**~~

31
32 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1756,~~
33 ~~Business and Professions Code.~~

34
35 ~~**§ 1072. Approval of RDH Educational Programs.**~~

36 ~~(a) It is the intent of this board to approve only those educational programs for dental~~
37 ~~hygienists which continuously maintain a high quality standard of instruction. The requirements~~
38 ~~contained in this article are designed to that end and govern the approval of educational~~
39 ~~programs for dental hygienists. Continuation of approval will be contingent upon compliance~~
40 ~~with these requirements.~~

41
42 ~~(b) An educational program for registered dental hygienists is one which has as its primary~~
43 ~~purpose providing college level programs leading to an associate or higher degree, which is~~
44 ~~either affiliated with or conducted by an approved dental school, or which is accredited to offer~~

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1 ~~college level or college parallel programs by the American Dental Association Commission on~~
2 ~~Dental Accreditation or an equivalent body.~~

3
4 ~~(c) A new educational program for registered dental hygienists in California shall apply for~~
5 ~~approval prior to operation. The board may approve, provisionally approve, or deny approval to~~
6 ~~any such program. The board may, in lieu of conducting its own investigation, accept the~~
7 ~~findings of any commission or accreditation agency approved by the board and adopt those~~
8 ~~findings as its own.~~

9
10 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Section 1758,~~
11 ~~Business and Professions Code.~~

12
13 **~~§ 1072.1. Requirements for RDH Educational Programs.~~**

14 ~~An educational program for RDHs shall comply with the requirements set forth below in order~~
15 ~~to secure and maintain approval by the board.~~

16
17 ~~(a) Physical Plant. The physical plant and equipment shall be maintained and replaced in a~~
18 ~~manner designed to provide students with the most modern or educationally optimal~~
19 ~~environment.~~

20
21 ~~(b) Library. The library resources of an educational program for dental hygienists shall be broad~~
22 ~~enough to meet the teaching and research needs of the institution.~~

23
24 ~~(c) Admission.~~

25
26 ~~(1) The minimum basis for admission to an approved educational program for dental~~
27 ~~hygienists shall be the successful completion of an accredited high school course, or the~~
28 ~~recognized equivalent, which will permit entrance to an accredited college of liberal~~
29 ~~arts.~~

30
31 ~~(2) An accredited college of liberal arts shall mean an institution approved by the~~
32 ~~Association of American Universities or by one of the regional accrediting agencies.~~

33
34 ~~(3) The selection of students for admission to a hygiene educational program shall be~~
35 ~~based on estimates of their capacity for success in the study of dental hygiene as~~
36 ~~determined by evaluation of all available and significant information including~~
37 ~~information regarding background, knowledge, aptitude for and interest in the study~~
38 ~~and practice of dental hygiene, and the range of subject matter and quality of their~~
39 ~~scholastic record.~~

40
41 ~~(d) Instruction.~~

42
43 ~~(1) Instruction upon all levels in an educational program for dental hygienists shall be~~
44 ~~conducted upon the premise that dental hygiene education shall meet the test of a true~~

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1 ~~university discipline and shall include lectures, laboratory experiments and exercises and~~
2 ~~clinical practice under supervision.~~

3
4 ~~(2) The term "university discipline" shall be interpreted as a level of instruction at least~~
5 ~~equivalent to that level of instruction represented by college courses in the basic~~
6 ~~sciences commonly offered in approved dental schools.~~

7
8 ~~(e) Standards of Proficiency. Each school shall establish and maintain standards of proficiency~~
9 ~~and accomplishment of a qualitative nature, emphasizing thoroughness of didactic and~~
10 ~~laboratory requirements and precision in manual skills. Such standards shall be available to~~
11 ~~each student, and shall be used to ascertain periodic progress or achievement in the~~
12 ~~curriculum.~~

13
14 ~~(f) Faculty. An educational program for dental hygienists shall employ an adequate staff of~~
15 ~~competent full-time faculty members having general education, professional training and~~
16 ~~teaching experience.~~

17
18 ~~(g) Curriculum.~~

19
20 ~~(1) The organization of the curriculum for dental hygienists shall be flexible, creating~~
21 ~~opportunities for adjustments to and research of, advances in the practice of dentistry~~
22 ~~and dental hygiene.~~

23
24 ~~(2) The following factors should be considered in establishing and maintaining a~~
25 ~~balanced curriculum in the sense that it shall not over-emphasize any level or area of~~
26 ~~instruction:~~

27
28 ~~(A) Respective contribution to the practice of dental hygiene;~~

29
30 ~~(B) Effectiveness of instruction;~~

31
32 ~~(C) Time necessary for student independent study.~~

33
34 ~~(3) The general content of the curriculum shall include four subject areas: general~~
35 ~~studies, biomedical sciences, dental sciences and clinical sciences and practice. It shall~~
36 ~~also include didactic and laboratory instruction of those registered dental assistant~~
37 ~~duties specifically delegable by a licensed dentist to a registered dental hygienist. (The~~
38 ~~following guidelines are not to be interpreted as requiring specific courses in each, but~~
39 ~~rather as areas of instruction which shall be included in the curriculum.)~~

40
41 ~~General Subject Matter~~

42 ~~Speech English Sociology Psychology Biomedical Sciences~~

43 ~~General and Microscopic Anatomy Physiology Microbiology Pathology Nutrition~~

44 ~~Pharmacology (Basic sciences necessary as a foundation for the instruction of~~

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1 Biomedical Sciences shall be included in, or be a prerequisite to, the curriculum of
2 approved RDH programs) Dental Sciences
3 Anesthesia Dental and Medical Emergencies Tooth Morphology Head, Neck and Oral
4 Anatomy Oral Pathology Oral Embryology and Histology Dental Materials Clinical
5 Sciences and Practice
6 Periodontology Clinical Dental Hygiene Legal and Ethical Aspects of Dentistry Oral
7 Health Education Community Dental Health

8
9 ~~(4) Content of the curriculum for approved dental hygiene educational programs shall~~
10 ~~specifically include instruction in:~~

11
12 ~~(A) periodontal soft tissue curettage;~~

13
14 ~~(B) administration of local anesthetic agents, infiltration and conductive, limited~~
15 ~~to the oral cavity;~~

16
17 ~~(C) administration of nitrous oxide and oxygen when used as an analgesic,~~
18 ~~utilizing fail-safe type machines containing no other general anesthetic agents;~~
19 ~~provided, however, that a graduate of a nonresident program which meets all~~
20 ~~the requirements of Sections 1072 and 1072.1 except those contained in Section~~
21 ~~1072.1(g)(4), shall be deemed to have completed an approved program if such~~
22 ~~person has successfully completed a board approved course of instruction in~~
23 ~~each of the functions described in Section 1072.1(g)(4) which were not taught to~~
24 ~~clinical proficiency in the nonresident dental hygiene program.~~

25
26 ~~(h) Length of Program. A dental hygienist educational program shall be two academic years, not~~
27 ~~less than 1,600 clock hours, and lead to a certificate.~~

28
29 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,~~
30 ~~1758 and 1759, Business and Professions Code.~~

31
32
33 **Article 3. Application for Licensure**

34
35 **§ 1076. General Application Requirements.**

36 ~~(a) Application for licensure as a registered dental auxiliary shall be made on a form prescribed~~
37 ~~by the board and shall be accompanied by the following:~~

38
39 ~~(1) The fees fixed by the board;~~

40
41 ~~(2) Two classifiable sets of fingerprints on forms provided by the board;~~

42
43 ~~(3) Where applicable, a record of any previous dental assisting or hygiene practice and~~
44 ~~verification of license status in another jurisdiction.~~

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1
2 ~~(a)~~ Completed applications shall be filed with the Board not later than the following number of
3 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

4
5 An incomplete application shall be deemed deficient and the applicant shall be notified of
6 outstanding application requirements which need to be fulfilled. returned to the applicant
7 together with a statement setting forth the reason for returning the application and indicating
8 the amount of money, if any, which will be refunded. Applications shall be deemed abandoned
9 pursuant to the provisions set forth in Section 1004.

10
11 An application shall not be deemed incomplete for failure to establish compliance with
12 educational requirements if the application is accompanied by a certification from an approved
13 program, including a letter from the program director, that the applicant is expected to meet all
14 educational requirements established for the license for which application has been made and
15 if the approved program certifies not less than 30 days prior to examination that the applicant
16 has in fact met such educational requirements.

17
18 ~~The processing times for dental auxiliary licensure are set forth in Section 1069.~~

19 (c) Permission to take an examination shall be granted to those applicants who have paid the
20 necessary fees and whose credentials have been approved by the executive officer. Nothing
21 contained herein shall be construed to limit the Board's authority to seek from an applicant
22 such other information as may be deemed necessary to evaluate the applicant's qualifications.

23
24 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,
25 1753, ~~1754~~1752.1, ~~1758 and 1759~~, Business and Professions Code; ~~and Section 15376,~~
26 ~~Government Code.~~

27
28 **§ 1077. Application for Registered Dental Assistant (RDA) Licensure Applications.**

29 (a) An applicant for licensure as a registered dental assistant shall submit an "Application for
30 Registered Dental Assistant (RDA) Examination and Licensure" RDA-1 (New 12/2020) and one of
31 the following certification forms specifying the applicant's qualification method: (1)
32 "Certification of Board Approved Registered Dental Assisting Program Completion" RDA-2
33 (Board Approved Education Only) (New 12/2020), (2) "Certification of Work Experience as a
34 Dental Assistant" RDA-3 (Work Experience Only) (New 12/2020), or (3) "Certification of Non-
35 Approved Dental Assisting Program Completion" RDA-4 (Mixed Education and Work
36 Experience) (New 12/2020). These forms are hereby incorporated by reference.

37
38 (1) All applications for registered dental assistant examination and licensure shall be
39 accompanied by the following information:

40
41 (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 1752.1 of the Business and Professions 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 Board-approved courses in
20 radiation safety and coronal polishing. One of the following documents is
21 required for each course:
22

23 (1) An original or copy of the course certificate issued by a Board
24 approved program or stand-alone course provider; or

25 (2) A letter on program or course letterhead, signed by the program
26 director, certifying completion of the course and the completion date.
27

28 (G) Evidence of having successfully completed the following:
29

30 (1) A 2-hour Board-approved course in the Act. One of the following
31 documents is required:
32

33 (i) An original or copy of the course certificate issued by a Board-
34 approved provider, dated within the five years immediately
35 preceding the date the application was received by the Board; or
36

37 (ii) A letter on school or program letterhead, signed by the
38 program director, certifying completion of the course and the
39 completion date dated within the five years immediately
40 preceding the date the application was received by the Board.
41

42 (2) An eight-hour Board-approved course in Infection Control. One of the
43 following documents is required:
44

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1 (i) An original or copy of the course certificate issued by a Board-
2 approved provider, dated within the five years immediately
3 preceding the date the application was received by the Board; or
4

5 (ii) A letter on school or program letterhead, signed by the
6 program director, certifying completion of the course and the
7 completion date, dated within the five years immediately
8 preceding the date the application was received by the Board.
9

10 (3) A course in basic life support (BLS) offered by an instructor approved
11 under 16 CCR 1016(b)(1)(C). The applicant shall submit a copy of the BLS
12 certification card, to include any required signatures. The BLS card shall
13 be valid and current.
14

15 (H) Evidence of successful completion of the RDA General and Law and Ethics
16 Written Examination in the form of an original or copy of the certificate of
17 successful completion issued by the examination provider, dated within the five
18 years immediately preceding the date the application was received by the Board.
19

20 (2) In addition to the requirements set forth in subdivision (a), an application for
21 licensure as a registered dental assistant shall be accompanied by one of the following:
22

23 (a) If qualifying for registered dental assistant licensure by graduation from an
24 educational program in registered dental assisting approved by the Board, the
25 applicant shall provide one of the following:
26

27 (1) An original "Certification of Board Approved Registered Dental
28 Assisting Program Completion" RDA-2 (Board Approved Education Only)
29 (New [INSERT DATE]); or
30

31 (2) A copy of the Dental Assisting diploma or certificate issued by an
32 educational program in registered dental assisting approved by the
33 Board; or
34

35 (3) A letter on school or program letterhead, signed by the program
36 director, certifying completion of an educational program in registered
37 dental assisting approved by the Board. The letter shall include the
38 student's full name, dates of attendance, and the actual date of
39 graduation.
40

41 (b) If qualifying for registered dental assistant licensure by completion of work
42 experience, the applicant shall provide an original "Certification of Work
43 Experience as a Dental Assistant" RDA-3 (New [INSERT DATE]). The form shall
44 evidence completion of satisfactory work experience of at least 15 months

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1 (1,280 hours) as a dental assistant in California or another state or U.S. territory.
2 The form shall be signed/certified by a licensed dentist in California or another
3 state or U.S. territory. The certifying dentist is required to have been licensed at
4 the time certified on the form.

5
6 (c) If qualifying for registered dental assistant licensure by graduation from a
7 dental assisting program in a postsecondary institution approved by the
8 Department of Education or in a secondary institution, regional occupational
9 center, or regional occupational program, that are not approved by the Board
10 and work experience, the applicant shall provide an original "Certification of
11 Non-Approved Dental Assisting Program Completion" and "Certification of Work
12 Experience as a Dental Assistant" RDA-4 (New [INSERT DATE]).

13
14 ~~(a) In addition to the requirements set forth in Section 1076, an application for licensure~~
15 ~~as a registered dental assistant shall be accompanied by the following:~~

16
17 ~~(1) satisfactory evidence that the applicant has been granted a diploma or~~
18 ~~certificate in dental assisting from an educational program approved by the~~
19 ~~board; or~~

20
21 ~~(2) satisfactory evidence that the applicant has met the required 18 months~~
22 ~~satisfactory work experience as a dental assistant. "Satisfactory work~~
23 ~~experience" means performance of the duties specified in Section 1085(b)~~
24 ~~and/or (c) in a competent manner, as determined by the dentist employer. An~~
25 ~~applicant shall obtain work experience verification forms from the board and~~
26 ~~supply such forms to those persons in whose employ the applicant obtained the~~
27 ~~required work experience. The completed form shall be returned to the board by~~
28 ~~such person.~~

29
30 ~~(A) The 18 months of experience, which shall be gained in California while~~
31 ~~employed by a California licensed dentist(s), shall be considered~~
32 ~~qualifying only if the experience was comprised of performing duties~~
33 ~~specified in Section 1085(b) and/or (c) during a majority of the~~
34 ~~experience hours;~~

35
36 ~~(B) The 18 months shall be calculated as follows:~~

37
38 ~~1. experience gained while working 20 or more hours per week~~
39 ~~shall be credited on a weekly basis, with 78 weeks considered~~
40 ~~equivalent to 18 months;~~

41
42 ~~2. experience gained while working less than 20 hours per week~~
43 ~~shall be credited on an hourly basis, with 1,560 hours considered~~
44 ~~equivalent to 18 months.~~

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1
2 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614,
3 ~~1753~~ and ~~1754~~1752.1, Business and Professions Code.

4
5 **§ 1077.1. Application for Registered Dental Assistant in Extended Functions (RDAEF) Licensure**
6 **Applications.**

7 (a) An applicant for licensure as a registered dental assistant in extended functions shall submit
8 a completed “Application for Registered Dental Assistant in Extended Functions (RDAEF)
9 Examination and Licensure” (New 12/2020) hereby incorporated by reference.

10
11 (1) All applications for registered dental assistant in extended functions examination and
12 licensure shall be accompanied by the following information:

13
14 (A) The application and examination fees as set by Section 1022;

15
16 (B) Satisfactory evidence that the applicant has met all applicable requirements
17 of Section 1753 of the Business and Professions Code;

18
19 (C) Two classifiable sets of fingerprints or a completed Live Scan form to
20 establish the identity of the applicant and to permit the Board to conduct a
21 criminal history record check. The applicant shall pay any costs for furnishing the
22 fingerprints and conducting the criminal history record check;

23
24 (D) Where applicable, a record of any previous dental assisting, orthodontic
25 assisting, dental sedation assisting, dental hygiene, dentistry or any other health
26 care profession practice and certification of license status in each state or
27 jurisdiction in which licensure has been obtained;

28
29 (E) Applicant’s name, social security number, federal employer identification
30 number (FEIN), or individual taxpayer identification number (ITIN), mailing
31 address, electronic mail address, and telephone number(s);

32
33 (F) Evidence of current licensure as a registered dental assistant or completion of
34 the requirements for licensure as a registered dental assistant.

35
36 (G) Evidence of successful completion of either of the following:

37
38 (1) An extended functions postsecondary, or equivalent thereto, program
39 approved by the Board in all of the procedures specified in Section
40 1753.5; or

41
42 (2) An extended functions postsecondary, or equivalent thereto,
43 program approved by the Board to teach the duties that registered
44 dental assistants in extended functions were allowed to perform

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1 pursuant to board regulations prior to January 1, 2010, and a course
2 approved by the board in the procedures specified in paragraphs (1), (2),
3 (5), and (7) to (11), inclusive, of subdivision (b) of Business and
4 Professions Code section 1753.5.

5
6 (i) To demonstrate successful completion of an RDAEF program,
7 applicants shall provide one of the following:

8
9 (1) RDAEF application containing original certification of
10 Board-Approved Registered Dental Assisting in Extended
11 Functions Program Completion, signed by the program
12 director, with the school or program seal affixed; or

13
14 (2) A copy of the diploma or certificate issued by an
15 educational program in RDAEF approved by the Board.

16
17 (3) A letter on school or program letterhead, signed by the
18 program director, certifying completion of an educational
19 program in RDAEF approved by the Board. The letter shall
20 include the student's full name, dates of attendance, and
21 the actual date of graduation.

22
23 (H) Evidence of having successfully completed Board-approved courses in pit and
24 fissure sealants. One of the following documents is required:

25
26 (1) An original or copy of the course certificate issued by a board
27 approved program or course provider; or

28
29 (2) A letter on school/program letterhead, signed by the program
30 director, certifying completion of the course and the completion date.

31
32 (I) Successful completion of the RDAEF Written Examination.

33
34 (J) Successful completion of the RDAEF clinical and practical examination.

35
36 ~~In addition to the requirements, including the processing times, set forth in Section 1076, an~~
37 ~~application for licensure as an RDAEF shall be accompanied by satisfactory evidence that the~~
38 ~~applicant has successfully completed an approved RDAEF program.~~

39
40 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
41 and ~~1758~~1753, Business and Professions Code.

42
43 **§ 1077.2. Application for Orthodontic Assistant (OA) Permit.**

**WORKING DOCUMENT:
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1 (a) An applicant for an orthodontic assistant permit shall submit a completed “Application for
2 Orthodontic Assistant Examination and Permit” (New 12/2020), hereby incorporated by
3 reference.

4
5 (1) All applications for the orthodontic permit examination and licensure shall be
6 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 1750.2 of the Business and Professions 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 having successfully completed a Board-approved orthodontic
28 assistant course, which can commence after the completion of six months of
29 work experience. One of the following shall be provided:

30
31 (1) OA application containing original certificate of completion of a
32 board-approved orthodontic assistant permit course, signed by the
33 program director, with the school or program seal affixed; or

34
35 (2) A copy of a diploma or certificate of completion issued by a Board-
36 approved orthodontic assistant permit course; or

37
38 (3) A letter on school or program letterhead, signed by the program
39 director, certifying completion of a board-approved orthodontic assistant
40 permit course. The letter shall include the student’s full name, dates of
41 attendance, and the actual date of graduation.

42
43 (G) Evidence of either:
44

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1 (1) Current, active, and valid licensure as a registered dental assistant; or
2

3 (2) At least 12 months of verifiable work experience as a dental assistant.
4 The “Declaration of Certifying Dentist” section of the application shall be
5 completed and signed by a licensed dentist in California or another state
6 or U.S. territory. The certifying dentist is required to have been licensed
7 at the time certified on the form.
8

9 (I) Evidence of having successfully completed Board-approved course in
10 ultrasonic scaling. One of the following documents is required for each course:
11

12 (1) An original or copy of the course certificate issued by a Board-
13 approved program or stand-alone course provider; or
14

15 (2) A letter on program or course letterhead, signed by the program
16 director, certifying completion of the course and the completion date.
17

18 (J) Evidence of having successfully completed the following:
19

20 (1) A two-hour Board-approved course in the Act. One of the following
21 documents is required:
22

23 (i) An original or copy of the course certificate issued by a Board-
24 approved provider, dated within the five years immediately
25 preceding the date the application was received by the Board; or
26

27 (ii) A letter on school or program letterhead, signed by the
28 program director, certifying completion of the course and the
29 completion date dated within the five years immediately
30 preceding the date the application was received by the Board.
31

32 (2) An eight-hour Board-approved course in Infection Control. One of the
33 following documents is required:
34

35 (i) An original or copy of the course certificate issued by a Board-
36 approved provider, dated within the five years immediately
37 preceding the date the application was received by the Board; or
38

39 (ii) A letter on school or program letterhead, signed by the
40 program director, certifying completion of the course and the
41 completion date, dated within the five years immediately
42 preceding the date the application was received by the Board.
43

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1 (3) A course in basic life support (BLS) to include use of AED as required
2 16 CCR Section 1016 (b)(1)(C). Recertification intervals may not exceed
3 two (2) years. A copy of the BLS certification card, to include any required
4 signatures, is required. The BLS card shall be valid and current.

5
6 (K) Successful completion of the OA Written Examination.

7
8 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
9 and 1750.2, Business and Professions Code.

10
11 **§ 1077.3. Application for Dental Sedation Assistant (DSA) Permit.**

12
13 a) An applicant for a dental sedation assistant permit shall submit a completed “Application for
14 Dental Sedation Assistant Examination and Permit” (New 12/2020), hereby incorporated by
15 reference.

16
17 (1) All applications for the dental sedation permit examination and licensure shall be
18 accompanied by the following information:

19
20 (A) The application and examination fees as set by Section 1022;

21
22 (B) Satisfactory evidence that the applicant has met all applicable requirements
23 of Section 1750.4 of the Business and Professions Code;

24
25 (C) Two classifiable sets of fingerprints or a completed Live Scan form to
26 establish the identity of the applicant and to permit the Board to conduct a
27 criminal history record check. The applicant shall pay any costs for furnishing the
28 fingerprints and conducting the criminal history record check;

29
30 (D) Where applicable, a record of any previous dental assisting, orthodontic
31 assisting, dental sedation assisting, dental hygiene, dentistry or any other health
32 care profession practice and certification of license status in each state or
33 jurisdiction in which licensure has been obtained;

34
35 (E) Applicant’s name, social security number, federal employer identification
36 number (FEIN), or individual taxpayer identification number (ITIN), mailing
37 address, electronic mail address, and telephone number(s);

38
39 (F) Evidence of having successfully completed a board-approved dental sedation
40 assistant permit course, which can commence after the completion of six
41 months of work experience. One of the following shall be provided:
42

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1 (1) DSA application containing original certification of Board-approved
2 dental sedation assistant permit course, signed by the program director,
3 with the school or program seal affixed; or
4

5 (2) A copy of the diploma or certificate of completion issued by the
6 Board-approved dental sedation assistant permit course; or
7

8 (3) A letter on school or program letterhead, signed by the program
9 director, certifying completion of the Board-approved dental sedation
10 assistant permit course. The letter shall include the student’s full name,
11 dates of attendance, and the actual date of graduation.
12

13 (G) Evidence of
14

15 (1) Current, active, and valid licensure as a registered dental assistant; or
16

17 (2) At least 12 months of verifiable work experience as a dental assistant.
18 The “Declaration of Certifying Dentist” section of the application shall be
19 completed and signed by a licensed dentist in California or another state
20 or U.S. territory. The certifying dentist is required to have been licensed
21 at the time certified on the form.
22

23 (I) Evidence of having successfully completed the following:
24

25 (1) A two-hour board approved course in the Act. One of the following
26 documents is required:
27

28 (i) An original or copy of the course certificate issued by a Board-
29 approved provider, dated within the five years immediately
30 preceding the date the application was received by the Board; or
31

32 (ii) A letter on school or program letterhead, signed by the
33 program director, certifying completion of the course and the
34 completion date dated within the five years immediately
35 preceding the date the application was received by the Board.
36

37 (2) An eight-hour board approved course in Infection Control. One of the
38 following documents is required:
39

40 (i) An original or copy of the course certificate issued by a Board-
41 approved provider, dated within the five years immediately
42 preceding the date the application was received by the Board; or
43

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1 (ii) A letter on school or program letterhead, signed by the
2 program director, certifying completion of the course and the
3 completion date, dated within the five years immediately
4 preceding the date the application was received by the Board.

5
6 (3) A course in basic life support (BLS) to include use of AED as required
7 by Title 160, Division 10, Chapter 1, Article 4, Section 1016 (b)(1)(C) of the
8 California Code of Regulations. Recertification intervals may not exceed
9 two (2) years. A copy of the BLS certification card, to include any required
10 signatures, is required. The BLS card shall be valid and current.

11
12 (K) Successful completion of the DSA Written Examination.

13
14 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
15 and 1750.4, Business and Professions Code.

16
17 **Article 4. Examinations**

18
19 **§ 1080. General Procedures for Dental Auxiliary Written, Clinical, and Practical Examinations.**

20 The following rules, which are in addition to any other examination rules set forth elsewhere in
21 this chapter, are adopted for the uniform conduct of all dental auxiliary written and practical
22 examinations.

23
24 (a) The ability of an examinee to read and interpret instructions and examination material in
25 the English language is a part of the examination.

26
27 (b) No person shall be admitted to an examination room, clinic, or laboratory unless he or she is
28 wearing the appropriate badge and is directly connected with the examination or its
29 administration.

30
31 (c) Each examinee shall furnish patients, instruments, supplies, engines and materials necessary
32 to carry the procedures to completion. The board will provide chairs.

33
34 (d) A patient provided by an examinee shall be at least 18 years of age and shall be in a health
35 condition acceptable for dental treatment. If conditions indicate a need to consult the patient's
36 physician or for the patient to be premedicated (e.g. high blood pressure, heart murmur,
37 rheumatic fever, heart condition, prosthesis), the examinee shall obtain the necessary written
38 medical clearance and/or evidence of premedication before the patient will be accepted. Pre-
39 medication shall be confirmed by presenting the prescription container.

40
41 (1) A prosthetic joint replacement requires either a physician's written clearance or
42 premedication.

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1 (2) Pre-medication is required for the following high-risk conditions to prevent
2 endocarditis:

3
4 (A) Prosthetic cardiac valve

5
6 (B) Previous Infective Endocarditis

7
8 (C) Congenital heart disease (CHD)

9
10 (D) Unrepaired cyanotic CHD, including palliative shunts and conducts

11
12 (E) Completely repaired congenital heart defect with prosthetic material or
13 device, whether placed by surgery or catheter intervention, during the first six
14 (6) months after the procedure

15
16 (F) Repaired CHD with residual defects at the site or adjacent to the site of a
17 prosthetic patch or prosthetic device (which inhibit endothelialization)

18
19 (G) Cardiac transplantation recipients who develop cardiac valvulopathy

20
21 (3) The following conditions require physician clearance for dental treatment:

22
23 (A) Tuberculosis. Patient shall have been on antibiotics for a minimum of four (4)
24 weeks.

25
26 (B) Abnormal patient Blood Pressure. An employer or dentist must certify that
27 the patient's blood pressure is taken prior to the request for initial acceptance of
28 the patient and recorded on the medical history form. Candidates are required
29 to provide their own blood pressure kits. Patients with a blood pressure reading:

30
31 (1) Of 159/94 or below may proceed with the administration of
32 anesthesia and request for approval for the cord retraction portion of the
33 examination.

34
35 (2) Between 160/95 and 179/109 shall present a physician's clearance
36 that includes a statement of the highest blood pressure acceptable for
37 dental treatment.

38
39 (3) Equal to or greater than 180/110 will not be accepted for this
40 examination, even if a physician authorizes treatment.

41

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1 (C) AIDS or HIV. Clearance shall state that dental treatment is not
2 contraindicated.

3
4 (D) Patients who are currently receiving radiation treatment or chemotherapy.

5
6 (E) Sickle Cell Anemia.

7
8 (F) Organ transplant.

9
10 (G) Steroid use for more than two (2) weeks.

11
12 (H) Pregnancy. Clearance shall include approved use of topical anesthetic, local
13 anesthesia treatment and radiographic procedures.

14
15 (4) Hazardous/Unsuitable Conditions: A patient with a condition hazardous to anyone
16 directly connected with the examination, who is deemed unsuitable to sit, or has a
17 condition that interferes with evaluation for the examination may be rejected at the
18 discretion of at least two examiners. Whenever a patient is rejected, the reason for such
19 rejection shall be noted on the examination record and shall be signed by both rejecting
20 examiners.

21
22 (A) Patients who have the following health conditions may not be patients during
23 an examination:

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
34 (4) Herpetic lesions in any visible stage or other transmissible disease.

35
36 (5) Acute abscesses, necrotizing ulcerative gingivitis (NUG), severely
37 inflamed gingivae (purulent, hemorrhagic, retractable) in the area to be
38 treated.

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1 (6) Necrotizing ulcerative gingivitis (NUG/ANUG) anywhere in the mouth.

2
3 (7) Conditions requiring special patient management without appropriate
4 physician approval may be deemed inappropriate by the Board Examiner.

5
6 (ge) An examinee may be dismissed from the entire examination, and a statement of issues may
7 be filed against the examinee, for acts which interfere with the Board's objective of evaluating
8 professional competence. Such acts include, but are not limited to the following:

9
10 (1) Allowing another person to take the examination in the place of, and under the
11 identity of, the examinee.

12
13 (2) Copying or otherwise obtaining examination answers from other persons during the
14 course of an examination.

15
16 (3) Bringing any notes, books, pictures, tape recorders, electronic devices, any
17 informative materials, or other unauthorized materials into the examination area.

18
19 (4) Assisting another examinee during the examination process.

20
21 (5) Using the equipment, instruments, or materials belonging to another examinee.

22
23 (6) Copying, photographing or in any way reproducing or recording examination
24 questions or answers.

25
26 ~~(7) Bringing a previously prepared procedure or any portion thereof into a laboratory~~
27 ~~examination~~

28
29 (7) Presenting radiographs which have been altered or contrived to represent other
30 than the patient's true condition, whether or not the misleading radiograph was created
31 by the examinee.

32
33 (8) Failing to comply with the Board's infection control regulations.

34
35 (9) Failing to use an aspirating syringe for administering local anesthesia.

36
37 (10) Premedicating a patient for purposes of sedation.

38
39 (11) Dismissing a patient without the approval and signature of an examiner.

40
41 ~~(812)~~ Leaving the assigned examination area without the permission of an exam
42 administrator.

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1 (13) Bringing a previously prepared procedure or any portion thereof into an
2 examination.

3
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.

6
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.

9
10 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753,
11 1756, 1758 and 1761, Business and Professions Code.

12
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.~~

16
17 ~~(a) Each examinee shall furnish patients, instruments, engines and materials necessary to carry~~
18 ~~the procedures to completion. The board will provide chairs.~~

19
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.~~

31
32 ~~(c) No person shall be admitted to an examination clinic unless he or she is wearing the~~
33 ~~appropriate identification badge.~~

34
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:~~

38
39 ~~(1) Allowing another person to take the examination in the place of, and under the~~
40 ~~identity of, the examinee.~~

41
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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1
2 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1753,
3 ~~1756, 1758 and 1761~~, Business and Professions Code.

4
5 **~~§ 1080.3~~ 1080.2. Dental Auxiliary Licensure Examination Review Procedures; Appeals.**

6 (a) An examinee who has failed an examination shall be provided with notice, upon written
7 request, of those areas in which he/she is deficient in the practical or clinical phases of such
8 examination.

9
10 (b) An unsuccessful examinee who has been informed of the areas of deficiency in his/her
11 performance on the practical or clinical phases of the examination and who has determined
12 that one or more of the following errors was made during the course of his/her examination
13 and grading may appeal to the board within sixty (60) days following receipt of his/her
14 examination results:

15
16 (1) Significant procedural error in the examination process;

17
18 (2) Evidence of adverse discrimination;

19
20 (3) Evidence of substantial disadvantage to the examinee. Such appeal shall be made by
21 means of a written letter specifying the grounds upon which the appeal is based. The
22 Board shall respond to the appeal in writing and may request a personal appearance by
23 the examinee. The Board shall thereafter take such action as it deems appropriate.

24
25 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1611,
26 1614, 1634, 1750.2, 1750.4, 1752.1, 1753, and 1753.4 ~~1756, 1758 and 1761~~, Business and
27 Professions Code.

28
29 **§ 1081. RDA Examination.**

30 An applicant for licensure as an RDA shall complete a written, task-oriented examination
31 encompassing all duties assignable to RDAs and the settings in which they may be performed.
32 Such examination may also include any or all of the following subjects:

33
34 Nutrition and preventive dentistry; materials; oral anatomy and physiology; oral pathology;
35 pharmacology; morphology; microbiology; dental assisting procedures in general and special
36 dentistry; principles of business and practice management; legal/ethical aspects of dentistry;
37 patient-dental personnel psychology; four-handed chairside dental assisting; X-ray; sterilization;
38 laboratory and office emergency procedures.

39
40 Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614
41 and ~~1753~~ 1752.1, Business and Professions Code.

42
43 **~~§ 1081.1. RDA Practical Examination Requirements.~~**

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1 ~~(a) In addition to the written examination, each applicant for licensure as an RDA shall also take~~
2 ~~a practical examination consisting of any or all of the procedures listed below. The specific~~
3 ~~procedures will be assigned by an RDA examination committee appointed by the board. The~~
4 ~~procedures shall be performed on a full articulated maxillary and mandibular typodont secured~~
5 ~~with a bench clamp and shall be graded by examiners appointed by the board for that purpose.~~
6 ~~Each applicant shall furnish the required materials necessary to complete all of the following~~
7 ~~procedures.~~

8
9 ~~(1) Placement of a rubber dam;~~

10
11 ~~(2) Placement of a matrix band for amalgam preparation;~~

12
13 ~~(3) Placement of a base into a prepared tooth (For purposes of the examination,~~
14 ~~“prepared tooth” means a tooth from which material has been removed so as to~~
15 ~~simulate the surgical excision of dental caries);~~

16
17 ~~(4) Placement of a liner into a prepared tooth;~~

18
19 ~~(5) Placement of orthodontic separators;~~

20
21 ~~(6) Placement of a periodontal dressing;~~

22
23 ~~(7) Placement of a temporary sedative dressing into a prepared tooth.~~

24
25 ~~(8) Sizing and placement, or intra-oral fabrication, of a temporary crown.~~

26
27 ~~(9) Temporary cementation of a temporary crown.~~

28
29 ~~(10) Removal of excess cement from supragingival surfaces with a hand instrument or~~
30 ~~floss.~~

31
32 ~~Note: Authority cited: Section 1614, Business and Professions Code. Reference: Sections 1614~~
33 ~~and 1753, Business and Professions Code.~~

34
35 **§ 1081.2. RDAEF Clinical Examination Requirements.**

36 (a) Each applicant for licensure as an RDAEF shall successfully complete an examination on a
37 patient consisting of the procedures set forth below.

38 (1) Cord retraction of gingivae for impression procedures;

39 (2) Taking impressions for cast restorations.

40 The total examination period shall not exceed two and one-half hours after the first request for
41 approval to begin the cord retraction procedure.

42
43 (b) Each applicant shall provide one patient upon whom the retraction and impression
44 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.

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.~~

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.

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.~~

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 an 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

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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
20 At no time during the examination may the head and the cheeks be separated. This is cause for
21 dismissal.

22
23 (e) The candidate is required to furnish their own specified typodont, mounting equipment,
24 instruments, including hand pieces, amalgamators, and supplies necessary to complete the
25 assignments in the examination.

26
27 Note: Authority cited: Section 1614, Business and Professions Code

28
29 **§ 1083. Passing Grades.**

30
31 ~~(a) Registered Dental Hygienist. Each applicant for licensure as a registered dental hygienist~~
32 ~~who attains a grade of 75% in the practical examination designated by the Board shall be~~
33 ~~considered as having passed the examination.~~

34
35 ~~(b) Registered Dental Assistant. An applicant for licensure as a registered dental assistant shall~~
36 ~~be deemed to have passed the required examination only if the applicant has obtained a score~~
37 ~~of at least 75 on the written examination and at least 75% on the practical examination;~~
38 ~~provided, however, that an applicant who attains a grade of less than 75% in any single~~
39 ~~procedure shall be considered to have failed the entire practical examination.~~

40
41 (a) Registered Dental Assistant (RDA). Prior to issuance of a RDA license, an applicant shall
42 successfully achieve a passing score on the RDA General and Law and Ethics written
43 examination.

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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;

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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.~~

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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
41 ~~(1) Mouth-mirror inspection of the oral cavity, to include charting of obvious lesions,
42 existing restorations and missing teeth;~~

43
44 ~~(2) Placement and removal of temporary sedative dressings.~~

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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.~~



Application for Registered Dental Assistant (RDA) Program Provider Approval

Instructions for Application Completion

1. **Fee.** A non-refundable application fee in the amount of \$1,400 payable to the Dental Board of California must be submitted with the application unless your program is accredited by the Office of Chancellor of the California Community Colleges.
2. **Number of Copies.** One original and one copy of the application and all required documents must be submitted. Printed materials shall be bound, **indexed, and numbered** according to the Exhibit numbers defined in the application.
3. **Completion of Application.** Applicants are only required to submit Pages 2-4 of this application, and the accompanying exhibits. Pages 5-43 provide context and explanations of the exhibits and required supporting documentation necessary to submit a complete application. Sample Exhibits are provided merely for reference only. Applicants' submissions are not required to resemble the samples or maintain the same format. Each question/required element on the application must be answered fully and documentation must accompany all submitted materials.
4. **Exhibits/Attachments.** All required documents must be attached as separate exhibits as indicated within the application. Exhibit descriptions/explanations can be found at the end of this document.
5. **Schedule for Program Site Visit.** Because of wide differences in survey schedules and facility locations, please make specific suggestions as to the site evaluation schedule. The Site Evaluation Team (SET) realizes that schools may wish to adjust the proposed schedule. However, changes must be reviewed with the visiting site team before conferences begin. Please submit a proposed schedule with the completed application.

DENTAL BOARD OF CALIFORNIA

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



Date of Application:		STAFF USE ONLY			
		File Number:		Date Log-In:	
		Receipt Number:			
Provider Information – Name and Location of Program					
Name of School/Institution:					
Business Name:					
School Location/Street Address:					
Mailing Address (if applicable)					
Phone:		Fax:		Alt:	
Type of Accreditation (if applicable, list agency):					
Faculty and Administrative Information					
Name of Institutional President/Owner (if applicable):					
Contact Phone:		email:			
Name of Program Director (required):					
Contact Phone:		email:			
Program Data – Length, Hours, and Enrollment Information					
Indicate Max # Enrolled per start:			Total Program Hours:		
Student Teacher Ratio:	Didactic:	Lab/Preclinical	Clinical Externship		
Breakdown of Program Hours:	Didactic:	Lab/Preclinical:	Clinical Externship:		

Please use the chart below to ensure that all required exhibits are submitted and provide page numbers to simplify review:

Required Exhibit	Initials of Submitter	Page Number
Faculty Qualifications Exhibit #1		
Program Director Qualifications Exhibit #2		
Facilities and Operatories Diagram Exhibit #3		
Infection Control Protocols Exhibit #4		
Emergency Protocols Exhibit #5		
Emergency Equipment Exhibit #6		
Course Schedule Exhibit #7		
Reference Materials Exhibit #8		
Certificate of Completion Exhibit #9		
Outside Accreditation Exhibit #10		
Advisory Board Membership Exhibit #11		
Advisory Board Minutes or Function Exhibit #12		
Program Goals Exhibit #13		
Equipment List Exhibit #14		
Time Allocation to Develop Minimum Competency in All RDA Duties Exhibit #15		
Course Syllabi Exhibit #16 A		
Course Outlines Exhibit #16 B		
Curricula Exhibit #16 C		
Extramural Dental Facility Affiliation Agreement Exhibit #17		

Required Exhibit	Initials of Submitter	Page Number
Extramural Facility Education Plan Exhibit #18		
Program plan to admit students in phases Optional Attachment #1		

I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Program Director Date

Signature of Program Owner Date

I certify that I will be responsible for the compliance of the program with the laws and regulations approved by the Dental Board of California governing dental assisting courses and programs.

Signature of Program Director Date

The following pages contain additional information on the required elements necessary for a complete submission for the exhibits as well as samples of selected exhibits.

Exhibit #1 Faculty Qualifications:

Provide documentation of the faculty members' completion of all educational and licensing requirements including:

- Documentation of 30-hour educational methodology courses or a degree or credential required by 16 CCR 1070(d)(2)(D);
- Documentation of all faculty licenses as required by 16 CCR 1070(d)(2)(A); and
- Documentation of faculty teaching experiences and qualifications to demonstrate compliance with 16 CCR 1070(d)(2)(B) (current resumes or biosketch for all faculty are recommended).

Exhibit #2 Program Director Qualifications:

Provide documentation that the program director meets the requirements outlined in the regulations, e.g. a resume or biosketch, license, and coursework certificates, as required by 16 CCR 1070(f) and attach a narrative outlining the job description, designated hours, roles, and responsibilities of the program director as required by 16 CCR 1070.2(e).

Program Directors Shall:

- Possess a valid, active California license to practice dentistry or registered dental assisting or registered dental assisting in extended functions for at least two years immediately preceding any provision of program instruction;
- Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment;
- Possess at least three years of experience in the application of clinical chairside dental assisting involving four-handed dentistry; and
- Complete and show evidence of completion of 30 hours of educational methodology coursework prior to instruction, or within six (6) months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential.

Attach narrative demonstrating, as required by 16 CCR 1070.2(e), that the Program Director shall not have full time instructor or administrator responsibilities. The program director's teaching contact hours and program responsibilities shall be less than a full-time instructor who does not have administrative responsibilities and he or she shall be given time to fulfill assigned administrative responsibilities. In addition to the requirements of 16 CCR 1070, regarding the qualification and responsibilities of the program director, the program director shall have the authority and responsibilities for:

- Budget preparation;
- Fiscal administration;
- Curriculum development and coordination;
- Selection and recommendation of individuals for faculty appointment and promotion;
- Supervision and evaluation of faculty;
- Determining faculty teaching assignments and schedules;
- Determining admissions criteria and procedures;
- Scheduling use of program facilities; and
- Development and responsibilities to maintain compliance and documentation.

Exhibit #3 Facilities and Operatories Diagram:

Provide a diagram of all instructional facilities. Instructional facilities must provide each student with sufficient opportunity to develop minimum competencies meeting the requirements in 16 CCR 1070(g).

Provide a diagram of each operatory (or operatories) including dimensions and equipment. Each operatory must be of sufficient size to simultaneously accommodate one student, one instructor, and one patient per 16 CCR 1070(g)(3)(D). Each operatory must contain functional equipment as required by 16 CCR 1070(g)(3)(C).

Exhibit #4 Infection Control Protocols:

Provide a copy of the infection control protocols as required by 16 CCR 1070(h). Ongoing instruction and utilization of safety procedures, infection control protocols, and equipment care shall be adhered to at all times as required by 16 CCR 1070.2(h)(7).

Exhibit #5 Emergency Protocols:

Provide a copy of the written protocols on managing emergency situations as required by 16 CCR 1070(h).

Exhibit #6 Emergency Equipment:

Provide information on the type of emergency equipment available onsite. Emergency equipment required in 16 CCR 1070(h)(2) shall be readily accessible and fully functional.

Emergency equipment shall include oxygen delivery systems and first aid kits at a minimum.

Exhibit #7 Course Schedule:

Provide a schedule of the program's courses as required by 16 CCR 1070(i)(7)(E). Include the name of course, instructor(s) to student ratios, student rotations (if students are enrolled in phases), and maximum student enrollment.

Include a narrative of the class schedule which demonstrates:

- The courses are sequenced in such a manner that each student has obtained minimum competence in laboratory and preclinical performance prior to clinical assignments as required in 16 CCR 1070(k)(1);
- The class schedule shall show that each student has the opportunity to complete a course in basic life support as required by 16 CCR 1070.2(h)(5)(D);
- The class schedule shall show that students have the opportunity to complete courses in the Cal/OSHA regulations and the board's minimum standards for Infection Control (IC) as required by 16 CCR 1070.2(h)(6) through (7); and
- Programs that admit students in phases, including modular, wheel, or open-entry programs, **shall complete "Optional Attachment #1"** and shall demonstrate at minimum, basic prerequisite instruction in tooth dental anatomy, tooth numbering, emergencies, first-aid and safety precautions, infection control, Occupational Health and Safety Administration (OSHA) and sterilization protocols prior to instruction in any other area of the program's curriculum. Such prerequisite instruction shall consist of no less than **100 hours** of direct, live, interactive didactic instruction, and shall occur prior to performances or activities involving patients including student partners as required by 16 CCR 1070.2(h)(4).

Exhibit #8 Reference Materials:

Provide a list of the dental and medical reference materials made available to students by the program and their method of access. Programs shall make provisions for access by students to dental and medical reference textbooks, electronic and internet resources, current scientific journals, audiovisual materials and other relevant resources under 16 CCR 1070(i)(9).

Exhibit #9 Certificate of Completion:

Provide a copy of a sample certificate of completion which includes: the student’s name; the provider name; the provider’s location; the provider’s approval number issued by the board; the program name; the number of course hours completed; the date of course completion; an authorizing signature of the provider or the providing entity and a statement that states: “All of the information contained on this certificate is truthful and accurate.”; and a statement on each certification that states: “This Certificate of Completion does not constitute authorization for the attendee to perform any services that the attendee is not legally authorized to perform based on the attendee’s license or permit type.” as required by 16 CCR 1070(m).

Exhibit #10 Outside Accreditation:

Is the program approved or accredited by any other agency? Yes ____ No ____

If yes, you may list and describe any other accreditation agency that reviews your program’s status. Include specific details and provide a copy of the latest accreditation letter as described in 16 CCR 1070.2(c).

Exhibit #11 Advisory Board Membership:

Provide a list which includes names and roles (RDA, DDS, Student, faculty, etc.) of the current advisory board committee membership in accordance with 16 CCR 1070.2(d)(3).

Exhibit #12 Advisory Board Minutes or Function:

Provide copies of any advisory board meeting minutes from the last 5 years, if available, as required by 1070(l).

Exhibit #13 Program Goals:

Attach documentation of the program’s establish goals and objectives that measure instructional effectiveness through ongoing planning and outcome assessments that are documented and annually reviewed as required by 16 CCR 1070.2(d)(2).

Exhibit #14 Equipment List:

List the type and number of equipment, instruments, and armamentaria available to students as required by 16 CCR 1070(g), 16 CCR 1070.2(f)(1) and 1070.2(f)(3), include the ratios for sharing and any equipment (CAD, Patient monitoring etc.) that is shared.

The following equipment is required by 16 CCR 1070(g):

- All radiographic equipment and facilities shall follow the 17 CCR 30100 et seq. and 17 CCR 30400 et seq. regarding requirements for radiologic equipment and facilities.
- A lecture classroom or the capability to facilitate distance learning modalities, a lab area, a clinical area, a central sterilization area, and a radiology area for use by the students.
- Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students who are simultaneously engaged in clinical instruction.
- 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.
- Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.
- Access by all students to equipment necessary to develop dental assisting skills in each designated duty.
- Infection control equipment shall be provided according to the requirements of section 1005.

The following are minimum requirements for equipment and armamentaria during laboratory, preclinical, and clinical sessions as appropriate to each type of session as required by 16 CCR 1070.2(f)(1):

- Amalgamator;
- Model trimmers in the ratio of one for every seven students;
- Dental rotary equipment in the ratio of one for every three students;
- Vibrators in the ratio of one for every three students;
- Light curing devices in the ratio of
- Functional typodonts and bench mounts in the ratio of one for every two students;
- Functional orthodontically banded typodonts in the ratio of one for every four students;
- Facebows in the ratio of one for every ten students;
- Automated blood pressure device;
- EKG machine;
- Pulse oximeters in the ratio of one for every ten students;
- Capnograph or simulated device;
- One set of hand instruments in the ratio of one set for every two students for each procedure;
- Respiration device;
- Camera for intraoral use;
- Camera for extraoral use;
- CAD machine or simulated device;
- Caries detection device in the ratio of one for every ten students; and

- All other equipment and armamentaria required to teach dental assistant and registered dental assistant duties.

Exhibit #15 Time Allocation to Develop Minimum Competency in All RDA Duties:

Provide a list of all RDA duties taught by the program and time allocated for laboratory, preclinical, and clinical practice to develop minimum competency. There shall be sufficient laboratory, preclinical and clinical instruction for each student to achieve minimum competence in the performance of each procedure that a DA and RDA is authorized to perform, as required by 16 CCR 1070.2(g)(1).

For Exhibits 16 A through C Please provide the information requested in A through C for each course and organize all documents by course. For example, for Course 1, provide the outline or syllabus (16 A), the student evaluation criteria (16 B), and the curriculum (16 C), then move on to Course 2 and provide the same information for that course, etc.

Exhibit #16 A Course Syllabi:

Provide a copy of the syllabus for each course which contains the following and required by 1070(i)(7):

- A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;
- Course content outline including topics to be presented;
- Specific instructional objectives including competency statement for each topic presented;
- Learning experiences with associated assessment mechanisms;
- Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;
- Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and a remediation policy and procedures.

Exhibit #16 B Course Outlines:

Provide a copy of each course's outline, containing the student evaluation criteria as required by 16 CCR 1070(i)(8) which contains the following:

- Specific performance objectives and the evaluation criteria used for all assessments of laboratory, pre-clinical, and clinical experiences 16 CCR 1070(i)(8)(A);
- The minimum number of satisfactory performances in each evaluated area necessary for program or course success 16 CCR 1070(i)(8)(B); and

- The minimum standards for performance in each evaluated area, the grading criteria, and the protocols or procedures that may cause the student to fail the task or procedure 16 CCR 1070(i)(8)(C).

Exhibit #16 C Curricula:

Provide copies of the general didactic, laboratory, preclinical, and clinical curricula demonstrating that the curricula meet the requirements in 16 CCR 1070.2(h)(5) and 1070.2(i).

- Instruction in radiation safety that meets all of the requirements of 16 CCR 1070.9;
- Instruction in coronal polishing that meets all of the requirements of 16 CCR 1070.4;
- Instruction in the application of Pit and Fissure Sealants that meets all of the requirements of 16 CCR 1070.3;
- Instruction in basic life support (BLS) for to include use of AED as required by 16 CCR 1016(b)(1)(C) prior to the beginning of the pre-clinical or clinical experiences, 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; and
- Instruction in the (Dental Practice) Act that includes the content specified in 16 CCR 1016 governing the Act continuing education courses.

In addition to the course content described above, the RDA program shall also incorporate the following curriculum into the program; provide copies of the general didactic, laboratory, preclinical and clinical curricula demonstrating that the curricula meet the requirements in the following:

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 as required by 16 CCR 1070.2(i)(1):

- Bloodborne pathogens and related diseases;
- Hazard Communication Standards;
- Infection Control; and
- Radiology

In the area of Dental Sciences, the program shall provide instruction in and didactic evaluation of the following areas as required by 16 CCR 1070.2(i)(2):

- Dental and medical terminology;
- General anatomy and physiology;
- Head and neck anatomy;
- Microbiology;
- Nutrition;
- Oral anatomy, histology and embryology;
- Oral pathology; and

- Pharmacology related to dentistry and the patient shall include:
 - Drug requirements, agencies and regulations;
 - Common drugs and prescriptions used in dentistry;
 - Anesthetics and topical agents used in dentistry;
 - Administration of nitrous oxide-oxygen;
 - Drugs and agents used for treating dental-related infections;
 - Drug addiction including Opioids and other substances; and
- Patients with special needs including patients whose medical, physical, psychological, or social conditions make it necessary to modify normal dental routines.

In the area of Dental Materials, the program shall provide instruction in and laboratory and performance evaluation in the properties, use, and manipulation as required by 16 CCR 1070.2(i)(3):

- Gypsum;
- Restorative materials;
- Bases, liners and bonding agents;
- Matrix retainers, bands and wedges;
- Impression materials;
- Acrylics and or thermoplastics;
- Waxes;
- Abrasive agents;
- Dental laboratory procedures;
- Study casts;
- Fabrication of custom trays;
- Temporary crowns and bridges; and
- Preventive materials: polishing agents, fluorides, sealants, varnish.

In the areas of Ethics and Professional Responsibilities, the program shall provide instruction in and didactic performance evaluation of the following as required by 16 CCR 1070.2(i)(4):

- The Act, including information regarding:
 - The laws and regulations pertaining to the profession of dental assisting;
 - The duties and supervision levels of all licensed and unlicensed dental assistants;
 - The legal responsibilities of all dental assisting licensee and permit holders as defined in statute; and
 - Applicable state and federal laws and regulations;
- Malpractice, liability, negligence, abandonment, and fraud;
- Health Insurance Portability and Accountability Act (HIPAA);
- Express, implied, and informed consent;
- Legal and ethical issues in dentistry;
- Reports of abuse and domestic violence and neglect; mandatory reporter requirements for all dental healthcare workers;
- Risk management;

- Code of ethics applicable to the dental assisting profession;
- Laws governing harassment, and labor and employment; and
- Licensing, certification, and permit requirements to obtain and maintain such certificates

In the areas of Dental Instruments and Equipment, the program shall provide instruction in and didactic, preclinical, clinical and laboratory performance evaluation of the following as required by 16 CCR 1070.2(i)(5):

- Identification, types, functions, and operations of dental operator and laboratory equipment;
- Identification, types, functions, and tray set-up of dental instruments used in dental procedures;
- Operatory set-up and equipment maintenance;
- Anesthetic syringe set-up and handling; and
- Clean removable appliances.

In the area of Chairside Assisting, the program shall provide instruction in and didactic, preclinical, clinical performance evaluation of the following as required by 16 CCR 1070.2(i)(6):

- Assistance in four-handed dentistry procedures;
- Patient education to include pre- and post-operative instructions;
- Oral hygiene Instructions;
- Isolation techniques;
- Basic supportive procedures;
- All dental assisting and Registered Dental Assistant duties prescribed by statute;
- Record patient information and treatment documentation;
- Aseptic techniques; and
- Chairside assistant ergonomics.

In the area of Dental Practice Management, the program shall provide instruction in and didactic and laboratory performance evaluation of the following as required by 16 CCR 1070.2(i)(7):

- Appointment control;
- Financial records and fees;
- Dental office inventory control and purchasing;
- Computer and dental software;
- Recall/Recare systems;
- Management of patient records including paperless and technology-based records management systems;
- Oral and written communications;
- Employment skills resume writing;
- Privacy and confidentiality pertaining to patient records, Health Insurance Portability and Accountability Act (HIPAA)/Health Information Technology for Economic and

- Clinical Health Act (HITECH) requirements;
- Practice management systems;
- Insurance systems claims processing and procedure coding; and
- Ethical and legal responsibilities including financial misconduct, patient billing, misrepresentation of services performed, and treatment plan presentation.
- In the areas of Dental Office Communication, instruction and didactic performance evaluation of the following as required by 16 CCR 1070.2(i)(8):
 - Psychology considerations influencing communication and behaviors;
 - Adapt skills to varied levels of understanding and cultural orientation;
 - Verbal and non-verbal communication;
 - Interpersonal skills; and
 - Communicating with dental office employees

In the areas of Health and Safety, and Emergencies, the program shall provide instruction in and didactic and laboratory performance evaluation of the following as required by 16 CCR 1070.2(i)(9):

- Respond to medical emergencies;
- Taking and recording of vital signs;
- Cardiopulmonary resuscitation (CPR);
- Administration of oxygen;
- Basic first aid kit and first aid procedures;
- Common medical emergencies in a dental office;
- Common dental emergencies;
- Safe transport and transfer of patients;
- Emergency procedures in response to workplace accidents;
- Roles and responsibilities of the dental office employer and employee;
- The role of the injury and illness prevention program of the dental office;
- The reporting process for workplace injuries including exposure incidents; and
- Maintenance of safe and healthy work environments.

In the area of New and Emerging Technologies, the program shall integrate throughout the didactic and laboratory performance components of the curriculum, the following content as required by 16 CCR 1070.2(i)(10):

- Advancements in dental instruments and equipment;
- Advanced and emerging dental materials and products;

- Procedures and techniques that incorporate emerging technology used in the workplace; and
- Procedures and techniques related to dental specialties including, but not limited to, prosthodontics, orthodontics, and endodontics.

Exhibit #17 Extramural Dental Facility Affiliation Agreement:

Please provide a copy of the written affiliation agreement between the program and all of the program’s chosen extramural sites as required by 16 CCR 1070.2(j)(4).

Exhibit #18 Extramural Facility Education Plan:

Describe the process for selecting the extramural facility or facilities, if any, and of evaluating the student’s competence before during and after the clinical assignment as required by 16 CCR 1070(k)(3). Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in Cal. Code Regs., Title 16, Section 1070.1(c).

Describe the process for planning, approving, supervising, and evaluating the student’s clinical experience at the extramural facility as required by 16 CCR 1070.2(j)(4)(A) – (F).

Optional Attachment #1

Does the program enroll students using an open entry model?

Yes ____ No ____

If the answer to this question is yes, describe the process and course pathway the students enroll in. If admitted in phases or modules or open entry, explain how the program provides that at minimum, students receive basic prerequisite instruction in tooth dental anatomy, tooth numbering, emergencies, first-aid and safety precautions, infection control, Occupational Health and Safety Administration (OSHA) and sterilization protocols prior to instruction in any other area of the program’s curriculum. Such prerequisite instruction shall consist of no less than 100 hours of direct, live, interactive didactic instruction, and shall occur prior to performances or activities involving patients including student partners as required by 16 CCR 1070.2(h)(4).



NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR REGISTERED DENTAL ASSISTANT EDUCATIONAL PROGRAMS

To maintain approval by the Board, the Program Director of each Registered Dental Assistant (RDA) educational program that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.2 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a program will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board.

I, _____ (Enter Name),

Program Director for _____ (Enter Full Name of Educational Institution or Program) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Registered Dental Assistant (RDA) educational programs, including Sections 1070, 1070.1 and 1070.2 of Title 16 of the California Code of Regulations,
- 2) I have the authority to sign this notice on behalf of the educational institution or program, and
- 3) That to the best of my knowledge, information and belief, the institution and its RDA programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Program Director _____ DATE _____

Printed Name of Program Director: _____

Name of Educational Institution or Program: _____

Address of Educational Institution or Program: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.2. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.



Application for Pit and Fissure Sealant Course Provider Approval

Instructions for Application Completion

1. **Fee.** A non-refundable application fee in the amount of \$300 payable to the Dental Board of California must be submitted with the application unless your course is accredited by the Office of Chancellor of the California Community Colleges.
2. **Number of Copies.** One original and one copy of the application and all required documents must be submitted. Printed materials shall be bound and indexed according to the Exhibit numbers defined in the application.
3. **Completion of Application.** Applicants are only required to submit Pages 2-4 of this application, and the accompanying exhibits. Pages 5-10 provide context and explanations of the exhibits and required supporting documentation necessary to submit a complete application. Sample Exhibits are provided merely for reference only. Applicants' submissions are not required to resemble the samples or maintain the same format. Each question/required element on the application must be answered fully and documentation must accompany all submitted materials. An incomplete application will not be accepted and shall be returned with an explanation as to the missing elements of the application.
4. **Exhibits/Attachments.** All required documents must be attached as separate exhibits as indicated within the application. Exhibit descriptions/explanations can be found at the end of this document.

DENTAL BOARD OF CALIFORNIA

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



Date of Application:		STAFF USE ONLY			
		File Number:		Date Log-In:	
		Receipt Number:			
Provider Information – Name and Location of Course or Program					
Name of School/Institution:					
Business Name:					
School Location/Street Address:					
Mailing Address (if applicable)					
Phone:		Fax:		Alt:	
Type of Accreditation (list agency):					
Faculty and Administrative Information					
Name of Institutional President/Owner (if applicable):					
Contact Phone:		email:			
Name of Program Director (required):					
Contact Phone:		email:			
Course Data – Length, Hours, and Enrollment Information					
Indicate Max # Enrolled per Course start:			Total Course Hours:		
Student Teacher Ratio:	Didactic:	Laboratory/Preclinical:		Clinical Externship:	
Breakdown of Program Hours:	Didactic:	Laboratory/Preclinical:		Clinical Externship:	

Please use the chart below to ensure that all required exhibits are submitted and provide page numbers to simplify review:

Required Exhibit	Initials of Submitter	Page Number
Faculty Qualifications Exhibit #1		
Course Director Qualification Exhibit #2		
Facilities and Operatories Diagrams Exhibit #3		
Emergency Equipment Exhibit #4		
Emergency Protocols Exhibit #5		
Course Syllabus Exhibit #6		
Certificate of Completion: Exhibit #7		
Prerequisites Exhibit #8		
Equipment List Exhibit #9		
Infection Control Protocols Exhibit #10		
Course Completion Exhibit #11		
Curriculum Exhibit #12		
Evaluation Criteria Exhibit #13		

I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Course Director

Date

Signature of Course Owner

Date

I certify that I will be responsible for the compliance of the course with the laws governing dental assisting courses and programs approved by the Dental Board of California.

Signature of Course Director

Date

DRAFT

The following pages contain additional information on the information on the required elements necessary for a complete submission for the exhibits as well as sample of selected exhibits.

Exhibit #1 Faculty Qualifications:

Provide documentation of the faculty members' completion of all educational and licensing requirements including:

- Documentation of 2-hour educational methodology courses or a degree or credential required by 16 CCR 1070(d)(1)(C);
- Documentation of all faculty licenses as required by 16 CCR 1070(d)(1)(A);
- Documentation of faculty teaching experiences and qualifications to demonstrate compliance with 16 CCR 1070(d)(1)(B) (current résumés or biosketch demonstrating compliance with the above regulatory sections of all faculty are sufficient);
- Documentation of all faculty certifications in basic life support (BLS) for healthcare professionals as required by, 16 CCR 1070(d)(1)(D).

Exhibit #2 Course Director Qualifications:

Provide documentation that the program director meets the requirements outlined at, 16 CCR 1070(e), including the designated hours, roles, and responsibilities of the program director, e.g. a resume, license, coursework certificates and job description.

Course Directors must:

- Possess a valid, active California license to practice dentistry or registered dental assisting or registered dental assisting in extended functions for at least two 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;
- Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment;
- Prior to instruction, or within six months of initial hire, complete two hours of educational methodology unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching

Credential, or, a valid Community College Teaching Credential.

Attach a narrative description of the Course Director responsibilities demonstrating that the Director actively participates in and is responsible for the following, as required by 16 CCR 1070(e)(1):

- The implementation and maintenance of all applicable statutory and regulatory requirements;
- Ensuring all faculty and instructional staff complete or show evidence of completion of educational methodology courses equaling two hours of training prior to instruction, or within six months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential;
- Maintaining for a period of not less than five years copies of curricula, program outlines, course goals and objectives, grading criteria, copies of faculty/staff credentials, licenses, and certificates, and individual student records, including those necessary to establish satisfactory completion of the course;
- Informing the Board of any major change to the course including without limitation, changes to course 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; and
- Ensuring all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least once per semester, quarter, or other regular interval instruction period used by the program.

Exhibit #3 Facilities and Operatories Diagram:

Provide a diagram of the instructional facilities. Instructional facilities must provide each student with sufficient opportunity to develop minimum competencies meeting the requirements in 16 CCR 1070(g) and 16 CCR 1070.3(e)(2), e.g., a blueprint or hand-drawing that includes all areas available to students for didactic, lab, and clinical instruction.

Provide a diagram of the operatory including dimensions and equipment. Each operatory must be of sufficient size to simultaneously accommodate one student, one instructor, and one patient per 16 CCR 1070(g)(3)(D). Each operatory must contain functional equipment as outlined in 16 CCR 1070(g)(3)(C).

Exhibit #4 Emergency Equipment:

Provide information on the type of emergency equipment available onsite. Emergency equipment required in 16 CCR 1070(h)(2) must be readily accessible and fully functional.

Emergency equipment must include oxygen delivery systems and first aid kits at a minimum. Emergency equipment must be readily accessible and fully functional within the areas of instruction.

Exhibit #5 Emergency Protocols

Provide a copy of the written protocols on managing emergency situations as required by 16 CCR 1070(h).

Exhibit #6 Certificate of Completion:

Provide a copy of a sample certificate of completion which includes: the student's name; the provider name; the provider's location; the provider's approval number issued by the board; the program name; the number of course hours completed; the date of course completion; an authorizing signature of the provider or the providing entity and a statement that states: "All of the information contained on this certificate is truthful and accurate."; and a statement on each certification that states: "This Certificate of Completion does not constitute authorization for the attendee to perform any services that the attendee is not legally authorized to perform based on the attendee's license or permit type." as required by 16 CCR 1070(m).

Exhibit #7 Course Syllabus:

Provide a copy of the syllabus for each course which contains the following as required by 1070(i)(7):

- A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;
- Course content outline including topics to be presented;
- Specific instructional objectives including competency statement for each topic presented;
- Learning experiences with associated assessment mechanisms;
- Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;
- Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and a remediation policy and procedures.

Exhibit #8 Prerequisites:

Attach documentation that the course requires that all students complete the course prerequisites prior to acceptance into the course as required by 16 CCR 1070.3(d)(1).

Course Prerequisites: Current certification in basic life support, completion of an eight (8) hour Board-approved course in infection control, and a two hour Board-approved course in the Act.

Exhibit #9 Equipment List:

Attach a list of all equipment, supplies and materials for instruction in the application of pit and fissure sealants provided to students as required by 16 CCR 1070.3(e)(1).

Exhibit #10 Infection Control Protocols:

Attach documentation demonstrating that all disinfection and sterilization procedures specified in 16 CCR 1005 are incorporated into course content and followed during all laboratory, simulated clinical, and clinical experiences as required by 16 CCR 1070.3(e)(3) (i.e., course rules, signage, course curriculum documents, etc).

Exhibit #11 Course Completion:

Attach a narrative demonstrating that students are required to pass a practical examination in which the students complete pit and fissure applications on: no less than 16 teeth total; no less than four (4) laboratory applications; no less than four (4) applications on simulation devices; no less than eight (8) clinical applications on live patients; no less than two live patients, as required by 16 CCR 1070.3(g)(5).

Exhibit #12 Curriculum:

Attach documentation demonstrating that the course curriculum contains the areas of instruction set forth in 16 CCR 1070.3(h) and meets the instructional requirements set forth in 16 CCR 1070.3(i).

Didactic Instruction shall include the following as they relate to Dental Science, Oral Anatomy, Histology, Physiology, Oral Pathology, Normal and Abnormal Anatomical and Physiological Tooth Descriptions:

- Morphology
- Dental Materials
- Sealant Basics:
 - Legal requirements
 - Description and goals of sealants
 - Indications and contraindications
 - Role in preventive programs

- Use of caries identification devices and materials
- Sealant Materials and Caries Identification Devices:
 - Etchant and/or etchant/bond combination material composition, process, storage, and handling
 - Sealant material composition, polymerization type, process, storage, and handling
 - Armamentaria for etching and sealant application
 - Problem solving for etchant and sealant material placement/manipulation
 - Armamentaria for caries identification
- Sealant Criteria:
 - Areas of application
 - Patient indication and contraindication factors
 - Caries identification protocols
- Preparation Factors:
 - Moisture control protocol
- Tooth/teeth preparation procedures prior to etching or etchant/bond
- Recording of caries identification devices or materials
- Acid Etching or Etchant/Bond Combination:
 - Material preparation
 - Application areas
 - Application time factors
 - Armamentaria
 - Procedure
 - Etchant or etchant/bond evaluation criteria
- Sealant Application:
 - Application areas
 - Application time factors
 - Armamentaria
 - Procedure for chemical cure and light cure techniques
 - Sealant evaluation criteria
 - Sealant adjustment technique
- Infection control protocols
- Clinical re-call re-evaluation protocols

Laboratory, Simulated-Clinical, and Clinical Instruction must meet the following requirements:

- Students shall be provided with established written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences. An experience has been successfully completed only if each sealant placed meets or exceeds all stated performance criteria.
- Upon completion of all didactic instruction, students shall complete the following competency evaluated experiences:
 - Laboratory experiences may be conducted on a typodont and/or mounted extracted teeth. Sufficient time shall be available for students to demonstrate minimum

- competency on both posterior and anterior teeth.
- Sufficient time shall be available for students to demonstrate competency in performing the applications required under Section 1070.3(g)(5).
- Each patient shall undergo a caries identification procedure performed by the student as part of the evaluated experience. Each tooth selected for clinical experience shall be sufficiently erupted to maintain a dry field for application of sealant materials.

Exhibit #13 Evaluation Criteria:

Attach the written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences performed by students as required by 16 CCR 1070.3(i)(2). As required by 16 CCR 1070(i)(8) the evaluation criteria must also state the following:

- The minimum number of satisfactory performances in each evaluated area necessary for program or course success 16 CCR 1070(i)(8)(B); and
- The minimum standards for performance in each evaluated area, the grading criteria, and the protocols or procedures that may cause the student to fail the task or procedure 16 CCR 1070(i)(8)(C).
- Specific performance objectives and the evaluation criteria used for all assessments of laboratory, preclinical and clinical experiences 16 CCR 1070(j)(8)(A).



**NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR
 PIT AND FISSURE SEALANT COURSES**

To maintain approval by the Board, the Course Provider of each Pit and Fissure Sealant course that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.3 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ (Enter Name),

Course Provider for _____ (Enter Full Name of Educational Institution, Organization, or Course Provider) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Coronal Polishing courses, including Sections 1070, 1070.1 and 1070.3 of Title 16 of the California Code of Regulations,
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider, and
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Provider _____ DATE _____

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.3. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

DENTAL BOARD OF CALIFORNIA

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

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**Application for Coronal Polish Course Provider
Approval**

Instructions for Application Completion

1. **Fee:** A non-refundable application fee in the amount of \$300 payable to the Dental Board of California must be submitted with the application.
2. **Number of Copies:** One original and one copy of the application and all required documents must be submitted. Printed materials should be bound and indexed according to the Exhibit numbers defined in the application.
3. **Completion of Application:** Applicants are only required to submit Pages 2-4 of this application, and the accompanying exhibits. Pages 5-11 provide context and explanations of the exhibits and required supporting documentation necessary to submit a complete application. Sample Exhibits are provided merely for reference only. Applicants' submissions are not required to resemble the samples or maintain the same format. Each question/required element on the application must be answered fully and documentation must accompany all submitted materials. An incomplete application will not be accepted and shall be returned with an explanation as to the missing elements of the application.
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DENTAL BOARD OF CALIFORNIA

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Date of Application:		STAFF USE ONLY			
		File Number:		Date Log-In:	
		Receipt Number:			
Provider Information – Name and Location of Course or Program					
Name of School/Institution:					
Business Name:					
School Location/Street Address:					
Mailing Address (if applicable)					
Phone:		Fax:		Alt:	
Type of Accreditation (list agency):					
Faculty and Administrative Information					
Name of Institutional President/Owner (if applicable):					
Contact Phone:		email:			
Name of Program Director (required):					
Contact Phone:		email:			
Course Data – Length, Hours, and Enrollment Information					
Indicate Max # Enrolled per Course:			Total Course Hours:		
Student Teacher Ratio:	Didactic	Lab/Preclinical	Clinical Externship		
Breakdown of Course Hours:	Didactic:	Lab/Preclinical:	Clinical Externship:		

Please use the chart below to ensure that all required exhibits are submitted and provide page numbers to simplify review:

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Course Syllabus Exhibit #7		
Certificate of Completion: Exhibit #8:		
Prerequisites Exhibit #9		
Equipment List Exhibit #10		
Evaluation Criteria Exhibit #11		
Curriculum Exhibit #12		
Course Completion Exhibit #13		

I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Course Director Date

Signature of Course Owner Date

I certify that I will be responsible for the compliance of the course director with the laws governing dental assisting courses and programs approved by the Dental Board of California.

Signature of Course Director Date

DRAFT

The following pages contain additional information on the information on the required elements necessary for a complete submission for the exhibits as well as sample of selected exhibits.

Exhibit #1 Faculty Qualifications:

Provide documentation of the faculty members' completion of all educational and licensing requirements including:

- Documentation of 2-hour educational methodology courses or a degree or credential required by 16 CCR 1070(d)(1)(C);
- Documentation of all faculty licenses as required by 16 CCR 1070(d)(1)(A);
- Documentation of faculty teaching experiences and qualifications to demonstrate compliance with 16 CCR 1070(d)(1)(B) (current resumes or biosketch demonstrating compliance with the above regulatory sections of all faculty are sufficient); and
- Documentation of all faculty certifications in basic life support (BLS) for healthcare professionals as required by, 16 CCR 1070(d)(1)(D).

Exhibit #2 Course Director Qualifications:

Provide documentation that the course director meets the requirements outlined at 16 CCR 1070(e), including the designated hours, roles, and responsibilities of the program director, e.g. a resume, license, coursework certificates, and job description.

As required by 16 CCR 1070(e)(1), Course Directors must:

- Possess a valid, active California license to practice dentistry or registered dental assisting or registered dental assisting in extended functions for at least two 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;
- Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment; and
- Prior to instruction, or within six months of initial hire, complete two hours of educational methodology unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential.

Attach a narrative description of the Course Director responsibilities demonstrating that the Director actively participates in and is responsible for the following, as required by 16 CCR 1070(e)(1):

- The implementation and maintenance of all applicable statutory and regulatory requirements;
- Ensuring all faculty and instructional staff complete or show evidence of completion of educational methodology courses equaling two hours of training prior to instruction, or within six months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential;
- Maintaining for a period of not less than five years copies of curricula, program outlines, course goals and objectives, grading criteria, copies of faculty/staff credentials, licenses, and certificates, and individual student records, including those necessary to establish satisfactory completion of the course;
- Informing the Board of any major change to the course including without limitation, changes to course 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; and
- Ensuring all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least once per semester, quarter, or other regular interval instruction period used by the program.

Exhibit #3 Facilities and Operatories Diagrams:

Provide a diagram of all instructional facilities. Instructional facilities must provide each student with sufficient opportunity to develop minimum competencies meeting the requirements in 16 CCR 1070(g) e.g., a blueprint or hand-drawing that includes all areas available to students for didactic, lab, and clinical instruction.

Provide a diagram of the operatory (or operatories) including dimensions and equipment. Each operatory must be of sufficient size to simultaneously accommodate one student, one instructor, and one patient per 16 CCR 1070(g)(3)(D). Each operatory must contain functional equipment as outlined in 16 CCR 1070(g)(3)(C).

Exhibit #4 Infection Control Protocols:

Attach documentation demonstrating that the infection control equipment and protocols specified in 16 CCR 1005 are incorporated into course content as required by 16 CCR 1070(g)(3)(F) and 16 CCR 1070.4(h)(5) (i.e., course rules, signage, course curriculum documents, etc).

Exhibit #5 Emergency Protocols:

Provide a copy of the written protocols on managing emergency situations as required by 16 CCR 1070(h).

Exhibit #6 Emergency Equipment:

Provide information on the type of emergency equipment available onsite. Emergency equipment required in 16 CCR 1070(h)(2) must be readily accessible and fully functional.

Emergency equipment must include oxygen delivery systems and first aid kits at a minimum.

Exhibit #7 Course Syllabus:

Provide a copy of the syllabus for each course which contains the following as required by 1070(i)(7):

- A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;
- Course content outline including topics to be presented;
- Specific instructional objectives including competency statement for each topic presented;
- Learning experiences with associated assessment mechanisms;
- Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;
- Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and a remediation policy and procedures.

Exhibit #8 Certificate of Completion:

Provide a copy of a sample certificate of completion which includes: the student's name; the provider name; the provider's location; the provider's approval number issued by the board; the program name; the number of course hours completed; the date of course completion; an authorizing signature of the provider or the providing entity and a statement that states: "All of the information contained on this certificate is truthful and accurate."; and a statement on each certification that states: "This Certificate of Completion does not constitute authorization for the attendee to perform any services

that the attendee is not legally authorized to perform based on the attendee's license or permit type." as required by 16 CCR 1070(m).

Exhibit #9 Prerequisites:

Attach documentation that the course requires that all students complete the course prerequisites prior to acceptance into the course as required by 16 CCR 1070.4(d)(1).

Course Prerequisites: current certification in basic life support, completion of an eight (8) hour Board-approved course in infection control, and a two-hour Board-approved course in the Act.

Exhibit #10 Equipment List:

Attach a list of all equipment, supplies and materials for instruction in coronal polish provided to students as required by 16 CCR 1070.4(e) and 16 CCR 1070.4(i)(3)(A).

As required by 16 CCR 1070.4(i)(3)(A), laboratory experiences shall be conducted on a typodont which is mounted and has a fully articulated jaw.

Exhibit #11 Evaluation Criteria:

Attach the written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences performed by students as required by 16 CCR 1070.4(g)(3).

Exhibit #12 Curriculum:

Attach documentation demonstrating that the course curriculum contains the areas of instruction set forth in 16 CCR 1070.4(h) and meets the instructional requirements set forth in 16 CCR 1070.4(i). Include the written examinations covering all areas of didactic instruction which shall be successfully completed by all students prior to preclinical instruction as required by 16 CCR 1070.4(h)(6)(A).

Didactic Instruction must include the following content areas as required by 16 CCR 1070.4(h):

- Coronal Polishing Basics:
 - Legal requirements;
 - Description and goals of coronal polishing;
 - Indications and contraindications of coronal polishing; and
 - Criteria for an acceptable coronal polish.

- Principles of plaque and stain formation:
 - Clinical description of plaque, intrinsic and extrinsic stains, and calculus;
 - Etiology of plaque and stain;
 - Clinical description of teeth that have been properly polished and are free of stain; and
 - Tooth morphology and anatomy of the oral cavity as they relate to polishing techniques and to retention of plaque and stain.
 - Polishing materials:
 - Polishing agent(s) composition, storage, and handling;
 - Abrasive material(s) composition, storage, and handling, and factors which affect rate of abrasion;
 - Disclosing agent composition, storage, and handling;
 - Armamentaria for disclosing and polishing techniques; and
 - Contraindications for disclosing and polishing techniques.
 - Principles of tooth polishing:
 - Clinical application of disclosing before and after a coronal polish;
 - Instrument grasps and fulcrum techniques;
 - Purpose and techniques of the mouth mirror for indirect vision and retraction;
 - Characteristics, manipulation and care of dental handpieces, mechanical devices, and rotary devices used when performing a coronal polish procedure;
 - Introduction of advanced technologies in coronal polishing including the use of air polishing devices and selective polishing procedures;
 - Use of traditional and contemporary polishing techniques, including selective polishing;
 - Techniques for coronal polishing of adults and children;
 - Procedures for cleaning fixed and removable prosthesis and orthodontic appliances;
 - Disclosing and polishing evaluation criteria; and
 - Pre-medication requirements for the compromised patient.
 - Infection control protocols
 - OSHA Bloodborne Pathogens Standards
- Successful completion of a written examination to include all areas of didactic instruction shall occur prior to pre-clinical instruction.

Upon completion of all didactic instruction, students shall complete the following competency evaluated experiences as required by 16 CCR 1070.3(i)(3):

- Laboratory experiences which shall be conducted on a typodont which is mounted and has a fully articulated jaw. Sufficient time shall be available for students to demonstrate minimum competency performing two laboratory experiences; or
 - Simulated clinical experiences which shall be conducted on a simulator or manikin device. Sufficient time shall be available for students to demonstrate minimum competency performing two simulated clinical experiences; and
 - Clinical experiences on three patients with two of the three)
- patients used for the clinical examination. The clinical experiences shall include one performance utilizing a selective polishing technique and one performance utilizing a full mouth polishing technique. Patient selection and evaluation shall follow all criteria established by the course. Careful consideration shall be given to utilizing selective polishing techniques on clinical patients possessing implants, orthodontic bands and brackets, or removable appliances.

Exhibit #13 Course Completion:

Attach a narrative demonstrating that upon completion of the course students will be able to perform following skills related to coronal polish, as required by 16 CCR 1070.4(j):

- Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to coronal polishing;
- Explain the procedure to patients;
- Recognize decalcification and mottled enamel;
- Identify plaque, calculus and stain formation within the oral cavity;
- Identify the indications and contraindications for disclosing and coronal polishing;
- Recognize advanced technologies in coronal polishing including the use of air polishing devices and selective polishing procedures;

- Utilize proper armamentaria in an organized sequence for disclosing and polishing;
- Perform plaque disclosure;
- Demonstrate the proper instrument grasp, fulcrum position, and cheek/tongue retraction;
- Utilize both full mouth and selective polishing techniques;
- Demonstrate proper polishing techniques using traditional and contemporary mechanical devices;
- Demonstrate the use of floss, tape, and abrasive strips when appropriate;
- Demonstrate techniques for cleaning fixed and removal prosthesis and orthodontic appliances;
- Maintain aseptic techniques including disposal of contaminated material; and
- Identify the pre-medications for the compromised patient.



**NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR
 CORONAL POLISHING COURSES**

To maintain approval by the Board, the Course Provider of each Coronal Polishing course that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.4 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ (Enter Name),

Course Provider for _____ (Enter Full Name of Educational Institution, Organization, or Course Provider) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Coronal Polishing courses, including Sections 1070, 1070.1 and 1070.4 of Title 16 of the California Code of Regulations,
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider, and
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Provider _____ DATE _____

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.4. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.



Application for Orthodontic Ultrasonic Scaler Course Provider Approval

Instructions for Application Completion

1. **Fee:** A non-refundable application fee in the amount of \$300 payable to the Dental Board of California must be submitted with the application.
2. **Number of Copies:** One original and one copy of the application and all required documents must be submitted. Printed materials should be bound and indexed according to the Exhibit numbers defined in the application.
3. **Completion of Application:** Applicants are only required to submit Pages 2-4 of this application, and the accompanying exhibits. Pages 5-10 provide context and explanations of the exhibits and required supporting documentation necessary to submit a complete application. Sample Exhibits are provided merely for reference only. Applicants' submissions are not required to resemble the samples or maintain the same format. Each question/required element on the application must be answered fully and documentation must accompany all submitted materials. An incomplete application will not be accepted and shall be returned with an explanation as to the missing elements of the application.
4. **Exhibits/Attachments:** All required documents must be attached as separate exhibits as indicated within the application. Exhibit descriptions/explanations can be found at the end of this document.

DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815
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Date of Application:		STAFF USE ONLY			
		File Number:		Date Log-In:	
		Receipt Number:			
Provider Information – Name and Location of Course or Program					
Name of School/Institution:					
Business Name:					
School Location/Street Address:					
Mailing Address (if applicable)					
Phone:		Fax:		Alt:	
Type of Accreditation (list agency):					
Faculty and Administrative Information					
Name of Institutional President/Owner (if applicable):					
Contact Phone:		email:			
Name of Course Director (required):					
Contact Phone:		email:			
Course Data – Length, Hours, and Enrollment Information					
Indicate Max # Enrolled per start:			Total Course Hours:		
Student Teacher Ratio:	Didactic:	Lab/Preclinical:	Clinical Externship:		
Breakdown of Course Hours:	Didactic:	Lab/Preclinical:	Clinical Externship:		

Please use the chart below to ensure that all required exhibits are submitted and provide page numbers to simplify review:

Required Exhibit	Initials of Submitter	Page Number
Faculty Qualifications Exhibit #1		
Course Director Qualification Exhibit #2		
Facilities and Operatories Diagrams Exhibit #3		
Emergency Equipment Exhibit #4		
Emergency Protocols Exhibit #5		
Course Syllabus Exhibit #6		
Certificate of Completion: Exhibit #7		
Prerequisites Exhibit #8		
Equipment List Exhibit #9		
Infection Control Protocols Exhibit #10		
Evaluation Criteria Exhibit #11		
Curriculum Exhibit #12		
Course Completion Exhibit #13		
Optional Attachment #1		
Optional Attachment #2		

I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Course Director

Date

Signature of Course Owner

Date

I certify that I will be responsible for the compliance of the course with the laws governing dental assisting courses and programs approved by the Dental Board of California.

Signature of Course Director

Date

DRAFT

The following pages contain additional information on the information on the required elements necessary for a complete submission for the exhibits as well as sample of selected exhibits.

Exhibit #1 Faculty Qualifications:

Provide documentation of the faculty members' completion of all educational and licensing requirements including:

- Documentation of 2-hour educational methodology courses or a degree or credential required by 16 CCR 1070(d)(1)(C);
- Documentation of all faculty licenses as required by 16 CCR 1070(d)(1)(A);
- Documentation of faculty teaching experiences and qualifications to demonstrate compliance with 16 CCR 1070(d)(1)(B) (current resumes or biosketch demonstrating compliance with the above regulatory sections of all faculty are sufficient); and
- Documentation of all faculty certifications in basic life support (BLS) for healthcare professionals as required by, 16 CCR 1070(d)(1)(D).

Exhibit #2 Course Director Qualifications:

Provide documentation that the course director meets the requirements outlined at 16 CCR 1070(e), including the designated hours, roles, and responsibilities of the course director, e.g. a resume, license, coursework certificates and job description.

As required by 16 CCR 1070(e)(1), Course Directors must:

- Possess a valid, active California license to practice dentistry or registered dental assisting or registered dental assisting in extended functions for at least two 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;
- Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment; and
- Prior to instruction, or within six months of initial hire, complete two hours of educational methodology unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching

Credential, or, a valid Community College Teaching Credential.

Attach a narrative description of the Course Director responsibilities demonstrating that the Director actively participates in and is responsible for the following, as required by 1070(e)(1):

- The implementation and maintenance of all applicable statutory and regulatory requirements;
- Ensuring all faculty and instructional staff complete or show evidence of completion of educational methodology courses equaling two hours of training prior to instruction, or within six months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential;
- Maintaining for a period of not less than five years copies of curricula, course outlines, course goals and objectives, grading criteria, copies of faculty/staff credentials, licenses, and certificates, and individual student records, including those necessary to establish satisfactory completion of the course;
- Informing the Board of any major change to the course including without limitation, changes to course 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; and
- Ensuring all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least once per semester, quarter, or other regular interval instruction period used by the course.

Exhibit #3 Facilities and Operatories Diagram:

Provide a diagram of all instructional facilities. Instructional facilities must provide each student with sufficient opportunity to develop minimum competencies meeting the requirements in 16 CCR 1070(g) e.g., a blueprint or hand-drawing that includes all areas available to students for didactic, lab, and clinical instruction.

Provide a diagram of the operatory (or operatories) including dimensions and equipment. Each operatory must be of sufficient size to simultaneously accommodate one student, one instructor, and one patient per 16 CCR 1070(g)(3)(D). Each operatory must contain functional equipment as outlined in 16 CCR 1070(g)(3)(C).

Exhibit #4 Emergency Equipment:

Provide information on the type of emergency equipment available onsite. Emergency equipment required in 16 CCR 1070(h)(2) must be readily accessible and fully functional.

Emergency equipment must include oxygen delivery systems and first aid kits at a minimum.

Exhibit #5 Emergency Protocols:

Provide a copy of the written protocols on managing emergency situations as required by 16 CCR 1070(h).

Exhibit #6 Course Syllabus:

Provide a copy of the syllabus for each course which contains the following and required by 1070(i)(7):

- A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;
- Course content outline including topics to be presented;
- Specific instructional objectives including competency statement for each topic presented;
- Learning experiences with associated assessment mechanisms;
- Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;
- Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and a remediation policy and procedures.

Exhibit #7 Certificate of Completion:

Provide a copy of a sample certificate of completion which includes: the student's name; the provider name; the provider's location; the provider's approval number issued by the board; the program name; the number of course hours completed; the date of course completion; an authorizing signature of the provider or the providing entity and a statement that states: "All of the information contained on this certificate is truthful and accurate."; and a statement on each certification that states: "This Certificate of Completion does not constitute authorization for the attendee to perform any services that the attendee is not legally authorized to perform based on the attendee's license or permit type." as required by 16 CCR 1070(m).

Exhibit #8 Prerequisites

Attach documentation that the course requires that all students complete the course prerequisites prior to acceptance into the course as required by 16 CCR 1070.5(d)(1).

Course Prerequisites: Current Registered Dental Assistant License or Orthodontic Assistant Permit.

Exhibit #9 Equipment List:

Attach a list demonstrating that the course provides adequate supplies, materials and provisions for instruction in ultrasonic scaling and cement removal to students as required by 16 CCR 1070.5(e)(1) – (2) and (4).

Exhibit #10 Infection Control Protocols:

Attach documentation demonstrating that the infection control equipment and protocols specified in 16 CCR 1005 are incorporated into course content and followed during all laboratory experiences as required by 16 CCR 1070.5(e)(3) (i.e., course rules, signage, course curriculum documents, etc.).

Exhibit #11 Evaluation Criteria:

Attach the written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences performed by students as required by 16 CCR 1070.5(g)(5).

As required by 16 CCR 1070(i)(8), the evaluation criteria must also state the following:

- The minimum number of satisfactory performances in each evaluated area necessary for program or course success 16 CCR 1070(i)(8)(B); and
- The minimum standards for performance in each evaluated area, the grading criteria, and the protocols or procedures that may cause the student to fail the task or procedure as required by 16 CCR 1070.5(i)(8)(C).

Exhibit 12 Curriculum:

Attach documentation demonstrating that the course curriculum contains the areas of instruction set forth in 16 CCR 1070.5(h).

Didactic Instruction shall include, at a minimum, the following areas of instruction as they relate to ultrasonic scaling for cement removal:

- Ultrasonic Scaling Basics:
 - Legal requirements;
 - Description and goals of ultrasonic scaling;

- Indications and contraindications of using an ultrasonic scaler as it relates to methods of cement removal;
- Criteria for acceptable cement removal from orthodontically banded teeth;
- Tooth anatomy as it relates to the use and technique of an ultrasonic scaler in cement removal of orthodontically banded teeth;
- Armamentarium and equipment use and care; and
- Principles of cement removal from orthodontically banded teeth:
 - Characteristics of ultrasonic scaler units and tips for cement removal;
 - Instrument grasps and fulcrum techniques;
 - Purpose and techniques of the mouth mirror for indirect vision and retraction;
 - Characteristics, manipulation, and care of ultrasonic scaler unit when removing excess cement from orthodontically banded teeth;
 - Effects of ultrasonic scalers on hard and soft tissue including root damage, enamel damage, thermal damage, and soft tissue damage;
 - Patient and operator safety including systemic medical complications and managing patients with pacemakers;
 - Use of adjunct material for removal of excess cement from orthodontically banded teeth;
 - Techniques for removal of excess cement from orthodontically banded teeth on a banded typodont; and
 - Evaluation criteria for removal of excess cement by an ultrasonic scaler on a banded typodont.

Exhibit #13 Course Completion:

Attach a narrative demonstrating that upon completion of the course students will be able to perform following skills, as required by 16 CCR 1070.5(j):

- Identify the major characteristics of oral anatomy, histology, physiology, oral pathology, normal/abnormal anatomical and physiological tooth descriptions, morphology and microbiology as they relate to the use of an ultrasonic scaler in the removal of cement from orthodontic bands;
- Describe the necessary aspects of pre-operative instructions to patients;
- Recognize loose appliances;
- Recognize decalcification and mottled enamel;
- Identify the indications and contraindications of using an

ultrasonic scaler as it relates to other methods of cement removal;

- Identify pre-medications for the compromised patient;
- Utilize proper armamentaria in an organized sequence for the use of an ultrasonic scaler in cement removal on an orthodontically banded typodont;
- Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction;
- 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;

- Maintain aseptic techniques including disposal of contaminated materials;
- Each student shall pass a written examination which reflects the entire curriculum content; and
- 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.



**NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR
 ORTHODONTIC ULTRASONIC SCALING COURSES**

To maintain approval by the Board, the Course Provider of each Ultrasonic Scaling Stand-Alone Course that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.5 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ (Enter Name),

Course Provider for _____ (Enter Full Name of Educational Institution, Organization, or Course Provider) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Ultrasonic Scaling Stand-Alone Courses, including Sections 1070, 1070.1 and 1070.5 of Title 16 of the California Code of Regulations,
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider, and
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Provider _____ DATE _____

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.5. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

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**Application for Infection Control Course Provider
Approval**

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Provider Information – Name and Location of Course or Program					
Name of School/Institution:					
Business Name:					
School Location/Street Address:					
Mailing Address (if applicable)					
Phone:		Fax:		Alt:	
Type of Accreditation (list agency):					
Faculty and Administrative Information					
Name of Institutional President/Owner (if applicable):					
Contact Phone:		email:			
Name of Course Director (required):					
Contact Phone:		email:			
Course Data – Length, Hours, and Enrollment Information					
Indicate Max # Enrolled per course:			Total Course Hours:		
Student Teacher Ratio:	Didactic	Lab/Preclinical	Clinical Externship		
Breakdown of Course Hours:	Didactic:	Lab/Preclinical:	Clinical Externship:		

Please use the chart below to ensure that all required exhibits are submitted and provide page numbers to simplify review:

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Curriculum Exhibit #10		
Evaluation Criteria Exhibit #11		
Course Completion Exhibit #12		

I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Course Director

Date

Signature of Course Owner

Date

I certify that I will be responsible for the compliance of the course director with the laws governing dental assisting courses and programs approved by the Dental Board of California. I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Course Director

Date

The following pages contain additional information on the information on the required elements necessary for a complete submission for the exhibits as well as sample of selected exhibits.

Exhibit #1 Faculty Qualifications:

Provide documentation of the faculty members' completion of all educational and licensing requirements including:

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- Documentation of all faculty licenses as required by 16 CCR 1070(d)(1)(A);
- Documentation of faculty teaching experiences and qualifications to demonstrate compliance with 16 CCR 1070(d)(1)(B) (current resumes or biosketch demonstrating compliance with the above regulatory sections of all faculty are sufficient); and
- Documentation of all faculty certifications in basic life support (BLS) for healthcare professionals as required by, 16 CCR 1070(d)(1)(D).

Exhibit #2 Course Director Qualifications:

Provide documentation that the course director meets the requirements outlined at 16 CCR 1070(e), including the designated hours, roles, and responsibilities of the course director, e.g. a resume, license, coursework certificates and job description.

As required by 16 CCR 1070(e)(1), Course Directors must:

- Possess a valid, active California license to practice dentistry or registered dental assisting or extended functions for at least two 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;
- Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment; and
- Prior to instruction, or within six months of initial hire, complete two hours of educational methodology unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching

Credential, or, a valid Community College Teaching Credential.

Attach a narrative description of the Course Director responsibilities demonstrating that the Director actively participates in and is responsible for the following, as required by 16 CCR 1070(e)(1):

- The implementation and maintenance of all applicable statutory and regulatory requirements;
- Ensuring all faculty and instructional staff complete or show evidence of completion of educational methodology courses equaling two hours of training prior to instruction, or within six months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential;
- Maintaining for a period of not less than five years copies of curricula, course outlines, course goals and objectives, grading criteria, copies of faculty/staff credentials, licenses, and certificates, and individual student records, including those necessary to establish satisfactory completion of the course;
- Informing the Board of any major change to the course including without limitation, changes to course 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; and
- Ensuring all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least once per semester, quarter, or other regular interval instruction period used by the course.

Exhibit #3 Facilities and Operatories Diagrams:

Provide a diagram of all instructional facilities. Instructional facilities must provide each student with sufficient opportunity to develop minimum competencies meeting the requirements in 16 CCR 1070(g) e.g., a blueprint or hand-drawing that includes all areas available to students for didactic, lab, and clinical instruction.

Provide a diagram of the operatory (or operatories) including dimensions and equipment. Each operatory must be of sufficient size to simultaneously accommodate one student, one instructor, and one patient per 16 CCR 1070(g)(3)(D). Each operatory must contain functional equipment as outlined in 16 CCR 1070(g)(3)(C).

Exhibit #4 Infection Control Protocols:

Attach documentation demonstrating that the infection control equipment and protocols specified in 16 CCR 1005 are incorporated into course content and followed during all laboratory experiences as required by 16 CCR 1070(g)(3)(F) and 16 CCR 1070.6(e)(3) (i.e., course rules, signage, course curriculum documents, etc).

Exhibit #5 Emergency Equipment:

Provide information on the type of emergency equipment available onsite. Emergency equipment required in 16 CCR 1070(h)(2) must be readily accessible and fully functional.

Emergency equipment must include oxygen delivery systems and first aid kits at a minimum.

Exhibit #6 Emergency Protocols:

Provide a copy of the written protocols on managing emergency situations as required by 16 CCR 1070(h).

Exhibit #7 Course Syllabus:

Provide a copy of the syllabus for each course which contains the following as required by 1070(i)(7):

- A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;
- Course content outline including topics to be presented;
- Specific instructional objectives including competency statement for each topic presented;
- Learning experiences with associated assessment mechanisms;
- Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;
- Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and a remediation policy and procedures.

Exhibit #8 Certificate of Completion:

Provide a copy of a sample certificate of completion which includes: the student's name; the provider name; the provider's location; the provider's approval number issued by the board; the program name; the number of course hours completed; the date of course completion; an authorizing signature of the provider or the providing entity and a statement that states: "All of the information contained on this certificate is truthful and accurate."; and a statement on each certification that states: "This Certificate of Completion does not constitute authorization for the attendee to perform any services

that the attendee is not legally authorized to perform based on the attendee's license or permit type." as required by 16 CCR 1070(m) and 16 CCR 1070.6(k)

Exhibit #9 Equipment List:

Attach a list demonstrating that the course provides adequate supplies, materials and provisions for instruction in infection control to students as required by 16 CCR 1070.6(e)(1).

Exhibit #10 Curriculum:

Attach documentation demonstrating that the course curriculum contains the areas of instruction set forth in 16 CCR 1070.6(h) & (i).

Didactic Instruction: Areas of instruction shall include, at a minimum, the following as they relate to infection control:

- Cal/OSHA regulations (8 CCR 330-344.85) and the Board's Minimum Standards for Infection Control (16 CCR 1005);
- Basic dental science and microbiology as they relate to infection control in dentistry;
- Legal and ethical aspects of infection control procedures;
- Principles of modes of disease transmission and prevention;
- Principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control;
- Principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area;
- Principles and protocols associated with sharps management;
- Principles and protocols of infection control for laboratory areas;
- Principles and protocols of waterline maintenance;
- Principles and protocols of regulated and nonregulated waste management; and
- Principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, post-exposure requirements, and monitoring systems for radiation safety and sterilization systems.

Laboratory and Simulated Clinical Instruction: Upon completion of all didactic instruction, students shall demonstrate minimum competency in the following experiences in the laboratory or simulated-clinical environment:

- Hand hygiene procedures;
- Proper use and disposal of personal protective equipment;
- Proper processing of contaminated instrumentation from precleaning to sterilization;
- Operatory asepsis procedures to include precleaning, disinfection and proper use of barriers;
- Proper procedural steps in preparing cleaned instruments for sterilization, including packaging and wrapping;
- Knowledge of the use of biological spore testing materials;
- Proper protocols for the safe handling and disposal of biohazardous waste and sharps;
- Work practice controls relating to the disinfection of intraoral impressions, bite registrations and prosthetic appliances when prepared for manipulation in a lab; and
- Proper protocol for required maintenance of dental unit water lines and devices.

Exhibit #11 Evaluation Criteria:

Attach the written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences performed by students as required by 16 CCR 1070.6(i)(2). In addition, the written evaluation criteria must state:

- The minimum number of satisfactory performances in each evaluated area necessary for program or course success as required by 16 CCR 1070(i)(8)(B); and
- The minimum standards for performance in each evaluated area, the grading criteria, and the protocols or procedures that may cause the student to fail the task or procedure as required by 16 CCR 1070(i)(8)(C).

Exhibit #12 Course Completion:

Attach written examinations (as required by 16 CC 1070.6(g)(4)) and a narrative demonstrating that upon completion of the course students will be able to perform following skills, as required by 16 CCR 1070.6(j):

- Demonstrate knowledge of Cal/OSHA regulations (8 CCR 330-344.85) and the Board's Minimum Standards for Infection Control (16 CCR 1005);
- Demonstrate knowledge of basic dental sciences and microbiology as they relate to infection control in dentistry;
- Demonstrate knowledge of legal and ethical aspects of infection control procedures;
- Demonstrate knowledge of the principles of modes of disease transmission and prevention;
- Identify the principles, techniques, and protocols of hand hygiene, personal protective equipment, surface barriers and disinfection, sterilization, sanitation, and hazardous chemicals associated with infection control;
- Identify the principles and protocols of sterilizer monitoring and the proper loading, unloading, storage, and transportation of instruments to work area;
- Identify the principles and protocols associated with sharps management; and
- Discuss the principles and protocols related to injury and illness prevention, hazard communication, general office safety, exposure control, post-exposure requirements, and monitoring systems sterilization systems.



**NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR
 INFECTION CONTROL COURSES**

To maintain approval by the Board, the Course Provider of each Infection Control Course that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.6 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ (Enter Name),

Course Provider for _____ (Enter Full Name of Educational Institution, Organization, or Course Provider) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Infection Control Courses, including Sections 1070, 1070.1 and 1070.6 of Title 16 of the California Code of Regulations,
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider, and
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Provider _____ DATE _____

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

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Application for Orthodontic Assistant Course Provider Approval

Instructions for Application Completion

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		File Number:		Date Log-In:	
		Receipt Number:			
Provider Information – Name and Location of Course or Program					
Name of School/Institution:					
Business Name:					
School Location/Street Address:					
Mailing Address (if applicable)					
Phone:		Fax:		Alt:	
Type of Accreditation (list agency):					
Faculty and Administrative Information					
Name of Institutional President/Owner (if applicable):					
Contact Phone:		email:			
Name of Course Director (required):					
Contact Phone:		email:			
Course Data – Length, Hours, and Enrollment Information					
Indicate Max # Enrolled per Course start:			Total Course Hours:		
Student Teacher Ratio:	Didactic:	Lab/Preclinical:	Clinical Externship:		
Breakdown of Course Hours:	Didactic:	Lab/Preclinical:	Clinical Externship:		

Please use the chart below to ensure that all required exhibits are submitted and provide page numbers to simplify review:

Required Exhibit	Initials of Submitter	Page Number
Faculty Qualifications Exhibit #1		
Course Director Qualification Exhibit #2		
Facilities and Operatories Diagrams Exhibit #3		
Infection Control Protocols Exhibit #4		
Emergency Equipment Exhibit #5		
Emergency Protocols Exhibit #6		
Course Syllabus Exhibit #7		
Certificate of Completion: Exhibit #8		
Course Prerequisites Exhibit #9		
Equipment List Exhibit #10		
Curriculum Exhibit #11		
Evaluation Criteria Exhibit #12		
Course Completion Exhibit #13		

I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Course Director

Date

Signature of Course Owner

Date

I certify that I will be responsible for the compliance of the course director with the laws governing dental assisting courses and programs approved by the Dental Board of California.

Signature of Program Director

Date

DRAFT

The following pages contain additional information on the information on the required elements necessary for a complete submission for the exhibits as well as sample of selected exhibits.

Exhibit #1 Faculty Qualifications:

Provide documentation of the faculty members' completion of all educational and licensing requirements including:

- Documentation of 2-hour educational methodology courses or a degree or credential required by 16 CCR 1070(d)(1)(C);
- Documentation of all faculty licenses as required by 16 CCR 1070(d)(1)(A);
- Documentation of faculty teaching experiences and qualifications to demonstrate compliance with 16 CCR 1070(d)(1)(B) (current resumes or biosketch demonstrating compliance with the above regulatory sections of all faculty are sufficient); and
- Documentation of all faculty certifications in basic life support (BLS) for healthcare professionals as required by, 16 CCR 1070(d)(1)(D).

Exhibit #2 Course Director Qualifications:

Provide documentation that the course director meets the requirements outlined at 16 CCR 1070(e), including the designated hours, roles, and responsibilities of the course director, e.g. a resume, license, coursework certificates and job description.

As required by 16 CCR 1070(e)(1), Course Directors must:

- Possess a valid, active California license to practice dentistry or registered dental assisting or registered dental assisting in extended functions for at least two 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;
- Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment; and
- Prior to instruction, or within six months of initial hire, complete two hours of educational methodology unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching

Credential, or, a valid Community College Teaching Credential.

Attach a narrative description of the Course Director responsibilities demonstrating that the Director actively participates in and is responsible for the following, as required by 16 CCR 1070(e)(1):

- The implementation and maintenance of all applicable statutory and regulatory requirements;
- Ensuring all faculty and instructional staff complete or show evidence of completion of educational methodology courses equaling two hours of training prior to instruction, or within six months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential;
- Maintaining for a period of not less than five years copies of curricula, course outlines, course goals and objectives, grading criteria, copies of faculty/staff credentials, licenses, and certificates, and individual student records, including those necessary to establish satisfactory completion of the course;
- Informing the Board of any major change to the course including without limitation, changes to course 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; and
- Ensuring all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least once per semester, quarter, or other regular interval instruction period used by the course.

Exhibit #3 Facilities and Operatories Diagrams:

Provide a diagram of all instructional facilities. Instructional facilities must provide each student with sufficient opportunity to develop minimum competencies meeting the requirements in 16 CCR 1070(g) e.g., a blueprint or hand-drawing that includes all areas available to students for didactic, lab, and clinical instruction.

Provide a diagram of the operatory (or operatories) including dimensions and equipment. Each operatory must be of sufficient size to simultaneously accommodate one student, one instructor, and one patient per 16 CCR 1070(g)(3)(D). Each operatory must contain functional equipment as outlined in 16 CCR 1070(g)(3)(C).

Exhibit #4 Infection Control Protocols:

Attach documentation demonstrating that the infection control equipment and protocols specified in 16 CCR 1005 are incorporated into course content and followed during all laboratory simulated clinical and clinical experiences as required by 16 CCR 1070(g)(3)(F) and 16 CCR 1070.7(e)(4). (i.e., course rules, signage, course curriculum documents, etc)

Exhibit #5 Emergency Equipment:

Provide information on the type of emergency equipment available onsite. Emergency equipment required in 16 CCR 1070(h)(2) must be readily accessible and fully functional.

Emergency equipment must include oxygen delivery systems and first aid kits at a minimum.

Exhibit #6 Emergency Protocols:

Provide a copy of the written protocols on managing emergency situations as required by 16 CCR 1070(h).

Exhibit #7 Course Syllabus:

Provide a copy of the syllabus for each course which contains the following as required by 1070(i)(7):

- A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;
- Course content outline including topics to be presented;
- Specific instructional objectives including competency statement for each topic presented;
- Learning experiences with associated assessment mechanisms;
- Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;
- Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and a remediation policy and procedures.

Exhibit #8 Certificate of Completion:

Provide a copy of a sample certificate of completion which includes: the student's name; the provider name; the provider's location; the provider's approval number issued by the board; the program name; the number of course hours completed; the date of course completion; an authorizing signature of the provider or the providing entity and a

statement that states: “All of the information contained on this certificate is truthful and accurate.”; and a statement on each certification that states: “This Certificate of Completion does not constitute authorization for the attendee to perform any services that the attendee is not legally authorized to perform based on the attendee’s license or permit type.” as required by 16 CCR 1070(m) and 16 CCR 1070.7(k).

Exhibit #9 Prerequisites

Attach documentation that the course requires that all students complete the course prerequisites prior to acceptance into the course as required by 16 CCR 1070.7(d)(1) & (2).

Course Prerequisites: Each student shall meet the requirements for application for licensure as a registered dental assistant and possess a minimum of 12 months’ work experience; or possess a current, active license as a registered dental assistant; and

Prior to enrollment, each student shall have completed an eight-hour Board-approved course in infection control, a two-hour Board-approved course in the Act and possess a current certification in basic life support issued by the American Heart Association or American Red Cross.

Exhibit #10 Equipment List:

Attach a list demonstrating that the course provides adequate supplies, materials and provisions for instruction in infection control to students as required by 16 CCR 1070.7(e)(1).

In addition, the course shall provide banded or bonded orthodontic typodonts in the ratio of at least one for every four students, bench mount or dental chair mounted manikin head, curing light, regular typodont with full dentition and soft gingiva in the ratio of at least one for every four students, and a selection of orthodontic instruments and adjunct material for all of the procedures that orthodontic assistant permit holders are authorized to perform under BPC section 1750.3 , as required by 16 CCR 1070.7(e)(2).

Exhibit #11 Curriculum:

Attach documentation demonstrating that the course curriculum contains the areas of instruction set forth in 16 CCR 1070.7(h) & (i).

Didactic Instruction: Areas of instruction shall include, at a minimum, the following as they relate to the orthodontic assistant permit, as well as instruction in basic background information on orthodontic practice. “Basic background information on orthodontic practice” means, for the purpose of course curriculum, the orthodontic treatment review,

charting, patient education and legal and infection control requirements as they apply to orthodontic practice:

- Archwire characteristics and their role in tooth movement.
- Introduction to orthodontic instrumentation, use and care.
- Procedures for placement of archwire previously adjusted by the dentist.
- Characteristics of contemporary ligature systems.
- Theory of band and bracket positioning.
- Characteristics of orthodontic bands; sizes, shapes, and functionality.
- Techniques for orthodontic banding, bracketing and removal, which shall include all of the following:
 - Armamentaria.
 - General principles of fitting and removing bands.
 - General principles of bracket positioning, bonding, adhesion, curing and removal including:
 - Characteristics and methods of bonding;
 - Bonding materials, techniques for use and cure time factors;
 - Direct and indirect bracket bonding techniques; and
 - Removal.
 - Characteristics of accessory devices: tubes, lingual sheaths, lingual cleats, and their role in orthodontic care.
 - Orthodontic cements and adhesive materials: classifications, armamentaria, and use.
 - Procedure for removal of bands and brackets after adhesion.

Simulated clinical experiences which shall be conducted on a simulator or manikin device. Sufficient time shall be available for students to demonstrate minimum competency performing two simulated clinical experiences in each of the following areas:

- Sizing, fitting, cementing, and removing orthodontic bands;
- Bracket positioning, bonding, curing, and removal of orthodontic brackets;
- Archwire placement and ligation; and
- Ultrasonic scaling for removal of orthodontic cement.

Clinical experiences which shall be conducted on three patients with two of the three patient experiences used for the clinical examination. The clinical experiences shall include three performances of the following:

- Sizing, fitting, cementing, and removing orthodontic bands;

- Bracket positioning, bonding, curing, and removal of orthodontic brackets; and
- Archwire placement and ligation.

Exhibit #12 Evaluation Criteria:

Attach the written competencies identifying specific objective evaluation criteria and performance objectives for all evaluated experiences performed by students as required by 16 CCR 1070.7(i)(2).

As required by 16 CCR 1070(i)(8), the evaluation criteria must also state the following:

- The minimum number of satisfactory performances in each evaluated area necessary for program or course success 16 CCR 1070(i)(8)(B); and
- The minimum standards for performance in each evaluated area, the grading criteria, and the protocols or procedures that may cause the student to fail the task or procedure 16 CCR 1070(i)(8)(C).

Exhibit #13 Course Completion:

Attach a narrative demonstrating that upon completion of the course students will be able to perform following skills, as required by 16 CCR 1070.7(j):

- Identify the various orthodontic wires and their purpose;
- Describe the necessary aspects of pre-operative instructions to patients;
- Recognize loose appliances.
- Recognize decalcification and mottled enamel;
- Identify the indications and contraindications of using an ultrasonic scaler as it relates to orthodontic cement removal;
- Utilize proper armamentaria in an organized sequence for cement removal on an orthodontically banded typodont;
- Demonstrate, on an orthodontically banded typodont, the proper instrument grasp, fulcrum position, and cheek/tongue retraction;
- 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; and
- Maintain aseptic techniques including disposal of contaminated materials.



**NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR
 ORTHODONTIC ASSISTANT PERMIT COURSES**

To maintain approval by the Board, the Course Provider of each Orthodontic Assistant Permit Course that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.7 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ (Enter Name),

Course Provider for _____ (Enter Full Name of Educational Institution, Organization, or Course Provider) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Orthodontic Assistant Permit Courses, including Sections 1070, 1070.1 and 1070.7 of Title 16 of the California Code of Regulations,
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider, and
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Provider _____ DATE _____

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.7. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.



Application for Dental Sedation Assistant Course Provider Approval

Instructions for Application Completion

1. **Fee:** A non-refundable application fee in the amount of \$300 payable to the Dental Board of California must be submitted with the application.
2. **Number of Copies:** One original and one copy of the application and all required documents must be submitted. Printed materials should be bound and indexed according to the Exhibit numbers defined in the application.
3. **Completion of Application:** Applicants are only required to submit Pages 2-4 of this application, and the accompanying exhibits. Pages 5-16 provide context and explanations of the exhibits and required supporting documentation necessary to submit a complete application. Sample Exhibits are provided merely for reference only. Applicants' submissions are not required to resemble the samples or maintain the same format. Each question/required element on the application must be answered fully and documentation must accompany all submitted materials. An incomplete application will not be accepted and shall be returned with an explanation as to the missing elements of the application.
4. **Exhibits/Attachments:** All required documents must be attached as separate exhibits as indicated within the application. Exhibit descriptions/explanations can be found at the end of this document.

DENTAL BOARD OF CALIFORNIA

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



Date of Application:		STAFF USE ONLY			
		File Number:		Date Log-In:	
		Receipt Number:			
Provider Information – Name and Location of Course or Program					
Name of School/Institution:					
Business Name:					
School Location/Street Address:					
Mailing Address (if applicable)					
Phone:		Fax:		Alt:	
Type of Accreditation (list agency):					
Faculty and Administrative Information					
Name of Institutional President/Owner (if applicable):					
Contact Phone:		email:			
Name of Course Director (required):					
Contact Phone:		email:			
Course Data – Length, Hours, and Enrollment Information					
Indicate Max # Enrolled per course:			Total Course Hours:		
Student Teacher Ratio:	Didactic	Lab/Preclinical:	Clinical Externship		
Breakdown of Course Hours:	Didactic:	Lab/Preclinical:	Clinical Externship:		

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Course Prerequisites Exhibit #9		
Equipment List Exhibit #10		
Course Completion Exhibit #11		
Curriculum Exhibit #12		
Examinations Exhibit #13		

I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Course Director

Date

Signature of Course Owner

Date

I certify that I will be responsible for the compliance of the course director with the laws governing dental assisting courses and programs approved by the Dental Board of California. I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Course Director

Date

The following pages contain additional information on the information on the required elements necessary for a complete submission for the exhibits as well as sample of selected exhibits.

Exhibit #1 Faculty Qualifications:

Provide documentation of the faculty members' completion of all educational and licensing requirements including:

- Documentation of 2-hour educational methodology courses or a degree or credential required by 16 CCR 1070(d)(1)(C);
- Documentation of all faculty licenses as required by 16 CCR 1070(d)(1)(A);
- Documentation of faculty teaching experiences and qualifications to demonstrate compliance with 16 CCR 1070(d)(1)(B) (current resumes or biosketch demonstrating compliance with the above regulatory sections of all faculty are sufficient); and
- Documentation of all faculty certifications in basic life support (BLS) for healthcare professionals as required by, 16 CCR 1070(d)(1)(D).

Exhibit #2 Course Director Qualifications:

Provide documentation that the course director meets the requirements outlined at 16 CCR 1070(e) & 1070.8(b)(1), including the designated hours, roles, and responsibilities of the course director, e.g. a resume, license, coursework certificates and job description.

As required by 16 CCR 1070(e)(1), Course Directors must:

- Possess a valid, active California license as a physician and surgeon, or a valid active license to practice dentistry or registered dental assisting or registered dental assisting in extended functions for at least two 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;
- Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment; and
- Prior to instruction, or within six months of initial hire, complete two hours of educational methodology unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching

Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential.

- In addition to the requirements above, clinical instruction in a dental sedation assistant course shall be given under direct supervision of the course director, designated faculty member, or instructional staff member who shall be the holder of a valid, active, and current general

anesthesia or conscious sedation permit issued by the Board. Evaluation of the condition of a sedated patient shall remain the responsibility of the director, designated faculty member, or instructional staff member authorized to administer conscious sedation or general anesthesia, who shall be at the patient's chairside while conscious sedation or general anesthesia is being administered as required by 16 CCR 1070.8(b)(3)

Attach a narrative description of the Course Director responsibilities demonstrating that the Director actively participates in and is responsible for the following, as required by 16 CCR 1070(e)(1):

- The implementation and maintenance of all applicable statutory and regulatory requirements;
- Ensuring all faculty and instructional staff complete or show evidence of completion of educational methodology courses equaling two hours of training prior to instruction, or within six months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential;
- Maintaining for a period of not less than five years copies of curricula, course outlines, course goals and objectives, grading criteria, copies of faculty/staff credentials, licenses, and certificates, and individual student records, including those necessary to establish satisfactory completion of the course;
- Informing the Board of any major change to the course including without limitation, changes to course 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; and
- Ensuring all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least once per semester, quarter, or other regular interval instruction period used by the course.

Exhibit #3 Facilities and Operatories Diagrams:

Provide a diagram of all instructional facilities. Instructional facilities must provide each student with sufficient opportunity to develop minimum competencies meeting the requirements in 16 CCR 1070(g) e.g., a blueprint or hand-drawing that includes all areas available to students for didactic, lab, and clinical instruction.

Provide a diagram of the operatory (or operatories) including dimensions and equipment. Each operatory must be of sufficient size to simultaneously accommodate one student, one instructor, and one patient per 16 CCR 1070(g)(3)(D). Each operatory must contain functional equipment as outlined in 16 CCR 1070(g)(3)(C).

Exhibit #4 Infection Control Protocols:

Attach documentation demonstrating that the disinfection and sterilization procedures specified in 16 CCR 1005 are incorporated into course content and followed during all laboratory, simulated clinical and clinical experiences as required by 16 CCR 1070(g)(3)(F) and 16 CCR 1070.8(e)(6) (i.e., course rules, signage, course curriculum documents, etc).

Exhibit #5 Emergency Equipment:

Provide information on the type of emergency equipment available onsite. Emergency equipment required in 16 CCR 1070(h)(2) must be readily accessible and fully functional.

Emergency equipment must include oxygen delivery systems and first aid kits at a minimum.

Exhibit #6 Emergency Protocols:

Provide a copy of the written protocols on managing emergency situations as required by 16 CCR 1070(h).

Exhibit #7 Course Syllabus:

Provide a copy of the syllabus for each course which contains the following as required by 16 CCR 1070(i)(7):

- A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;
- Course content outline including topics to be presented;
- Specific instructional objectives including competency statement for each topic presented;
- Learning experiences with associated assessment mechanisms;

- Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;
- Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and a remediation policy and procedures.

Exhibit #8 Certificate of Completion:

Provide a copy of a sample certificate of completion which includes: the student’s name; the provider name; the provider’s location; the provider’s approval number issued by the board; the program name; the number of course hours completed; the date of course completion; an authorizing signature of the provider or the providing entity and a statement that states: “All of the information contained on this certificate is truthful and accurate.”; and a statement on each certification that states: “This Certificate of Completion does not constitute authorization for the attendee to perform any services that the attendee is not legally authorized to perform based on the attendee’s license or permit type.” as required by 16 CCR 1070(m) and 16 CCR 1070.8(s).

Exhibit #9 Prerequisites:

Attach documentation that the course requires that all students complete the course prerequisites prior to acceptance into the course as required by 16 CCR 1070.8(d)(1) & (2).

- Each student shall meet the requirements for application for licensure as a registered dental assistant and a minimum of 12 months’ work experience or possess a current, active license as a registered dental assistant.
- Prior to enrollment, each student shall have completed an eight-hour Board-approved course in infection control, a two-hour Board-approved course in the Act, and possess current certification in basic life support issued by the American Heart Association or American Red Cross.

Exhibit #10 Equipment List:

Attach a list demonstrating that the course provides adequate supplies, materials and provisions for instruction in infection control to students as required by 16 CCR 1070.8(e)(1).

As required by 16 CCR 1070.8(e)(2), the course shall provide the following equipment:

- one pulse oximeter for each six students;
- one AED or AED trainer;
- one capnograph or teaching device for monitoring of end tidal carbon dioxide (CO2);

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

As required by 16 CCR 1070.8(e)(3), the course shall provide the following:

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

Exhibit #11 Course Completion: Attach a narrative demonstrating that course clinical instruction requires completion of all of the tasks described in 16 CCR Section 1070.8(f) during no less than 20 supervised cases utilizing conscious sedation or general anesthesia as required by 16 CCR 1070.8, and students must demonstrate competency in performing the following preclinical and clinical tasks:

- As required by 16 CCR 1070.8(m)(2), utilizing another student or staff person, the student shall demonstrate minimum competency in each of the following tasks during training and shall then be eligible to complete an examination.
 - Assessment of blood pressure and pulse both manually and utilizing an automatic system;
 - Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment;
 - Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope; and
 - Use of an AED or AED trainer.
- As required by 16 CCR 1070.8(m)(3): Utilizing patients, the student shall demonstrate minimum competency 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.
 - Assessment of blood pressure and pulse both manually and utilizing an automatic system;
 - Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment; and
 - Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.
- As required by 16 CCR 1070.8(n)(2), utilizing another student or staff person, the student shall demonstrate minimum competency in each of the following tasks during training and shall then be eligible to complete an examination.
 - Assessment of respiration rates;
 - Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope;
 - Monitoring oxygen saturation with a pulse oximeter; and
 - Use of an oxygen delivery system.
- As required by 16 CCR 1070.8(n)(3), utilizing patients, the student shall demonstrate minimum competency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination.
 - Assessment of respiration rates;
 - Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope;
 - Monitoring oxygen saturation with a pulse oximeter; and
 - Use of an oxygen delivery system.
- As required by 16 CCR 1070.8(o)(2), the student shall demonstrate minimum competency in the withdrawal of fluids from a vial or ampule in the amount

specified by faculty or instructional staff and shall then be eligible to complete a practical examination.

- As required by 16 CCR 1070.8(o)(3), the student shall demonstrate minimum competency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination.
- As required by 16 CCR 1070.8(p)(2), the student shall demonstrate minimum competency in adding fluids to an existing intravenous (IV) line on a venipuncture training arm or in a simulated environment and shall then be eligible to complete a practical examination.
- As required by 16 CCR 1070.8(p)(3), the student shall demonstrate minimum competency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination.
- As required by 16 CCR 1070.8(q)(2), the student shall demonstrate minimum competency on a venipuncture training arm or in a simulated environment for IV removal and shall then be eligible for a practical examination; and
- As required by 16 CCR 1070.8(q)(3), the student shall demonstrate minimum competency 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.

Exhibit #12 Curriculum: Attach documentation demonstrating that the course curriculum contains the areas of instruction set forth in 16 CCR 1070.8(h) through (q).

General didactic instruction shall contain:

- Patient evaluation and selection factors through review of medical history, physical assessment, and patient evaluation and medical consultation;
- Characteristics of anatomy and physiology of the circulatory, cardiovascular, and respiratory systems, and the central and peripheral nervous systems;
- Characteristics of anxiety management related to the surgical patient, relatives, and escorts, and characteristics of anxiety and pain reduction techniques;
- Overview of the classification of drugs used by patients for cardiac disease, respiratory disease, hypertension, diabetes, neurological disorders, and infectious diseases;

- Overview of techniques and specific drug groups utilized for sedation and general anesthesia;
- Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, including the distinctions between conscious sedation, deep sedation, and general anesthesia;
- Overview of patient monitoring during conscious sedation and general anesthesia;
- Prevention, recognition, and management of complications; and
- Obtaining informed consent.

With respect to medical emergencies, didactic instruction shall contain:

- An overview of medical emergencies, including, but not limited to, airway obstruction, bronchospasm or asthma, laryngospasm, allergic reactions, syncope, cardiac arrest, cardiac dysrhythmia, seizure disorders, hyperglycemia and hypoglycemia, drug overdose, hyperventilation, acute coronary syndrome including angina and myocardial infarction, hypertension, hypotension, stroke, aspiration of vomitus, and congestive heart failure; and
- The simulation and response to at least the following medical emergencies: airway obstruction, bronchospasm, emesis and aspiration of foreign material under anesthesia, angina pectoris, myocardial infarction, hypotension, hypertension, cardiac arrest, allergic reaction, convulsions, hypoglycemia, syncope, and respiratory depression. Both training manikins and other students or staff may be used for simulation. The student shall demonstrate minimum competency in all simulated emergencies during training and shall then be eligible to complete a practical examination.

With respect to sedation and the pediatric patient, didactic instruction shall contain the following:

- Psychological considerations;
- Patient evaluation and selection factors through review of medical history, physical assessment, and medical consultation;
- Definitions and characteristics of levels of sedation achieved with general anesthesia and sedative agents, with special emphasis on the distinctions between conscious sedation, deep sedation, and general anesthesia;
- Review of respiratory and circulatory physiology and related anatomy, with special emphasis on establishing and maintaining a patient airway;
- Overview of pharmacology agents used in contemporary sedation and general anesthesia;
- Patient monitoring;

- Obtaining informed consent; and
- Prevention, recognition, and management of complications, including principles of basic life support.

With respect to physically, mentally, and neurologically compromised patients, didactic instruction shall contain the following: an overview of characteristics of Alzheimer's disease, autism, cerebral palsy, Down's syndrome, mental retardation, multiple sclerosis, muscular dystrophy, Parkinson's disease, schizophrenia, and stroke.

With respect to health history and patient assessment, didactic instruction shall include, at a minimum, the recording of the following:

- Age, sex, weight, physical status as defined by the American Society of Anesthesiologists Physical Status Classification System, medication use, general health, any known or suspected medically compromising conditions, rationale for anesthesia or sedation of the patient, visual examination of the airway, and auscultation of the heart and lungs as medically required; and
- General anesthesia or conscious sedation records that contain a time-oriented record with preoperative, multiple intraoperative, and postoperative pulse oximetry and blood pressure and pulse readings, frequency and dose of drug administration, length of procedure, complications of anesthesia or sedation, and a statement of the patient's condition at time of discharge.

With respect to monitoring heart sounds with pretracheal/precordial stethoscope and EKG and use of AED:

- Didactic instruction shall contain the following:
 - Characteristics of pretracheal/precordial stethoscope;
 - Review of anatomy and physiology of circulatory system: heart, blood vessels, and cardiac cycle as it relates to EKG;
 - Characteristics of rhythm interpretation and waveform analysis basics;
 - Characteristics of manual intermittent and automatic blood pressure and pulse assessment;
 - Characteristics and use of an AED;
 - Procedure for using a pretracheal/precordial stethoscope for monitoring of heart sounds;
 - Procedure for use and monitoring of the heart with an EKG machine, including electrode placement, and the adjustment of such equipment; and
 - Procedure for using manual and automatic blood pressure/pulse/respiration measuring system.

- Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate minimum competency in each of the following tasks during training and shall then be eligible to complete an examination.
 - Assessment of blood pressure and pulse both manually and utilizing an automatic system;
 - Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment;
 - Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope; and
 - Use of an AED or AED trainer.
- Clinical instruction: Utilizing patients, the student shall demonstrate minimum competency 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.
 - Assessment of blood pressure and pulse both manually and utilizing an automatic system;
 - Placement and assessment of an EKG. Instruction shall include the adjustment of such equipment; and
 - Monitoring and assessment of heart sounds with a pretracheal/precordial stethoscope.

With respect to monitoring lung/respiratory sounds with pretracheal/precordial stethoscope and monitoring oxygen saturation end tidal CO₂ with pulse oximeter and capnograph:

- Didactic instruction shall contain the following:
 - Characteristics of pretracheal/precordial stethoscope, pulse oximeter, and capnograph for respiration monitoring;
 - Review of anatomy and physiology of respiratory system to include the nose, mouth, pharynx, epiglottis, larynx, trachea, bronchi, bronchioles, and alveolus;
 - Characteristics of respiratory monitoring/lung sounds: mechanism of respiration, composition of respiratory gases, and oxygen saturation;
 - Characteristics of manual and automatic respiration assessment;
 - Procedure for using a pretracheal/precordial stethoscope for respiration monitoring;
 - Procedure for using and maintaining pulse oximeter for monitoring oxygen saturation;
 - Procedure for use and maintenance of capnograph;
 - Characteristics for monitoring blood and skin color and other related factors;
 - Procedures and use of an oxygen delivery system; and

- Characteristics of airway management to include armamentaria and use.
- Preclinical instruction: Utilizing another student or staff person, the student shall demonstrate minimum competency in each of the following tasks during training and shall then be eligible to complete an examination.
 - Assessment of respiration rates;
 - Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope;
 - Monitoring oxygen saturation with a pulse oximeter; and
 - Use of an oxygen delivery system.
- Clinical instruction: Utilizing patients, the student shall demonstrate minimum competency in each of the following tasks, under supervision by faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination.
 - Assessment of respiration rates;
 - Monitoring and assessment of lung sounds and ventilation with a pretracheal/precordial stethoscope;
 - Monitoring oxygen saturation with a pulse oximeter; and
 - Use of an oxygen delivery system.

With respect to drug identification and draw:

- Didactic instruction shall contain:
 - Characteristics of syringes and needles: use, types, gauges, lengths, and components;
 - Characteristics of drug, medication, and fluid storage units: use, type, components, identification of label including generic and brand names, strength, potential adverse reactions, expiration date, and contraindications; and
 - Characteristics of drug draw: armamentaria, label verification, ampule and vial preparation, and drug withdrawal techniques.
- Laboratory instruction: The student shall demonstrate minimum competency in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff and shall then be eligible to complete a practical examination.
- Clinical instruction: The student shall demonstrate minimum competency in the evaluation of vial or container labels for identification of content, dosage, and strength and in the withdrawal of fluids from a vial or ampule in the amount specified by faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination.

With respect to adding drugs, medications, and fluids to IV lines:

- Didactic instruction shall contain:
 - Characteristics of adding drugs, medications, and fluids to IV lines in the presence of a licensed dentist;
 - Armamentaria;
 - Procedures for adding drugs, medications, and fluids, including dosage and frequency;
 - Procedures for adding drugs, medications, and fluids by IV bolus; and
 - Characteristics of patient observation for signs and symptoms of drug response.
- Laboratory instruction: The student shall demonstrate minimum competency in adding fluids to an existing intravenous (IV) line on a venipuncture training arm or in a simulated environment and shall then be eligible to complete a practical examination.
- Clinical instruction: The student shall demonstrate minimum competency in adding fluids to existing IV lines in the presence of course faculty or instructional staff as described in Section 1070.8(a)(3) and shall then be eligible to complete an examination.

With respect to the removal of IV lines:

- Didactic instruction shall include overview and procedures for the removal of an IV line;
- Laboratory instruction: The student shall demonstrate minimum competency on a venipuncture training arm or in a simulated environment for IV removal and shall then be eligible for a practical examination; and
- Clinical instruction: The student shall demonstrate minimum competency 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.

Exhibit 13 Examinations:

Attach copies of the written examinations reflecting course curriculum content which students are required to pass under 16 CCR 1070.8(r).



**NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR
 DENTAL SEDATION ASSISTANT PERMIT COURSES**

To maintain approval by the Board, the Course Provider of each Dental Sedation Assistant Permit Course that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.8 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ (Enter Name),

Course Provider for _____ (Enter Full Name of Educational Institution, Organization, or Course Provider) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Dental Sedation Assistant Permit Courses, including Sections 1070, 1070.1 and 1070.8 of Title 16 of the California Code of Regulations,
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider, and
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

 Signature of Course Provider DATE

Printed Name Of course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1070.8. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

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 Radiation Safety Course Provider
Approval**

Instructions for Application Completion

1. **Fee:** A non-refundable application fee in the amount of \$300 payable to the Dental Board of California must be submitted with the application.
2. **Number of Copies:** One original and one copy of the application and all required documents must be submitted. Printed materials should be bound and indexed according to the Exhibit numbers defined in the application.
3. **Completion of Application:** Applicants are only required to submit Pages 2-4 of this application, and the accompanying exhibits. Pages 5-11 provide context and explanations of the exhibits and required supporting documentation necessary to submit a complete application. Sample Exhibits are provided merely for reference only. Applicants' submissions are not required to resemble the samples or maintain the same format. Each question/required element on the application must be answered fully and documentation must accompany all submitted materials. An incomplete application will not be accepted and shall be returned with an explanation as to the missing elements of the application.
4. **Exhibits/Attachments:** All required documents must be attached as separate exhibits as indicated within the application. Exhibit descriptions/explanations can be found at the end of this document.

DENTAL BOARD OF CALIFORNIA

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Date of Application:		STAFF USE ONLY			
		File Number:		Date Log-In:	
		Receipt Number:			
Provider Information – Name and Location of Course or Program					
Name of School/Institution:					
Business Name:					
School Location/Street Address:					
Mailing Address (if applicable)					
Phone:		Fax:		Alt:	
Type of Accreditation (list agency):					
Faculty and Administrative Information					
Name of Institutional President/Owner (if applicable):					
Contact Phone:		email:			
Name of Course Director (required):					
Contact Phone:		email:			
Course Data – Length, Hours, and Enrollment Information					
Indicate Max # Enrolled per course start:			Total Course Hours:		
Student Teacher Ratio:	Didactic	Lab/Preclinical		Clinical Externship	
Breakdown of Course Hours:	Didactic:	Lab/Preclinical:		Clinical Externship:	

Please use the chart below to ensure that all required exhibits are submitted and provide page numbers to simplify review:

Required Exhibit	Initials of Submitter	Page Number
Faculty Qualifications Exhibit #1		
Course Director Qualification Exhibit #2		
Facilities and Operatories Diagrams Exhibit #3		
Infection Control Protocols Exhibit #4		
Emergency Equipment Exhibit #5		
Emergency Protocols Exhibit #6		
Course Syllabus Exhibit #7		
Certificate of Completion: Exhibit #8		
Course Prerequisites Exhibit #9		
Equipment List Exhibit #10		
Evaluation Criteria Exhibit #11		
Curriculum Exhibit #12		
Course Completion Exhibit #13		

I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Course Director

Date

Signature of Course Owner

Date

I certify that I will be responsible for the compliance of the course with the laws governing dental assisting courses approved by the Dental Board of California.

Signature of Course Director

Date

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The following pages contain additional information on the information on the required elements necessary for a complete submission for the exhibits as well as sample of selected exhibits.

Exhibit #1 Faculty Qualifications:

Provide documentation of the faculty members' completion of all educational and licensing requirements including:

- Documentation of 2-hour educational methodology courses or a degree or credential required by 16 CCR 1070(d)(1)(C);
- Documentation of all faculty licenses as required by 16 CCR 1070(d)(1)(A);
- Documentation of faculty teaching experiences and qualifications to demonstrate compliance with 16 CCR 1070(d)(1)(B) (current resumes or biosketch demonstrating compliance with the above regulatory sections of all faculty are sufficient); and
- Documentation of all faculty certifications in basic life support (BLS) for healthcare professionals as required by, 16 CCR 1070(d)(1)(D).

Exhibit #2 Course Director Qualifications:

Provide documentation that the course director meets the requirements outlined at 16 CCR 1070(e), including the designated hours, roles, and responsibilities of the course director, e.g. a resume, license, coursework certificates and job description.

As required by 16 CCR 1070(e)(1), Course Directors must:

- Possess a valid, active California license as a physician and surgeon, or a valid active license to practice dentistry or registered dental assisting or registered dental assisting in extended functions for at least two 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;
- Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment; and
- Prior to instruction, or within six months of initial hire, complete two hours of educational methodology unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential.

Attach a narrative description of the Course Director responsibilities demonstrating that the Director actively participates in and is responsible for the following, as required by 16 CCR 1070(e)(1):

- The implementation and maintenance of all applicable statutory and regulatory requirements;
- Ensuring all faculty and instructional staff complete or show evidence of completion of educational methodology courses equaling two hours of training prior to instruction, or within six months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential;
- Maintaining for a period of not less than five years copies of curricula, course outlines, course goals and objectives, grading criteria, copies of faculty/staff credentials, licenses, and certificates, and individual student records, including those necessary to establish satisfactory completion of the course;
- Informing the Board of any major change to the course including without limitation, changes to course 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; and
- Ensuring all faculty and staff are calibrated in curriculum, instructional methods and grading criteria at least once per semester, quarter, or other regular interval instruction period used by the course.

Exhibit #3 Facilities and Operatories Diagrams:

Provide a diagram of all instructional facilities. Instructional facilities must provide each student with sufficient opportunity to develop minimum competencies meeting the requirements in 16 CCR 1070(g) e.g., a blueprint or hand-drawing that includes all areas available to students for didactic, lab, and clinical instruction.

Provide a diagram of the operatory (or operatories) including dimensions and equipment. Each operatory must be of sufficient size to simultaneously accommodate one student, one instructor, and one patient per 16 CCR 1070(g)(3)(D). Each operatory must contain functional equipment as outlined in 16 CCR 1070(g)(3)(C).

Exhibit #4 Infection Control Protocols:

Attach documentation demonstrating that the disinfection and sterilization procedures specified in 16 CCR 1005 are incorporated into course content and followed during all laboratory, simulated clinical and clinical experiences as required by 16 CCR 1070(g)(3)(F) and 16 CCR 1070.9(e)(7) (i.e., course rules, signage, course curriculum documents, etc).

Exhibit #5 Emergency Equipment:

Provide information on the type of emergency equipment available onsite. Emergency equipment required in 16 CCR 1070(h)(2) must be readily accessible and fully functional.

Emergency equipment must include oxygen delivery systems and first aid kits at a minimum.

Exhibit #6 Emergency Protocols:

Provide a copy of the written protocols on managing emergency situations as required by 16 CCR 1070(h).

Exhibit #7 Course Syllabus:

Provide a copy of the syllabus for each course which contains the following as required by 1070(i)(7):

- A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;
- Course content outline including topics to be presented;
- Specific instructional objectives including competency statement for each topic presented;
- Learning experiences with associated assessment mechanisms;
- Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;
- Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and a remediation policy and procedures.

Exhibit #8 Certificate of Completion:

Provide a copy of a sample certificate of completion which includes: the student's name; the provider name; the provider's location; the provider's approval number issued by the board; the program name; the number of course hours completed; the date of course completion; an authorizing signature of the provider or the providing entity and a statement that states: "All of the information contained on this certificate is truthful and accurate."; and a statement on each certification that states: "This Certificate of Completion does not constitute authorization for the attendee to perform any services that the attendee is not legally authorized to perform based on the attendee's license or permit type." as required by 16 CCR 1070(m).

Exhibit #9 Prerequisites

Attach documentation that the course requires that all students complete the course prerequisites prior to acceptance into the course as required by 16 CCR 1070.9(d)(1) & (2).

Course providers shall require evidence from students that they have met all course prerequisites prior to their acceptance including current certification in basic life support, completion of an eight-hour Board-approved course in infection control, and a two-hour Board-approved course in the Act as required by 16 CCR 1070.9(d)(1).

Exhibit #10 Equipment List:

Attach a list demonstrating that the course provides adequate supplies, materials and provisions for instruction in radiation safety to students as required by 16 CCR 1070.9(e)(3)(A) through (D).

In addition to the facility requirements defined in Section 1070, the facility used for laboratory/pre-clinical instruction shall be deemed adequate if it is properly equipped with supplies and equipment for practical work and includes, for every six students, at least the following:

- One functioning radiography (X-ray) machine which is adequately filtered and collimated, that is equipped with the appropriate position-indicating devices for each technique being taught, and is properly registered and permitted in compliance with the Department of Health Services and the California Radiation Safety Regulations (Title 17, Cal. Code of Regulations, commencing with Section 30100);
- One (1) X-ray training manikin head designed for instruction in radiographic techniques per X-ray unit;
- One (1) film view box, or screen for viewing digital images; and
- One (1) lead shielding adult-size protective apron with cervical (thyroid) collar, either attached or detached from the apron, per X-ray unit.

Exhibit #11 Evaluation Criteria:

Attach the specific performance objectives and evaluation criteria for all aspects of the curriculum as required by 16 CCR 1070.9(g)(3).

As required by 16 CCR 1070(i)(8), the evaluation criteria shall state the following:

- Specific performances objectives and the evaluation criteria used for all assessments of lab preclinical and clinical experiences 1070(j)(8)(A);

- The minimum number of satisfactory performances in each evaluated area necessary for program or course success 16 CCR 1070(i)(8)(B); and
- The minimum standards for performance in each evaluated area, the grading criteria, and the protocols or procedures that may cause the student to fail the task or procedure 16 CCR 1070(i)(8)(C).

Exhibit #12 Curriculum:

Attach documentation demonstrating that the course curriculum contains the areas of instruction set forth in 16 CCR 1070.9(h) through (j).

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

- Radiation physics and biology;
- Radiation protection and safety;
- Recognition of normal anatomical landmarks, structures, hard and soft tissues, normal and abnormal conditions of the oral cavity as they relate to dental radiographs;
- Radiograph exposure and processing techniques;
- Radiograph mounting or sequencing, and viewing, including anatomical landmarks of the oral cavity;
- Intraoral techniques and dental radiograph armamentaria, including holding devices and image receptors;
- Intraoral and extraoral examination including principles of exposure, methods of retention and evaluation;
- Proper use of patient protection devices and personal protective equipment for operator use;
- Identification and correction of faulty radiographs;
- Introduction to contemporary exposure techniques including the use of computerized digital radiography and extraoral imaging that may include panoramas or cone-beam imaging;
- Infection control procedures in compliance with the Board's Minimum Standards for Infection Control (16 CCR 1005);
- Radiographic records management;
- Identification and recognition of common errors in techniques and processing for intra and extra oral exposures;
- Identification of various extra oral techniques, machine types, and uses; and
- Introduction to techniques and exposure guidelines for special exposures to include, but not limited to pediatric, edentulous, partially edentulous, endodontic and patients with special needs.

Laboratory Instruction. All laboratory instruction and performances shall only occur in

accordance with Sections 1070 and 1070.1. Sufficient hours of laboratory instruction and experiences shall ensure that a student successfully completes, on an x-ray training manikin head only, at least the procedures set forth below utilizing an image receptor deemed appropriate by the course director:

- Two full mouth periapical series, consisting of at least 18 radiographs each, four of which shall be bitewings;
- Two horizontal or vertical bitewing series, consisting of at least four radiographs each;
- Developing, digitizing or processing, and mounting or sequencing of exposed radiographs; and
- Completion of student and instructor written evaluation of radiographs identifying errors, causes of errors, corrections and, if applicable, the number of re-exposures necessary for successful completion of a series to minimum competency.
 - A laboratory procedure has been successfully completed only if each series of radiographs is evaluated and deemed to be of diagnostic quality; and
 - Successful completion of all laboratory competencies shall occur prior to clinical instruction and experiences.

Clinical Instruction and Evaluation. As part of an organized program of instruction, clinical instruction shall include clinical performances on human subjects as set forth herein.

- Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, four of which shall be bitewings. All exposures made on human subjects shall only be made using diagnostic criteria established during the clinical instructional period and shall in no event exceed three re-exposures per subject per series;
- Successful developing or processing, and mounting or sequencing of exposed human subject radiographs;
- Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, and correction and, if applicable, the number of re-exposures necessary for successful completion of a series to clinical competency; and
- One full-mouth clinical series shall serve as a final clinical examination.

Exhibit #13 Course Completion:

Attach a narrative demonstrating that course instruction shall require completion of all of the tasks described in 16 CCR Section 1070.9(j) specifically including:

- Successful completion of a minimum of four full mouth periapical series, consisting of at least 18 radiographs each, four of which shall be bitewings. All exposures made on human subjects shall only be made using diagnostic criteria established during the clinical instructional period and shall in no event exceed three re-exposures per subject per series;

- Successful developing or processing, and mounting or sequencing of exposed human subject radiographs;
- Completion of student and instructor written evaluations of each radiographic series identifying errors, causes of error, and correction and, if applicable, the number of re-exposures necessary for successful completion of a series to clinical competency; and
- One full-mouth clinical series shall serve as a final clinical examination.

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**NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR
 RADIATION SAFETY COURSES**

To maintain approval by the Board, the Course Provider of each Infection Control Course that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1070, 1070.1, and 1070.9 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a course will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board. Certificates of Completion issued by educational course providers not meeting Notice submission requirements will not be recognized by the Board.

I, _____ (Enter Name),

Course Provider for _____ (Enter Full Name of Educational Institution, Organization, or Course Provider) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Infection Control Courses, including Sections 1070, 1070.1 and 1070.9 of Title 16 of the California Code of Regulations,
- 2) I have the authority to sign this notice on behalf of the educational institution, organization, or course provider, and
- 3) That to the best of my knowledge, information and belief, the institution, organization, or course provider and its programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Course Provider _____ DATE _____

Printed Name of Course Provider: _____

Name of Educational Institution, Organization, or Course Provider: _____

Address of Educational Institution, Organization, or Course Provider: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Cal. Code Regs., Title 16, Sections 1070, 1070.1, and 1070.9. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.



Application for Registered Dental Assistant in Extended Functions (RDAEF) Program Approval

Instructions for Application Completion

1. **Fee.** A non-refundable application fee in the amount of \$1,400 payable to the Dental Board of California must be submitted with the application unless your program is accredited by the Office of Chancellor of the California Community Colleges.
2. **Number of Copies.** One original and one copy of the application and all required documents must be submitted. Printed materials shall be bound and indexed according to the Exhibit numbers defined in the application.
3. **Completion of Application.** Applicants are only required to submit Pages 2-4 of this application, and the accompanying exhibits. Pages 5-14 provide context and explanations of the exhibits and required supporting documentation necessary to submit a complete application. Sample Exhibits are provided merely for reference only. Applicants' submissions are not required to resemble the samples or maintain the same format. Each question/required element on the application must be answered fully and documentation must accompany all submitted materials. An incomplete application will not be accepted and shall be returned with an explanation as to the missing elements of the application.
4. **Exhibits/Attachments.** All required documents must be attached as separate exhibits as indicated within the application. Exhibit descriptions/explanations can be found at the end of this document.
5. **Schedule for Program Site Visit.** Because of wide differences in survey schedules and facility locations, please make specific suggestions as to the site evaluation schedule. The Site Evaluation Team (SET) realizes that schools may wish to adjust the proposed schedule. However, changes must be reviewed with the visiting site team before conferences begin. Please submit a proposed schedule with the completed application.

DENTAL BOARD OF CALIFORNIA

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Date of Application:		STAFF USE ONLY			
		File Number:		Date Log-In:	
		Receipt Number:			
Provider Information – Name and Location of Program					
Name of School/Institution:					
Business Name:					
School Location/Street Address:					
Mailing Address (if applicable)					
Phone:		Fax:		Alt:	
Type of Accreditation (list agency):					
Faculty and Administrative Information					
Name of Institutional President/Owner (if applicable):					
Contact Phone:		email:			
Name of Program Director (required):					
Contact Phone:		email:			
Program Data – Length, Hours, and Enrollment Information					
Indicate Max # Enrolled per start:			Total Program Hours:		
Student Teacher Ratio:	Didactic:	Lab/Preclinical:	Clinical Externship:		
Breakdown of Program Hours:	Didactic:	Lab/Preclinical:	Clinical Externship:		

Please use the chart below to ensure that all required exhibits are submitted and provide page numbers to simplify review:

Required Exhibit	Initials of Submitter	Page Number
Faculty Qualifications Exhibit #1		
Program Director Qualifications Exhibit #2		
Facilities and Operatories Diagrams Exhibit #3		
Equipment List Exhibit #4		
Infection Control Exhibit # 5		
Emergency Protocols. Exhibit #6		
Emergency Equipment Exhibit #7		
Course Syllabus Exhibit #8		
Course Outline Exhibit #9		
Extramural Dental Facility Affiliation Agreement Exhibit #10		
Extramural Facility Educational Plan Exhibit #11		
Certificate of Completion Exhibit #12		
Prerequisites Exhibit #13		
Time Allocation to Develop Minimum Competency in All RDAEF Duties Exhibit #14		
Course Curricula Exhibit #15		
Final Examinations Exhibit #16		
Reference Materials Exhibit #17		

I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Program Director

Date

Signature of Program Owner

Date

I certify that I will be responsible for the compliance of the program director with the laws governing dental assisting courses and programs approved by the Dental Board of California. I certify under penalty of perjury under the laws of the State of California that the contents of this Application and all attachments are true and correct.

Signature of Program Director

Date

The following pages contain additional information on the required elements necessary for a complete submission for the exhibits as well as sample of selected exhibits.

Exhibit #1 Faculty Qualifications:

Provide documentation of the faculty members' completion of all educational and licensing requirements including:

- Documentation of 6-hour educational methodology courses or a degree or credential required by 16 CCR 1070(d)(3)(D);
- Documentation of all faculty licenses as required by 16 CCR 1070(d)(3)(A); and
- Documentation of faculty teaching experiences and qualifications to demonstrate compliance with 16 CCR 1070(d)(3)(B) (current resumes and biosketch for all faculty are recommended)

Exhibit #2 Program Director Qualifications:

Provide documentation that the program director meets the requirements outlined in the regulations, 16 CCR 1070(f) and 16 CCR 1071(d), including the designated hours, roles, and responsibilities of the program director, e.g. a resume, or Biosketch license, and or coursework certificates and job description.

Program Directors Must:

- Possess a valid, active California license to practice dentistry or registered dental assisting in extended functions for at least two years immediately preceding any provision of program instruction;
- Provide pre-clinical and clinical instruction only in procedures within the scope of practice of their respective license or permit and shall have a background in and current knowledge of the subjects they are teaching and the educational theory and methodology consistent with their teaching assignment;
- Possess at least three years of experience in the application of clinical chairside dental assisting involving four-handed dentistry; and
- Complete and show evidence of completion of 6 hours of educational methodology coursework prior to instruction, or within six (6) months of initial hire unless he or she holds any one of the following: a degree in education, a valid Ryan Designated Subjects Vocational Education Teaching Credential, a valid Standard Designated Subjects Teaching Credential, or, a valid Community College Teaching Credential.

In addition, attach a narrative demonstrating that the program director shall actively participate in and be responsible for the following as required by 16 CCR 1070(f)(2):

- Implementing and complying with all applicable statutory and regulatory requirements;
- Ensuring 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 maintaining evidence of compliance;
- Maintaining for at least five years after the course is offered, 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;
- Informing the Board of any major change to the program including without limitation, 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;
- Ensuring all faculty and staff are calibrated in curriculum, instructional methods, and grading criteria at least once per semester, quarter, or other regular interval instruction period used by the program; and
- Ensuring 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.

Exhibit #3 Facilities and Operatories Diagrams:

Provide a diagram of all instructional facilities. Instructional facilities must provide each student with sufficient opportunity to develop minimum competencies meeting the requirements in 16 CCR 1070(g), e.g., a blueprint or hand-drawing that includes all areas available to students for didactic, laboratory, and clinical instruction.

Provide a diagram of each operatory (or operatories) including dimensions and equipment. Each operatory must be of sufficient size to simultaneously accommodate one student, one instructor, and one patient per 16 CCR 1070(g)(3)(D). Each operatory must contain functional equipment as outlined in 16 CCR 1070(g)(3)(C).

Exhibit #4 Equipment List:

List the type and number of equipment, instruments, and armamentaria available to students as required by 16 CCR 1070(g) and 16 CCR 1071(f)(1), include the ratios for sharing and any equipment that is shared.

The following equipment is required by 16 CCR 1070(g):

- All radiographic equipment and facilities shall follow the 17 CCR 30100 et seq. and 17 CCR 30400 et seq. regarding requirements for radiologic equipment and facilities.
- A lecture classroom or the capability to facilitate distance learning modalities, a lab area, a clinical area, a central sterilization area, and a radiology area for use by the students.
- Operatories shall be sufficient in number to allow a ratio of at least one operatory for every six students who are simultaneously engaged in clinical instruction.
- 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.
- Each operatory shall be of sufficient size to simultaneously accommodate one student, one instructor, and one patient or student partner.
- Access by all students to equipment necessary to develop dental assisting skills in each designated duty.
- Infection control equipment shall be provided according to the requirements of section 1005.

The following are the additional minimum requirements for equipment and armamentaria as required by 16 CCR 1071(f)(1):

- Laboratory facilities with individual seating stations for each student and equipped with air/water syringe, hand piece connections, suction or electric driven rotary instrumentation capability. Each station or operatory shall allow an articulated typodont to be mounted in a simulated head position;
- Clinical simulation facilities that provide simulated patient heads mounted in appropriate position and accommodating an articulated typodont in an enclosed intraoral environment or mounted on a dental chair in a dental operatory. Clinical simulation spaces shall be sufficient to permit one simulation space for each two students at any one time;
- Articulated typodonts of both deciduous and permanent dentitions with flexible gingival tissues and with prepared teeth for each procedure to be performed in the laboratory and clinical simulation settings. One of each type of typodont is required for each student;
- A selection of restorative instruments and adjunct materials for all

procedures that RDAEFs are authorized to perform; and

- Notwithstanding 16 CCR 1070, there shall be at least one operatory for

every two students who are simultaneously engaged in clinical instruction.

Exhibit #5 Infection Control:

Attach a narrative demonstrating that the facility shall comply with the Board's minimum standards for infection control found at 16 CCR 1005, as required by 16 CCR 1071(r)(1).

Exhibit #6 Emergency Protocols:

Provide a copy of the written protocols on managing emergency situations as required by 16 CCR 1070(h).

Exhibit #7 Emergency Equipment:

Provide information on the type of emergency equipment available onsite. Emergency equipment required in 16 CCR 1070(h)(2) must be readily accessible and fully functional.

Emergency equipment must include oxygen delivery systems and first aid kits at a minimum.

Exhibit #8 Course Syllabus:

Provide a copy of the course syllabus which contains the following as required by 1070(i)(7):

- A course title, course number or identifier, course description, course hours, assignments, all faculty names, and contact information;
- Course content outline including topics to be presented;
- Specific instructional objectives including competency statement for each topic presented;
- Learning experiences with associated assessment mechanisms;
- Course or program schedule including time allocated for didactic, laboratory or preclinical, and clinical learning experiences;
- Specific evaluation criteria for final course-grade calculating which includes competency evaluations and rubrics, and a remediation policy and procedures.

Exhibit #9 Course Outline:

Provide a copy of the program's course outline which contain student evaluation criteria as required by 16 CCR 1070(i)(8) that state the following:

- Specific performance objectives and the evaluation criteria used for all assessments of laboratory, pre-clinical, and clinical experiences 16 CCR 1070(i)(8)(A);
- The minimum number of satisfactory performances in each evaluated area necessary for program or course success 16 CCR 1070(i)(8)(B); and
- The minimum standards for performance in each evaluated area, the grading criteria, and the protocols or procedures that may cause the student to fail the task or procedure 16 CCR 1070(i)(8)(C).

Exhibit #10 Extramural Dental Facility Agreement:

Please provide a sample of the written affiliation agreement, if any, between the program and all of the program's chosen extramural facility sites as required by 16 CCR 1070(k)(2).

Exhibit #11 Extramural Facility Educational Plan:

Describe the process for selecting the extramural facility or facilities, if any, and of evaluating the student's competence before during and after the clinical assignment as required by 16 CCR 1070(k)(3). Clinical instruction shall be provided under the direct supervision of a licensed dentist and may be completed in an extramural dental facility as defined in 16 CCR 1070.1(c).

Exhibit #12 Certificate of Completion:

Provide a copy of a sample certificate of completion which includes: the student's name; the provider name; the provider's location; the provider's approval number issued by the board; the program name; the number of course hours completed; the date of course completion; an authorizing signature of the provider or the providing entity and a statement that states: "All of the information contained on this certificate is truthful and accurate."; and a statement on each certification that states: "This Certificate of Completion does not constitute authorization for the attendee to perform any services that the attendee is not legally authorized to perform based on the attendee's license or permit type." as required by 16 CCR 1070(m).

Two original copies of a certificate, diploma or other evidence of completion shall be issued to each student within 30 days of successful completion of the program as required by 16 CCR 1071(s).

Exhibit #13 Prerequisites:

Attach a narrative demonstrating that the program requires all students to possess a valid, active, and current license as a registered dental assistant and successfully

complete a Board approved pit and fissure sealant course prior to graduation from an RDAEF program prior to acceptance into the program as required by 16 CCR 1071(b).

Exhibit #14 Time Allocation to Develop Minimum Competency in All RDAEF

Duties:

Provide a list of all RDAEF duties taught by the program and time allocated for didactic laboratory, preclinical, and clinical practice to develop minimum competency. There must be sufficient laboratory, preclinical and clinical instruction for each student to achieve minimum competence in the performance of each procedure that a RDAEF is authorized to perform, as required by 16 CCR 1071(e)(1).

Exhibit #15 Course Curricula:

Provide copies of the general didactic, laboratory, preclinical, and clinical curricula demonstrating that the curricula meet the requirements in 16 CCR 1071(g) through (o):

Areas of instruction shall include, at a minimum, the following didactic instruction:

- The following instruction as it relates to each of the procedures that RDAEFs are authorized to perform: restorative and prosthetic treatment review; charting; patient education; legal requirements; indications and contraindications; problem solving techniques; laboratory, preclinical, and clinical criteria and evaluation; and infection control protocol implementation;
- Dental science, including dental and oral anatomy, histology, oral pathology, normal or abnormal anatomical and physiological tooth descriptions, tooth morphology, basic microbiology relating to infection control, and occlusion. "Occlusion" is the review of articulation of maxillary and mandibular arches in maximum intercuspation;
- Characteristics and manipulation of dental materials related to each procedure;
- Armamentaria for all procedures;
- Principles, techniques, criteria, and evaluation for performing each procedure, including implementation of infection control protocols; and
- Tooth isolation and matrix methodology review.

General laboratory instruction shall include:

- Application of tooth isolation methods in both maxillary and mandibular arches and with four experiences on both deciduous and permanent dentitions;
- Matrix placement for amalgam, and adhesive-based restorative material restorations with three experiences for each material; and
- Base, liner, and etchant placement on three teeth.

With respect to preliminary evaluation of the patient's oral health, including charting of existing conditions excluding periodontal assessment as it relates to RDAEF functions, intraoral and extraoral evaluation of soft tissue, classifying occlusion, and myofunctional evaluation:

- Didactic instruction shall contain the following:
 - Normal anatomical structures: oral cavity proper, vestibule, and lips;
 - Deviations from normal to hard tissue abnormalities to soft tissue abnormalities;
 - Overview of classifications of occlusion and myofunction; and
 - 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.
- Preclinical instruction shall include performing an oral inspection on at least two other students; and
- Clinical instruction shall include performing an oral inspection on at least two patients.

With respect to sizing, fitting, and cementing endodontic master points and accessory points:

- Didactic instruction shall include the following:
 - 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;
 - Description and goals of filling technique using lateral condensation techniques; and
 - Principles and techniques of fitting and cementing master points and accessory points.
- Laboratory instruction shall include fitting and cementing master points and accessory points on extracted teeth or simulated teeth with canals with a minimum of two experiences. This instruction shall not include obturator-based techniques or other techniques that employ condensation; and
- Simulated clinical instruction shall include fitting and cementing master points and accessory points with extracted or simulated teeth. Simulated clinical instruction shall include fitting and cementing master points and accessory points in at least four teeth.

With respect to gingival retraction, general instruction shall include:

- Review of characteristics of tissue management techniques as they relate to prosthodontic procedures; and
- Description, principles and goals of tissue management as it relates to prosthodontic procedures.

With respect to final impressions for permanent indirect and toothborne restorations:

- Didactic instruction shall contain the following:
 - Review of characteristics of impression material and tray placement;
 - Description and goals of impression taking for permanent indirect restorations and toothborne prosthesis; and
 - Principles, techniques, criteria, and evaluation of impression taking for permanent indirect restorations and toothborne prosthesis.
- Laboratory instruction shall include the following:
 - 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; and
 - Impressions for toothborne removable prostheses, including, at a minimum, taking a total of four impressions on maxillary and mandibular arches with simulated partially edentulous sites.
- Clinical instruction shall include taking final impressions on five prosthodontic procedure patients which shall include tissue management procedures.

With respect to placing, contouring, finishing, and adjusting direct restorations:

- Didactic instruction shall contain the following:
 - Review of cavity preparation factors and restorative material;
 - Characteristics and manipulation of direct filling materials;
 - 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; and
 - 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.
- Laboratory instruction shall include placement, finish and adjustment of the following restorations in prepared teeth. The restorations shall include both maxillary, mandibular, permanent and deciduous teeth, and both metallic and adhesive-based materials:
 - Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination;
 - Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each

- classification, with one of each classification used for a clinical examination; and
 - Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
- Simulated clinical instruction shall include placement, finish and adjustment of the following restorations in prepared teeth. The restorations shall include both maxillary, mandibular, permanent and deciduous teeth, and both metallic and adhesive-based materials. A student shall show competency in amalgam based material placement, finish and adjustment based on criteria-reference completion standards prior to any clinical instruction and application of these procedures:
 - Placement of Class I, II, and V amalgam restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination;
 - Placement of Class I, II, III, and V composite resin restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination; and
 - Placement of Class I, II, III, and V glass-ionomer restorations in four prepared permanent teeth for each classification, with one of each classification used for a clinical examination.
- Clinical instruction shall require proficient completion of placing, contouring and finishing at least 20 direct restorations in prepared permanent teeth. At least five of each restorative classification of I, II, III and V are required.
 - At least 50 percent of the experiences shall be Class II restorations using adhesive-based materials;
 - At least 20 percent of the experiences shall be Class V restorations using adhesive-based materials; and
 - Students who complete the 20 restorations and meet all the instructional requirements of this Section may complete additional Class I, II, III, IV or V restorations as deemed appropriate for program success.

With respect to polishing and contouring existing amalgam restorations:

- Didactic instruction shall include principles, techniques, criteria and evaluation, and description and goals of amalgam polishing and contouring in children and adults;
- Laboratory instruction shall include typodont experience on polishing and contouring of Class I, II, and V amalgam restorations in three prepared permanent teeth for each classification, and in two deciduous teeth for each classification; and
- Simulated clinical instruction shall include experience in the polishing and contouring of Class I, II, and V amalgam restorations

in one prepared tooth for each classification.

With respect to adjusting and cementing permanent indirect restorations:

- Didactic instruction shall contain the following:
 - Review of fixed prosthodontics related to classification and materials for permanent indirect restorations, general crown preparation for permanent indirect restorations, and laboratory fabrication of permanent indirect restorations;
 - Interocclusal registrations for fixed prosthesis, including principles, techniques, criteria, and evaluation; and
 - Permanent indirect restoration placement, adjustment, and cementation/bonding, including principles, techniques, criteria, and evaluation.
- Laboratory instruction shall include:
 - Completion of two interocclusal registrations; and
 - Fitting, adjustment, and cementation/bonding of permanent indirect restorations on a minimum of two posterior crowns.
 - Clinical experience for interocclusal registrations shall be performed on four patients who are concurrently having final impressions recorded for permanent indirect restorations.
 - Clinical instruction shall include fitting, adjustment, and cementation/bonding of permanent indirect restorations on at least two teeth.

Exhibit #16 Final Examinations:

Provide a copy of the written final examination(s) that reflects the curricula content in Exhibit 14 as required by 16 CCR 1071(p).

Exhibit #17 Reference Materials:

Provide a list of the dental and medical reference materials provided by the program to students and their method of access. Programs must make provisions for access by students to dental and medical reference textbooks, electronic and internet resources, current scientific journals, audiovisual materials and other relevant resources under 16 CCR 1071(r)(2).



NOTICE OF COMPLIANCE WITH NEW REQUIREMENTS FOR REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS PROGRAMS

To maintain approval by the Board, the Program Director of each Registered Dental Assistant in Extended Functions (RDAEF) educational program that was approved prior to the date that Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1071 became effective must complete and submit this form to the Board at its offices no later than 90 days from the effective date of these new requirements. Any student graduating from such a program will not be accepted to sit for examination or qualify for registration until this form has been submitted to the Board.

I, _____ (Enter Name),

Program Director for _____ (Enter Full Name of Educational Institution or Program) **HEREBY CERTIFY:**

- 1) I have read the attached regulations pertaining to the approval of Registered Dental Assistant in Extended Functions (RDAEF) educational programs, including Sections 1070, 1070.1 and 1071 of Title 16 of the California Code of Regulations,
- 2) I have the authority to sign this notice on behalf of the educational institution or program, and
- 3) That to the best of my knowledge, information and belief, the institution and its RDAEF programs or courses comply with these regulations and have been in compliance with these regulations since _____ (Insert Date).

I certify under penalty of perjury under the laws of the State of California that this Notice of Compliance is true and correct.

Signature of Program Director _____ DATE _____

Printed Name of Program Director: _____

Name of Educational Institution or Program: _____

Address of Educational Institution or Program: _____

Telephone Number: _____ Email Address: _____

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Cal. Code Regs., Title 16, Sections 1070, 1070.1 and 1071. Failure to provide any of the required information will result in the form being rejected as incomplete and your approval may be withdrawn for noncompliance. The information provided will be used to determine compliance with Article 2 of Division 10 of Title 16 of the California Code of Regulations (beginning at Section 1070). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.



APPLICATION FOR REGISTERED DENTAL ASSISTANT (RDA) EXAMINATION AND LICENSURE

Non-Refundable Fees	<i>For Office Use Only</i>		<i>For Office Use Only</i>
Application: \$120 A written examination fee will be required to be paid directly to PSI at a later date.	Rec # _____	Fee Paid: _____	Date Received
	Date Cashiered: _____	Entity # _____	
	File # _____		

(Please print or type)

1. SSN/FEIN/ITIN #:	2. Birth Date (MM/DD/YYYY)	
3. Legal Name: Last	First	Middle
4. List any other names used:		
5. Mailing Address <i>(The address you enter is public information and will be placed on the Internet pursuant to B & P Code 27):</i>		
6. E-Mail Address:		
7. Home Telephone <i>(Include area code):</i>	8. Work Telephone <i>(Include area code):</i>	
9. Have you been licensed to practice dental assisting, orthodontic assisting, dental sedation assisting, dental hygiene, dentistry or any other health care profession in California, any other state, or foreign country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of Practice:	License Number:	State/Country:

10. Initial Application Asylum Question (Yes/No)

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

ACCEPTABLE DOCUMENTATION

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the of "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

11. Initial Application Military Questions (Yes/No)

1. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

2. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the attachments page of this application (you may be asked to submit original documentation):

- Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.
- Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application:

- DD214 or other supporting documentation.

12. Have you ever had any disciplinary action taken or charges filed against your dental license or other health related license by a government agency?

“License” includes permits, registrations, and certificates. Include any disciplinary actions taken by this agency, any other state agency, any U.S. territory, the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity. Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental or health-related license that was issued to you.

Yes

No

If the answer is “yes”, provide the section of law violated the nature of the violation, the location and date of the violation, and the penalty or disposition on a separate sheet and include with this application.

13. Have you ever had a dental or other health-related license denied in this state or any other state?

If “yes”, provide a detailed explanation of circumstances surrounding the denial, including the date of the denial, type of application, and the basis for the denial. Include a copy of any document(s) you received from the agency denying your application(s).

Yes

No

14. Have you ever surrendered a dental license, either voluntarily or otherwise?

If “yes”, provide a detailed explanation of the circumstances, including the date of the surrender, the reason for the surrender and a copy of all documents relating to the surrender.

Yes

No

15. EVIDENCE OF COMPLETION OF REQUIRED CERTIFICATIONS

Candidates for the RDA examination must submit evidence of having completed the following Board- approved courses: *(check all requirements completed) Evidence of completion shall be attached to the application.*

<i>Radiation Safety (32-hour course)</i>	<i>Coronal Polishing (16-hour course)</i>	<i>Infection Control (8-hour course)</i>	<i>CA Dental Practice Act (2hour course)</i>	<i>Basic Life Support (AHA/ARC)</i>	<i>Live Scan Form</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. EXECUTION OF APPLICATION

I am the applicant for examination for licensure referred to above. I have read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signed in _____ on the _____ of _____, 20____.

(City/State) (Day) (Month) (Yr)

(Signature of Applicant)

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, (916) 263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility for licensure pursuant to Business and Professions Code section 1752.1, issue and renew licenses, and enforce licensing standards set by law and regulation. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. We make every effort to protect the personal information you provide us. However, in accordance with Section 27 of the Business and Professions Code, your name and mailing address listed on this application will be disclosed to the public upon request or through license verification on the Board's web site, if and when you become licensed. Other information you provide may be disclosed in the following circumstances: (1) in response to a Public Records Act request (Government Code section 6250 and following), as allowed by the Information Practices Act (Civil Code section 1798 and following); (2) to another government agency as required by state or federal law; or (3) in response to a court or administrative order, subpoena or search warrant.

CERTIFICATION OF BOARD APPROVED REGISTERED DENTAL ASSISTING PROGRAM COMPLETION

Applicant Name:	SSN/FEIN/ITIN:
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To qualify by completion of a board-approved educational program in registered dental assisting, complete **Sections I and II** of this page, or attach a copy of your diploma/certificate of program completion from the institution to the application.

Section I:

Name of Educational Institution:	
School Street Address:	
City/Zip:	
Name of Dean or Program Director:	
Name of Educational Program*:	

Section II:

I hereby declare, under penalty of perjury under the laws of the State of California, that I have personally reviewed the educational institution’s records and can verify that the applicant enrolled in the above-named registered dental assisting program* on the ____ day of _____, 20____.

The student Has Graduated, or is Expected to Graduate* from the above-named Board-approved RDA program, with a certificate of completion in Dental Assisting on the ____ day of _____, 20____.

**The Dean, Program Director, or Authorized Official must certify actual graduation. I understand that, in the event the expected date of graduation as indicated above is after the date on which this application is filed, I must certify, in writing to the Dental Board, confirmation of graduation no later than 30 days prior to examination or the applicant will not be allowed to take the exams and will have to re-apply as a first-time applicant during a later exam cycle. I understand all certifications and institutional documents must contain original signatures and be submitted with this application.*

I hereby declare that the foregoing statements provided by me in Sections I and II above are true and correct.

CERTIFYING SIGNATURE OF DEAN OR AUTHORIZED OFFICIAL

DATE SIGNED

Affix School Seal Here

CERTIFICATION OF WORK EXPERIENCE AS A DENTAL ASSISTANT

Applicant Name:	SSN/FEIN/ITIN #:
------------------------	-------------------------

To qualify by **work experience only**, you must have obtained at least 15 months and 1280 hours of experience as a dental assistant in California or another state (BPC § 1752.1). The work experience hours in a dental office may have paid or unpaid hours as an employee, student or volunteer and must have equaled 15 months and 1280 hours. If the total number of months or hours was obtained by more than one dental office, please have each dentist certify such by completing a separate form. For this reason, this page may be photocopied as needed. The Declaration section below must be completed and certified by a dentist licensed in the United States.

DECLARATION OF CERTIFYING DENTIST :

Name of Certifying Licensed Dentist: _____

Street Address of Dental office: _____

City/State/Zip: _____

I declare that _____ was employed by me as a dental assistant, working _____ hours per week from _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY).

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in Business and Professions Code Section 1750.1 (see page 11 for the allowable duties) in a competent manner.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Signature of Certifying Dentist _____

Date Signed _____

State in Which Dentist is Licensed _____ Dentist License No. _____

Office Phone: _____ Alt Phone: _____

CERTIFICATION OF NON-APPROVED DENTAL ASSISTING PROGRAM COMPLETION

Applicant Name:	SSN/FEIN/ITIN #:
------------------------	-------------------------

Name of Educational Institution or Program:	
Street Address:	
City/Zip:	
Name of Dean or Program Director:	
Type of Educational Program <i>(check the applicable box)</i>	<input type="checkbox"/> Post-secondary institution approved by the Department of Education <input type="checkbox"/> Secondary institution <input type="checkbox"/> Regional Occupational Center or Program <input type="checkbox"/> Other: <input type="checkbox"/> Private Program <input type="checkbox"/> Public Program

I hereby declare, under penalty of perjury under the laws of the State of California, that I have personally reviewed the educational institution’s records and can verify that the applicant enrolled in the above-named dental assisting program* on _____ day of _____, 20___ and attended _____ months or _____ weeks and completed _____ hours.

The student **Has Graduated**, **Will Graduate***, or is **Expected to Graduate*** from the above named Board-approved RDA program, with a Certificate of Completion in Dental Assisting on the _____ day of _____, 20___.

**The Dean, Program Director, or Authorized Official must certify actual graduation. I understand that, in the event the expected date of graduation as indicated above is after the date on which this application is filed, I must certify, in writing to the Dental Board, confirmation of graduation no later than 30 days prior to examination or the applicant will not be allowed to take the exams and will have to re-apply as a first-time applicant during a later exam cycle. I understand all certifications and institutional documents must contain original signatures and be submitted with this application.*

I hereby declare that the foregoing statements provided by me in Sections I and II above are true and correct.

CERTIFYING SIGNATURE OF DEAN OR AUTHORIZED OFFICIAL	DATE SIGNED

Affix School Seal Here

CERTIFICATION OF WORK EXPERIENCE AS A DENTAL ASSISTANT

Applicant Name:	Social Security Number:
------------------------	--------------------------------

To qualify by **work experience only**, you must have obtained at least 15 months and 1280 hours of experience as a dental assistant in California or another state (BPC § 1752.1). The work experience hours in a dental office may have paid or unpaid hours as an employee, student or volunteer and must have equaled 15 months and 1280 hours. If the total number of months or hours was obtained by more than one dental office, please have each dentist certify such by completing a separate form. For this reason, this page may be photocopied as needed. The Declaration section below must be completed and certified by a dentist licensed in the United States.

DECLARATION OF CERTIFYING DENTIST :

Name of Certifying Licensed Dentist: _____

Street Address of Dental office: _____

City/State/Zip: _____

I declare that _____ was employed by me as a dental assistant, working _____ hours per week from _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY).

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in Business and Professions Code Section 1750.1 (see page 11 for the allowable duties) in a competent manner.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Signature of Certifying Dentist _____

Date Signed _____

State in Which Dentist is Licensed _____ Dentist License No. _____

Office Phone: _____ Alt Phone: _____



Application for Registered Dental Assistant in Extended Functions (RDAEF) Examination and Licensure

Application Fee: \$120.00 Examination Fee: \$500.00 Total Fee: \$620.00
APPLICATION FEES ARE NON-REFUNDABLE
Written examination fees will be paid directly to PSI at a later date.

<i>For Office Use Only</i>
Rec # _____
Fee Pd _____
Date Cashiered: _____
Entity # _____
File # _____

<i>For Office Use Only</i>
Date Received

(Please Print Clearly or Type)

1. SSN/FEIN/ITIN#:	2. BIRTH DATE (MM/DD/YYYY):
3. LEGAL NAME: LAST FIRST MIDDLE	
4. LIST ANY OTHER NAMES USED:	
5. MAILING ADDRESS (The address you enter is public information and will be placed on the internet pursuant to B&P Code section 27):	
6. EMAIL ADDRESS:	
7. TELEPHONE (INCLUDING AREA CODE): WORK: HOME:	
8. PREFERRED EXAMINATION LOCATION: <input type="checkbox"/> SOUTHERN CALIFORNIA <input type="checkbox"/> NORTHERN CALIFORNIA MONTH OF EXAM _____	
9. ALL APPLICANTS ARE REQUIRED TO INCLUDE A COLOR PASSPORT PHOTO, TO BE USED FOR THEIR EXAMINATION BADGE. PLEASE ATTACH PHOTO TO THE APPLICATION, IN THE SPACE PROVIDED BELOW.	
<div style="border: 1px solid black; width: 200px; height: 150px; margin: 0 auto;"></div>	

10. HAVE YOU BEEN LICENSED TO PRACTICE DENTAL ASSISTING, DENTAL HYGIENE, DENTISTRY OR ANY OTHER HEALTH PROFESSION IN ANY STATE OR FOREIGN COUNTRY?

NO YES (If yes, please fill out the information below)

TYPE OF PRACTICE: _____

LICENSE NUMBER: _____

STATE/COUNTRY: _____

11. INITIAL APPLICATION ASYLUM QUESTION:

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

Yes

No

If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

ACCEPTABLE DOCUMENTATION

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the of "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

12. INITIAL APPLICATION MILITARY QUESTIONS:

Yes

1. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

No

2. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?

Yes

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

No

Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the attachments page of this application (you may be asked to submit original documentation):

- Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(Continued on next page)

- Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application:

- DD214 or other supporting documentation.

13. THE FOLLOWING MUST BE COMPLETED BY THE PROGRAM DIRECTOR OF THE REGISTERED DENTAL ASSISTANT IN EXTENDED FUNCTIONS COURSE:

I hereby declare under penalty of perjury under the laws of the state of California that

_____ began this program on _____ and graduated the
NAME OF APPLICANT MM/DD/YYYY

Registered Dental Assistant in Extended Functions course named below on _____
MM/DD/YYYY

SIGNATURE OF DIRECTOR DATE SIGNED

**AFFIX
SEAL**

PROGRAM NAME

PROGRAM ADDRESS

14. Do you have any pending or have you ever had any disciplinary action taken or charges filed against your dental license or other health related license?

Yes

Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.

No

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a license.

15. Are there any pending investigations by any State or Federal agency against you?

Yes

If yes, provide a detailed explanation of circumstances surrounding the investigation.

No

16. Have you ever been denied a dental license or permission to take a dental examination?

Yes

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).

No

17. Have you ever surrendered a dental license, either voluntarily or otherwise?

Yes

If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

No

18. EXECUTION OF APPLICATION

I am the applicant for examination for licensure referred to above. I have read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF APPLICANT

Signed in _____ on _____

CITY AND STATE

MM/DD/YYYY

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. To comply each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

9. Initial Application Asylum Question (Yes/No)

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

ACCEPTABLE DOCUMENTATION

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the of "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

10. Initial Application Military Questions (Yes/No)

1. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the attachments page of this application (you may be asked to submit original documentation):

- Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.
- Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application:

- DD214 or other supporting documentation.

11. THE FOLLOWING MUST BE COMPLETED BY THE ORTHODONTIC ASSISTANT PROGRAM DIRECTOR:

I hereby declare under penalty of perjury under the laws of the state of California that

_____ began this program on _____ and graduated the
NAME OF APPLICANT MM/DD/YYYY

Orthodontic course named below on _____
MM/DD/YYYY

SIGNATURE OF DIRECTOR DATE SIGNED

PROGRAM NAME

PROGRAM ADDRESS

**AFFIX
SEAL**

12. DECLARATION OF CERTIFYING DENTIST

All applicants must have completed at least 12 months of work experience as a dental assistant. Currently licensed RDA's or RDAEF's do not need to have work experience verification.

Name of Certifying Licensed Dentist: _____
PRINT OR TYPE NAME

Business Address/City/State/Zip: _____

Business Telephone: _____

I declare that _____ was employed by me as a dental assistant,
NAME OF APPLICANT
working _____ hours per week from _____ to _____
MM/DD/YYYY MM/DD/YYYY

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in Business and Professions Code Section 1750.1(a) and (b) during a majority of the experience hours, and that the applicant, in my opinion, is competent to perform allowable Dental Assistant duties. See page 4 for the allowable duties.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

SIGNATURE OF CERTIFYING DENTIST

DATE SIGNED

STATE DENTIST IS LICENSED IN

DENTIST LICENSE NO.

<p>13. Do you have any pending or have you ever had any disciplinary action taken or charges filed against your dental license or other health related license?</p> <p>Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.</p> <p>Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a license.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14. Are there any pending investigations by any State or Federal agency against you?</p> <p>If yes, provide a detailed explanation of circumstances surrounding the investigation.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>15. Have you ever been denied a dental license or permission to take a dental examination?</p> <p>If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>16. Have you ever surrendered a dental license, either voluntarily or otherwise?</p> <p>If yes, provide a detailed explanation and a copy of all documents relating to the surrender.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

17. EXECUTION OF APPLICATION

I am the applicant for examination for licensure referred to above. I have read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF APPLICANT

Signed in _____ on _____

CITY AND STATE MM/DD/YYYY

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. To comply each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.



Application for Dental Sedation Assistant Examination and Permit

Application Fee: \$120.00

APPLICATION FEES ARE NON-REFUNDABLE

Written examination fees will be paid directly to PSI at a later date.

For Office Use Only

Rec # _____

Fee Pd _____

Date
 Cashiered: _____

Entity # _____

File # _____

For Office Use Only

Date Received

(Please Print Clearly or Type)

1. SSN/FEIN/ITIN:	2. BIRTH DATE (MM/DD/YYYY):
3. LEGAL NAME: LAST FIRST MIDDLE	
4. LIST ANY OTHER NAMES USED:	
5. MAILING ADDRESS (The address you enter is public information and will be placed on the internet pursuant to B&P Code section 27):	
6. EMAIL ADDRESS:	
7. TELEPHONE (INCLUDING AREA CODE):	
WORK:	HOME:
8. HAVE YOU BEEN LICENSED TO PRACTICE DENTAL ASSISTING, DENTAL HYGIENE, DENTISTRY OR ANY OTHER HEALTH PROFESSION IN ANY STATE OR FOREIGN COUNTRY?	
<input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please fill out the information below)	
TYPE OF PRACTICE: _____	
LICENSE NUMBER: _____	
STATE/COUNTRY: _____	

Revised: 12/20

9. Initial Application Asylum Question (Yes/No)

Do any of the following statements apply to you:

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code;
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or,
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

ACCEPTABLE DOCUMENTATION

- Form I-94, Arrival/Departure Record, with an admission class code such as “RE” (Refugee) or “AY” (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the of “SI” or “SQ.”
- Permanent Resident Card (Form I-551), commonly known as a “Green Card,” with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited licensure.

10. Initial Application Military Questions (Yes/No)

1. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

2. Are you requesting expediting of this application for honorably discharged members of the U.S. Armed Forces?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

MILITARY SPOUSE OR DOMESTIC PARTNER REQUIREMENTS

Note: If you meet the military spouse or domestic partner requirements, please scan and attach the following documentation on the attachments page of this application (you may be asked to submit original documentation):

- Certificate of marriage or domestic partnership or other legal union with an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.
- Verification of current licensure in another state, district, or territory of the United States in the profession or vocation for which you are seeking licensure.

MILITARY HONORABLE DISCHARGE REQUIREMENTS

Note: If you meet the U.S. Armed Forces expedite requirement, please scan and attach a copy of the following documentation on the attachments page of this application:

- DD214 or other supporting documentation.

11. THE FOLLOWING MUST BE COMPLETED BY THE DENTAL SEDATION ASSISTANT PROGRAM DIRECTOR:

I hereby declare under penalty of perjury under the laws of the state of California that

_____ began this program on _____ and graduated the
NAME OF APPLICANT MM/DD/YYYY

Dental Sedation Course named below on _____
MM/DD/YYYY

SIGNATURE OF DIRECTOR DATE SIGNED

PROGRAM NAME

PROGRAM ADDRESS

**AFFIX
SEAL**

12. DECLARATION OF CERTIFYING DENTIST

All applicants must have completed at least 12 months of work experience as a dental assistant. Currently licensed RDA's or RDAEF's do not need to have work experience verification.

Name of Certifying Licensed Dentist: _____
PRINT OR TYPE NAME

Business Address/City/State/Zip: _____

Business Telephone: _____

I declare that _____ was employed by me as a dental assistant,
NAME OF APPLICANT
working _____ hours per week from _____ to _____
MM/DD/YYYY MM/DD/YYYY

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in Business and Professions Code Section 1750.1(a) and (b) during a majority of the experience hours, and that the applicant, in my opinion, is competent to perform allowable Dental Sedation Assistant duties. See page 4 for the allowable duties.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

SIGNATURE OF CERTIFYING DENTIST

DATE SIGNED

STATE DENTIST IS LICENSED IN

DENTIST LICENSE NO.

<p>13. Do you have any pending or have you ever had any disciplinary action taken or charges filed against your dental license or other health related license?</p> <p>Include any disciplinary actions taken by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.</p> <p>Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a license.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>14. Are there any pending investigations by any State or Federal agency against you?</p> <p>If yes, provide a detailed explanation of circumstances surrounding the investigation.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>15. Have you ever been denied a dental license or permission to take a dental examination?</p> <p>If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>16. Have you ever surrendered a dental license, either voluntarily or otherwise?</p> <p>If yes, provide a detailed explanation and a copy of all documents relating to the surrender.</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

17. EXECUTION OF APPLICATION

I am the applicant for examination for licensure referred to above. I have read the questions in the foregoing application and have answered them truthfully, fully and completely.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ SIGNATURE OF APPLICANT _____

Signed in _____ on _____

CITY AND STATE MM/DD/YYYY

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by Executive Officer, Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, 916-263-2300, in accordance with Business & Professions Code, §1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory and collection is authorized by §30 of the Business & Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. The official responsible for information maintenance is the Executive Officer (916) 263-2300, 2005 Evergreen Street, Suite 1550, Sacramento, California 95815. To comply each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.



MEMORANDUM

DATE	November 9, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 17(b): Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1065 Relating to Notice to Patients of Licensure by the Dental Board Rulemaking

Background:

Assembly Bill (AB) 1519 (Low Chapter 865, Statutes of 2019) updated the requirements of Business and Professions Code (BPC) Section 1611.3. That statute requires that dental practitioners post a public notice inside their facilities informing consumers that dentistry practitioners are licensed by the Dental Board of California (Board). AB 1519 added the requirement that the notice include the fact that dentists and dental assistants are regulated by the Board, and the requirement that patients who receive services through telehealth also receive an electronic version of the same notification publicly posted in a physical dental office location.

Staff have worked with Board Regulatory Counsel to develop the attached proposed language for Section 1065 which proposes changes in underlined text required by AB 1519. The proposed regulation would amend 16 CCR Section 1065 to add the requirement that patients who receive dental services through telehealth also receive an electronic version of the same notification publicly posted in a physical dental office location. The regulation will also require updates to the notice itself, disclosing the fact that dentists and dental assistants are regulated by the Board.

Action Requested:

Consider and possibly approve the proposed regulatory language related to Notice to Patients of Licensure by the Dental Board, 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

Agenda Item 17(b): Discussion and Possible Action to Initiate a Rulemaking to Amend California Code of Regulations, Title 16, Section 1065 Relating to Notice to Patients of Licensure by the Dental Board Rulemaking
 Dental Board of California Meeting
 December 4, 2020

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 1065 as noticed in the proposed text.

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

PROPOSED LANGUAGE

Amend Section 1065 of Division 10 of Title 16 of the California Code of Regulations to read:

§ 1065 Notice of Licensure by the Dental Board.

(a) A ~~licensee~~ ~~dentist~~ of the Dental Board, engaged in the practice of dentistry shall provide notice to each patient of the fact that the ~~dentist~~ practitioner is licensed and regulated by the Board. The notice shall include the following statement and information:

NOTICE

Dentists are licensed by the Dental Board of California.
Dentists and Dental Assistants ~~and~~ are regulated
by the Dental Board of California

(877) 729-7789

www.dbc.ca.gov

(b) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the dentist provides the licensed services, in which case the notice shall be in at least 48-point type font.

(c) Notwithstanding subdivision (b), The notice required by this section shall be made electronically in 14 point font or larger to patients receiving services through telehealth.

Note: Authority cited: Section 1611.3, and 1614, Business and Professions Code.
Reference: Sections 138 and 1611.3, Business and Professions Code.



MEMORANDUM

DATE	November 9, 2020
TO	Members of the Dental Board of California
FROM	Gabriel Nevin, Legislative and Regulatory Analyst Dental Board of California
SUBJECT	Agenda Item 17(c): Update on Pending Regulatory Packages

Background:

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 have drafted the initial rulemaking documents. Board Legal Counsel has reviewed those documents and approved them. Staff sent updated fiscal materials to the Board's budget analyst on June 17, 2020. Budgets approved, the documents on August 25, 2020. At that time Regulatory Counsel recommended combining this rulemaking with the related rulemaking regarding Continuing Education regarding Opioids because the two proposed rulemakings effect the same regulations code sections. Staff are now working with Regulatory Counsel to combine the initial rulemaking documents before submittal to the Department of Consumer Affairs (the Department) for review as required prior to submitting the documents to the Office of Administrative Law (OAL) 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 updating 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.

The Department approved the initial package on October 16, 2019, and submitted the rulemaking to the Business, Consumer Services and Housing Agency (Agency). Agency approved the Package on February 11, 2020. The rulemaking was published by the Office of Administrative Law on February 28, 2020, and a hearing was scheduled for April 13, 2020 at 10:00 am. However due to the declared emergency resulting from the Covid-19 pandemic, the planned hearing was cancelled. Notice was given of the cancellation on April 8, 2020, and the written comment period and period to request a public hearing were extended until April 29, 2020. The Board did not receive public comments or requests to hold a public hearing. Board Staff completed the final phase rulemaking materials and sent them to Legal Affairs on June 16, 2020. The final phase materials were approved by Legal and submitted to DCA Director Kirchmeyer on June 25, 2020. Director Kirchmeyer approved the rulemaking on July 5, 2020. Agency approved the rulemaking materials on August 25, 2020. Following approval staff filed the final phase rulemaking documents with OAL on September 4, 2020. Staff are now working with OAL to move the rulemaking package through the OAL review process.

iii. Continuing Education Requirements: Opioids (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.

During the development of the supporting documents for this rulemaking, Regulatory Counsel found a clarity issue with this rulemaking which necessitated bringing it back before the Board. Specifically the proposed language would allow licensees to receive up to three CE credit hours for volunteer work, however the formula for calculating volunteer hours worked to CE credits received is not clear. This ambiguity required an amendment to the proposed language specifying that one hour of providing volunteer services to patients would qualify licensees to receive one continuing education credit. Staff presented this proposed language to the Board at August 2020 meeting. The Board approved the change and directed staff to initiate the formal rulemaking process. After the approval of the proposed language, Regulatory Counsel recommended that this rulemaking be combined with the Continuing Education rulemaking related to Basic Life Support. Board staff are working with Regulatory Counsel to combine the two rulemakings and develop the formal rulemaking documents to initiate the rulemaking in 2021.

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 presented the updated rulemaking at the November 2019 Council meeting. The DAC voted to accept the changes proposed by staff and moved for staff to present the rulemaking to the full Board. The Board approved final proposed language at the February 2020 Board Meeting. Staff worked with Regulatory Counsel to update and recreate the 27 forms that must be amended to as a result of the changes called for by proposed language. The proposed language and forms will be presented at the December 2020 Board meeting for approval and initiation of the formal rulemaking process.

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 allowed duties to Registered Dental Assistants in Extended Functions licensees. 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 drafted the initial rulemaking documents and are 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 updating the diversion evaluation committee membership found in Cal. Code of Regs., Title 16, Section 1020.4.

Board staff 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. The Department approved the rulemaking documents on September 24, 2020, before sending them to Agency for approval. Agency approval was received on October 30, 2020. Staff filed the approved documents with OAL for publication in the California Regulatory Notice Register on November 20, 2020. The Public Notice and Comment Period will run until January 4, 2021. If no comments are received the staff will then begin the final rulemaking process.

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 drafted the initial rulemaking documents and application forms. Board Legal Counsel has reviewed those documents and approved them. Staff developed the rulemaking's fiscal impact with the support of the Board's budget analyst. Budgets approved the Standard form 399 Fiscal and Economic impact statement on November 2, 2020. Staff are working with Regulatory Counsel to finalize the initial rulemaking documents before submitting the rulemaking 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 updating the passing score for the Dentistry Law and Ethics Examination found in Cal. Code of Regs., Title 16, Section 1031.

On October 17, 2019 Board staff submitted the initial rulemaking documents to the Department to review. Regulatory Counsel reviewed this language and found clarity issues with the current construction. Specifically, the current proposed language does not define a "passing score", making the regulation ambiguous. As a result staff worked with Regulatory Counsel and OPES to develop language which could be accepted by OAL. This language was presented to the Board during the August 14, 2020. These updates clarified that applicants would need to achieve a "criterion referenced passing score" on the Dentistry

Law and Ethics combined examination; and provided a definition of “criterion referenced passing score”. The Board voted to accept this language and directed staff to initiate the rulemaking. Staff are working with Regulatory Counsel to develop the supporting rulemaking documents to initiate the formal rulemaking process.

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, as 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 California Dental Association (CDA) to further develop regulatory language that was presented to the Board for consideration during the March 2016 meeting.

At its March 2016 meeting, the Board approved proposed regulatory language for the Mobile Dental Clinic and Portable Dental Unit Registration Requirements, 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 updating the Minimum Standards for Infection Control found in Cal. Code of Regs., Title 16, Section 1005 and directed staff to initiate rulemaking.

Board staff have drafted the initial rulemaking documents and are 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 related 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. The Department approved the rulemaking on January 8, 2020 and it was approved by to Agency on February 27, 2020.

Board staff noticed the proposed rulemaking on March 13, 2020, with a 45 day comment period ending on April 28, 2020. Staff received public comment on April 28, 2020.

The Board reviewed the public comments during the May 14, 2020 meeting. All comments were rejected by the Board and the proposed rulemaking was advanced.

However based on comments received from the Office of Administrative Law, Board staff also submitted a modified proposed text to the Board during the May 14, 2020 meeting. The Board accepted the modified text, and Staff noticed a 15 day comment period on May 18 ending on June 2, 2020. The public comment period was extended from June 2, 2020 to June 17, 2020. No comments were received during the public comment period. The final Phase materials for this rulemaking were delivered to Legal on June 18, 2020.

The Final Phase materials were approved by Legal and sent to Director Kirchmeyer on June 26, 2020. Director Kirchmeyer approved the package and sent it to Agency on July 9, 2020. Agency approved the rulemaking package on July 30, 2020.

The Final Phase materials were then filed with OAL on August 10, 2020. Staff have been working with OAL representatives to address questions that have been raised by OAL attorneys. This rulemaking is undergoing concurrent review by the Department of Finance. When the Department of Finance signs off on the package, OAL is expected to finish their review relatively quickly.

Action Requested:

No action is being requested at this time.



MEMORANDUM

DATE	September 22, 2020
TO	Members of the Dental Board of California
FROM	Karen Fischer, Executive Officer Dental Board of California
SUBJECT	Agenda Item 18: Election of 2021 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 1st 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.
- Chairs the Executive Committee.
- Signs specified full board enforcement approval orders.
- Establishes Committees and appoints Chairs and members.

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- 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 2021:

Joanne Pacheco, RDH, MAOB – President

James Yu, DDS, MS – Vice President

Alan Felsenfeld, MA, DDS - 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.